"Do not miss a chance to meet and learn from more than 50 renowned speakers from all over the world and our ASEAN region."
Free Paper Public Health

Chairman: Watanee Jonchitr
Co-chairman: Farida Sirian
Judge: Apirak Chaiviratana

FP4-01: High prevalence of myopia among first year medical students of Faculty of Medicine Universitas Gadjah Mada, Yogyakarta, Indonesia – Agung Nugroho (Indonesia)

FP4-02: Diabetic retinopathy screening in Brunei Darussalam: Nadir Ali (Brunei Darussalam)

FP4-03: Visual acuity improvement and cost saving of vitrectomy between local anesthesia and general anesthesia: Gilbert WS Simanjuntak (Indonesia)

FP4-05: Validation study to prevalence of blind resulted from NHBR 2013: Farida Sirian (Indonesia)

FP4-06: A retrospective review on the causes of blindness and visual impairment among children who were enrolled in a school for the blind in Manila Philippines from 1990 to 2012: Carlos Chua (Philippines)

FP4-07: Prevalence of glaucoma and diabetic retinopathy in the elderly Javanese Indonesian population: The Yogyakarta eye study: Suhardjo Ranu (Indonesia)
July 11, 2014: 08.30-10.00

SYM 8-L5: Oculoplastic

Instruction Course II: Diagnosis and Management of Lacrimal Diseases

Chairman: Sunisa Sintuwong
Co-chairman: Thanyapat Benjhayaleemras

How to diagnose the tearing patient and office procedures for tearing patients - *Kyung In Woo (Korea)*

Pearls for endoscopic lacrimal surgery - *Bobby S Korn (US)*

The Jet door flap - *Nattawut Wanumkae (Thailand)*

The failed DCR: What next - *Don O Kikkawa (US)*

FP6

Retina Free Paper

Chairman: Sherman Yalero
Co-chairman: Young Shao Onn
Judge: Mansing Ratanauskon

FP6-01: Foveal sensitivity after half-dosage Visudyne with photodynamic therapy in Central Serous Chorioretinopathy (CSCR) - *Prapapan Pitujiatront (Thailand)*

FP6-02: Membrane peeling and shorter waiting time increase successfull rate of retinal detachment surgery - *Gilbert w s Simanjuntak (Indonesia)*

FP6-03: Incidence of Post-intravitreal Anti-VEGF endophthalmitis at Thammasat University Hospital - *Duangpromtree Rojdamrongratana (Thailand)*

FP6-05: Diffuse unilateral subacute neuroretinitis in central region of Thailand - *Atiporn Surawongsin (Thailand)*

FP6-06: Deep range imaging optical coherence tomography (DRI-OCT): A Novel imaging technique for polypoidal choroidal vasculopathy - *Daniel shu wei Ting (Singapore)*

SYM 8-L7: ASEAN Eye Hospital Association

Information Technology: Electronic Medical Records and Mobile Eye Apps Changing Delivery of Eye Care World-wide

Chairman: Sitrirneth Rutrin
Co-chairman: -

Implementation of EMR in Jakarta Eye Center: Paperless records, steps for faster service - *Johan Hutaurak (Indonesia)*

EMR implementation in eye hospitals in the USA: Successes & challenges - *Robert Betz (USA)*

Mobile apps and automation: Enhancements for fast and seamless patient care - *Jean-Pierre Dumas (Thailand)*

Mobile Apps improving patient care and collaborative with eye care providers - *Charity Wai (Singapore)*

FP7

Pediatric Ophthalmology Free Paper

Chairman: Supaporn Tengtrisorn
Co-chairman: Parnchat Fukrushpan
Judge: Pantipa Wongwai

FP7-01: Marfan syndrome management - *Maretha Amrayni (Indonesia)*

FP7-02: Risk factors in developing retinopathy of prematurity in newborns in a private tertiary institution in the Philippines - *Carlos Chua (Philippines)*

FP7-03: Using of ocular biometric values from donor's eyes to create a new formula for horizontal strabismic correction - *Sumeet Supalaseth (Thailand)*

10.00-10.30: Coffee Break and E-Poster Presentation

Convention B
FP4-03

Visual acuity improvement and cost saving of vitrectomy between local anesthesia and general anesthesia

Gilbert W S Simanjuntak

Department of Ophthalmology, Christian University of Indonesia, Jakarta, Indonesia
Department of Ophthalmology, Cipto MCH Hospital, Jakarta, Indonesia

Presenting author e-mail: retinai@yahoo.com
Contact E-mail: retinai@yahoo.com

Abstract:

Objective: To report cost-effectiveness analysis of vitrectomy between local and general anesthesia for rhegmatogenous retinal detachment.

Methods: Retrospective cohort study in two hospitals with 100 subjects that fulfill inclusion and exclusion criteria. Effectiveness was visual acuity improvement in two or more logMAR scale after vitrectomy, and units cost data were given by both hospitals.

Results: The amount of Rp. 23,959,000 - was needed to achieve effectiveness 32% in general anesthesia. The amount of Rp. 15,950,290 - was needed to achieve effectiveness 80% in local anesthesia. These data interpretation and extrapolation should be done cautiously. There is cost-minimization 50.12% when doing vitrectomy under local versus general anesthesia.

Conclusions: Vitrectomy for rhegmatogenous retinal detachment can be done under local anesthesia with higher effectiveness and lower cost.

Keywords: Local anesthesia, retinal detachment, cost-effective analysis

FP4-05

Validation study to prevalence of blind resulted from NHBR 2013

Farida Sirian¹, Lulu Fattah², Nylvia Sardi³, Yeni Dwi Lestari²

¹Vice President, Indonesia Ophthalmologist Association, Indonesia
²Research and Development Section, IGA, Indonesia
³Community Program Section, IGA, Indonesia

Presenting author e-mail: sirlafarida@gmail.com
Contact E-mail: sirlafarida@gmail.com

Abstract:

Objective:
- to know validity of the data of Blind n VI from NBHR 2013
- to find the correction factor of the data of Blind and VI from NBHR 2013

Method: The data of blind and visual impairment (n: 150) reported by NHBR will be reconfirmed by ICA enumerators in 3 provinces selected and will use stata 12 for data analyzing.

Results: will be presented later

Conclusion: will be presented later

Keywords: Prevalence of blind, validity, NHBR 2013
FP6-01

Foveal sensitivity after half-dosage Visudyne with Photodynamic therapy in Central Serous Chorioretinopathy (CSCR)

Prapapan Pitujaturong , Thuss Sangmuang , Tanapol Ratanapakorn , Suthasinee Sirinwat , Chawekj Bhoemibunchoo , Yosanan Yospebboon

Ophthalmology, Khon Kaen University, Thailand

Contact: E-mail: yosnan96@gmail.com

Abstract:

Objective: To study foveal sensitivity in patient who got half-dosage visudyne with full fluence photodynamic therapy (HD-PDT).

Methods: 24 patients, were diagnosed CSCR and treated with HD-PDT were enrolled in this study. Both oculars were examined including best corrected visual acuity (BCVA) in LogMAR, macular thickness (µm), macular volume (mm3 ) and IS/OS junction, computerized tomography visual field in program 10-2 with foveal threshold (dB) and mean retinal sensitivity (dB) both eccentric and quadrant area. The data of study eye was compared with the data of another as control. Spot size of LASER (µm), duration (week) before treatment and after treatment was recorded. STATA was statistic analysis.

Results: 17-patient was male and mean age was 46-year-old (36-68). BCVA before and after HD-PDT was 0.26±0.3 LogMAR and 0.07±0.15 LogMAR, respectively (p<0.05). Mean spot size of LASER was 2.216 µm (1.086-4.398 µm), mean duration time before treatment was 32 weeks (15-98 weeks) and after treatment was 130 weeks (48-216 weeks). Foveal threshold was 28.7±6.52 dB in study eye and 32.3±3.35 dB in control eye, (p<0.05). The 5-patient was loss IS/OS junction and the 2-patient was subretinal fluid persistent.

Conclusion: HD–PDT can promote clinically statistical significant improving visual acuity but it can be affect the foveal and retinal sensitivity. Monitoring in foveal sensitivity and visual acuity may be necessary in long-term follow-up.

Keywords: CSCR, Photodynamic therapy, foveal sensitivity.

FP6-02

Membrane peeling and shorter waiting time increase succesfull rate of retinal detachment surgery

Gilbert W S Simanjuntak1,2

Department of Ophthalmology, Christian University of Indonesia, Jakarta, Indonesia

Department of Ophthalmology, Cipto Mardjono Hospital, Jakarta, Indonesia

Contact: E-mail: retinaid@yahoo.com

Abstract:

Objective: To report vitreectomy result of retinal detachment.

Methods: Retrospective cohort study in two hospitals with 100 subjects that fulfill inclusion and exclusion criteria. Effectiveness was visual acuity improvement in two or more logMAR scale after vitrectomy. Surgical procedure was recorded, and analyzed.

Result: Effectiveness was 80% under local anesthesia, and 32% under general anesthesia. Those data interpretation and extrapolation should be done cautiously. Multivariate analysis of effectiveness and cost showed that variables of detachment duration if less than 4 weeks (RR 1.85) and of local anesthesia (RR 2.58) were contributing for better surgical outcome. Shorter waiting time (time needed for surgery after diagnosed), and more membrane peeling done in local anesthesia group were different variables (p 0.00) between two groups significantly.

Conclusions: Membrane peeling and shorter waiting time increase successful rate of vitrectomy for retinal detachment.

Keywords: Successful rate, health service, membrane peeling.
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Dear Gilbert W S Simanjuntak,

Thank you very much for your kind submission. The recommendation on your abstract submission is as below for your kind information. If your status is accepted, you are requested to register by 20\textsuperscript{th} December 2013, 24.00 hrs at GMT+7 to include your abstract in final program book.

\textbf{Your initial submission:}
Submission number: ABS0040
Abstract presentation type : Either Oral or PosterPresentation
Abstract topic area : Public Health Ophthalmology
Abstract title: Visual Acuity Improvement and Cost Saving of Vitrectomy Between Local Anesthesia and General Anesthesia

Your abstract was accepted as oral presentation.
Your recommended topic area is Public Health Ophthalmology

We thank you very much for your kind participation and we remain available for any query.

Best Regards,

Paisan Ruamviboonsuk MD.
Chairperson of 1st AOS 2014 Organizing Committee

Congress Secretariat: conference@aos2014bangkok.org
http://www.aos2014bangkok.org
Visual Acuity Improvement and Cost Saving of Vitrectomy Between Local Anesthesia and General Anesthesia

Gilbert W S Simanjuntak

1Department of Ophthalmology, Christian University of Indonesia, Jakarta, Indonesia
2Department of Ophthalmology, Cikini CCI Hospital, Jakarta, Indonesia

Presenting author e-mail: retinaid@yahoo.com
Contact E-mail: retinaid@yahoo.com

Abstract:

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Conclusions: Vitrectomy for rhegmatogenous retinal detachment can be done under local anesthesia with higher effectiveness and lower cost.

Keywords: Local anesthesia, retinal detachment, cost-effective analysis
CERTIFICATE OF APPRECIATION

This is to certify that Gillbert W. S. Simanjuntak has been awarded the BEST PAPER in session of RETINA "Ten Countries, One Society, One Vision" at the 1st CONGRESS OF ASEAN OPHTHALMOLOGY SOCIETY 2014, Bangkok, Thailand on July 9-11, 2014.

Centara Grand & Bangkok Convention Centre at CentralWorld, Bangkok, Thailand

Jitalai Tanterdtham, MD
Scientific Committee Chair

Paisan Ruamviboonsuk, MD
Chairman, Organizing Committee
CERTIFICATE OF ORAL PRESENTATION

This is to certify that

Gillbert W. S. Simanjuntak

has attended in session of PUBLIC HEALTH

'Ten Countries, One Society, One Vision'

July 9-11, 2014

At the 1st Congress of ASEAN OPHTHALMOLOGY SOCIETY 2014

Centara Grand and Bangkok Convention Centre at CentralWorld, Bangkok, Thailand

Pissan Ruamloonsak, MD
Chairman, Organizing Committee

Jutone Tanterdham, MD
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‘Ten Countries, One Society, One Vision’
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Keywords : local anesthesia, retinal detachment, cost-effective analysis
Visual Acuity Improvement and Cost Saving of Vitrectomy Between Local Anesthesia and General Anesthesia

Gilbert WS Simanjuntak

Dept. of Ophthalmology Medical Faculty UKI
Cikini Eye Institute/Cikini CCI Hospital
Jakarta, Indonesia
no financial interest in items discussed
Introduction

- Paradigm shift from general anesthesia to local anesthesia, even topical
  - Safer, lower cost and comfortable
  - Since 1980s
  - Cochrane systematic review (226 randomised clinical trial) involving 1284 cataract: similar result. [Fedorowicz Z, 2006]
- Local anesthesia is not a standard for vitrectomy
- Cost effectiveness analysis never conducted on local versus general anesthesia for vitrectomy
Objective

- To report vitrectomy result and cost saving of retinal detachment from two different anesthesia procedure

Methods

- Retrospective cohort study in two hospitals with 100 subjects that fulfill inclusion and exclusion criteria.
- Improvement was visual acuity increased two or more logMAR scale after vitrectomy.
- Surgical procedure was recorded, and analyzed.
- Cost effectiveness analysis, units cost data were given by both hospitals
Pre operative equality:

- Initial VA
- Funduscopic finding including
- Tear size
- Duration of detachment
- Media clarity

- Surgical procedure: complete procedure (BB + PPV + MP + HF + EL + Tamponade)
  LA/GA
## Result (equality preoperative)

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<th>Group 1</th>
<th>Group 2</th>
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<td>50.28 ± 13.36</td>
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<td>- Education</td>
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<td>35 (70 %)</td>
<td>42 (84 %)</td>
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<td>15 (30 %)</td>
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<tr>
<td>- Gender</td>
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<tr>
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<td>27 (54 %)</td>
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<td>23 (46 %)</td>
<td>23 (46 %)</td>
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<td>- Detachment (day)</td>
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<td>- Hemoglobin</td>
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<td>15.51 ± 1.17</td>
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<td>- Leukocyte</td>
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<td>7.68 ± 0.78</td>
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<td>- Thrombocyte</td>
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<td>- Blood sugar</td>
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<td>- Prothrombine time</td>
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<td>Preoperative cost</td>
<td>754,000</td>
<td>895,200</td>
<td>+ 141,200</td>
</tr>
<tr>
<td>Operative cost</td>
<td>19,650,000</td>
<td>13,000,000</td>
<td>- 6,650,000</td>
</tr>
<tr>
<td>Anesthesia cost</td>
<td>2,800,000</td>
<td>1,400,000</td>
<td>- 1,400,000</td>
</tr>
<tr>
<td>Postoperative cost</td>
<td>755,000</td>
<td>655,000</td>
<td>- 100,000</td>
</tr>
<tr>
<td>Total</td>
<td>23,959,000</td>
<td>15,950,200</td>
<td>- 8,008,800</td>
</tr>
</tbody>
</table>
Decision Tree

- RRD
  - Tidak op. (No Payoff)
  - Lepas ulang (No Payoff)
  - Pneumatik (No Payoff)
- Operasi
  - SB
    - Bius Lokal (No Payoff)
    - Bius Umum (No Payoff)
- PPV
  - Bius Lokal
    - Sama/Perburukan (No Payoff)
    - Perbaikan 80
  - Bius Umum
    - Sama/Perburukan (No Payoff)
    - Perbaikan 32
- Perbaikan
  - Sama/Perburukan (No Payoff)
  - Perbaikan 68

Payoffs:
- 23,959,000
- 15,950,200
Discussion

- Big difference (%) between anesthesia procedure
- Local anesthesia (intervention), RR 2.58 (95%CI 2.04 – 13.35) for chance of improvement after surgery
  - Paradigm shift, lower cost and safer. Meta-analysis study. [Fedorowicz Z, 2006]
  - Shorter time for postoperative mobilization, positioning post op
  - Big contribution toward cost reduction (cost saving, 50%)
Conclusion

1. Significant factor for improvement and cost reduction are detachment duration (RR 1.85) if < 4 minggu, and local anesthesia (RR 2.58)

2. Vitrectomy under local anesthesia are more affordable than general anesthesia, cost reduction 50%
THANK YOU