

Final Program

July 9-11, 2014

**Bangkok Convention Centre
at Central World
Thailand**

AOS

THE
FIRST
CONGRESS

ASEAN OPHTHALMOLOGY SOCIETY

Ten Countries, One Society, One Vision

Hosted by



The Royal College of
Ophthalmologists of Thailand

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ASEAN OPHTHALMOLOGY SOCIETY

February 19-21, 2014 / Bangkok, Thailand

1st AOS Congress Newsletter

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Wills Eye Hospital,
USA



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Jakarta Eye
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Dr. Pannet
Panguthipong
Metta Eye Center,
Thailand



Dr. Ruben Lim
Bon Siong
St. Luke's International
Eye Institute, Philippines

July 10, 2014: 10.30-12.00

FP4 4-L7: Sir Harold Ridley, Who cures
Aphakia

Chairman: Puwat Charukamnoetkanok

Sir Harold Ridley, who cures Aphakia- *Pornchai Simaraj*
(Thailand)

Lotus 7

FP4

Free Paper Public Health

Chairman: Watanee Jenchitr

Co-chairman: Farida Sirlan

Judge: Apirak Chaiwiratana

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 Sirlan (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 1999 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)*

Lotus 12

10.00-10.30: Coffee Break and E-Poster Presentation

Convention B

July 11, 2014: 08.30-10.00

SYM 8-L5: Oculoplastic

Lotus 5-6

FP6

Lotus 12

Instruction Course II : Diagnosis and Management of
Lacrimal Diseases

Chairman: Sunisa Sintuwong

Co-chairman: Thanyapat Benjhawaleemas

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 Wanumkarng(Thailand)*

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

Retina Free Paper

Chairman: Sherman Valero

Co-chairman: Young Shao Onn

Judge: Mansing Ratanasukon

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

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

FP6-03: Incidence of Post-intravitreal Anti-VEGF endophthal-
mitis at Thammasat University Hospital- *Duangmontree
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

Lotus7

FP7

Lotus 12

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

Chairman: Sirithorn Rutnin

Co-chairman: -

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

EMR implementations 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)*

Pediatric Ophthalmology Free Paper

Chairman: Supaporn Tengtrisorn

Co-chairman: Parnchal Pukrushpan

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 ey
es to create a new formula for horizontal strabismic correction-
Sumet 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

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

Presenting author e-mail: retinaid@yahoo.com
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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. 15.950.200,- 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 Lestari³

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

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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 IOA 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)

Prasapan Pitujaturont¹, Thuss Sanguansak², Tanapat Rotanapakorn¹, Suthasinee Srinawat¹, Chavakij Bhoombunchoo¹, Yosanan Yospaiboon¹

¹Ophthalmology, Khonkean university, Thailand

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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 (mm^3) 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 recored. STATA was statistic analysis.

Results: 17-patient was male and mean age was 46-year-old (36-68), BCVA bfore and after HD-PDT was 0.26 ± 0.3 LogMAR and 0.075 ± 0.15 LogMAR, respectively ($p < 0.05$). Mean spot size of LASER was $2.216 \mu\text{m}$ (1.086 - $4.398 \mu\text{m}$), mean duration time before treatment was 32 weeks (15-96 weeks) and after treatment was 130 weeks (48-216 weeks). Foveal threshold was 28.75 ± 6.52 dB in study eye and 32.33 ± 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 Simanjuntak^{1,2}

¹Department of Ophthalmology, Christian University of Indonesia, Jakarta, Indonesia

²Department of Ophthalmology, Cikini CCI Hospital, Jakarta, Indonesia

Contact E-mail: retinaid@yahoo.com

Abstract:

Objective: To report vitrectomy 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. These 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 variabels ($p < 0.00$) 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

<u>Last Name</u>	<u>Session</u>	<u>Last Name</u>	<u>Session</u>
Pukrushpan, P	SYM9-L1	Srivannaboon, S	SYM4-PL
Pw, L	O-01-01, PO-03-02	Srivatsa, P	SYM4-PL
Quah, B	SYM1-L1, SYM10-L1	Sugiarti, E	FP5-04
Ranu, S	FP4-07	Supakontanasan, W	SYM9-L3
Reinprayoon, U	SYM7-PL	Supalaseth, S	FP7-03
Rojanapongpun, P	SYM3-PL, SYM5-L7	Surawongsin, A	FP6-05
Rojanaporn, D	SYM7-L1	Suwan, Y	FP3-06
Rojanaporn, D	FP1-09	Suwan-apichon, O	SYM5-PL
Rojdamrongratana, D	FP6-03	Tan, D	SYM5-PL, SYM7-PL
Ruamviboonsuk, P	SYM3-L1	Tananuwat, N	SYM5-PL
Rutnin, S	SYM9-L7	Tantisevi, V	SYM2-L3
Sai, D	PO-03-03, PO-08-02	Teo, K	FP2-04
Sakiyaluk, D	SYM5-L7	Thanathanee, O	FP3-09
Sansanayudh, W	SYM10-L7	Thiamthat, W	SYM10-L1
Santhirathelagan, C	SYM7-PL	Ting, D	FP6-06
Saonanon, P	FP1-04	Tsai, A	FP8-09
Saovaprut, C	SYM3-PL, SYM5-L3	Tulvatana, W	SYM3-L5
Sarmiento - clemente, R	FP1-05	Tuyet, T	SYM9-L3
Satjapakasit, O	PO-06-04	Uranchimeg, D	SYM7-L7
Shidik, S	FP2-03	Uy, H	SYM4-L3
Sidhu, N	PO-01-04	Valero, S	SYM4-L3, SYM5-L3
Silva, P	SYM3-L1	Van anh, C	PO-08-08
Simanjuntak, G	FP4-03, FP6-02	Vatanavicharn, S	FP1-02
Simaroj, P	SYM4-L7, SYM5-L5	Vierlia, W	PO-01-02
Singha, P	SYM9-L1	Viet hung, B	PO-08-03
Sirlan, F	FP4-05	Wai, C	SYM8-L7
Sittivarakul, W	SYM2-L7, FP8-08	Wangtiraumnuy, N	SYM10-L1
Solanki, P	PO-09-02	Wanichwecharungruang, B	SYM9-L3
Sothornwit, N	SYM1-L3	Wanumkarng, N	SYM6-L5, SYM8-L5, SYM10-12
Sovani, I	SYM4-L3, SYM5-L3	Wiriyasatiankun, P	FP3-02



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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 20th December 2013, 24.00 hrs at GMT+7 to include your abstract in final program book.

Your initial submission:

Submission number: ABS0039

Abstract presentation type : Either Oral or Poster Presentation

Abstract topic area : Vitreous and Retina

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

Your abstract was accepted as oral presentation.

Your recommended topic area is Vitreous and Retina

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

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CERTIFICATE OF APPRECIATION

This is to certify that
Gilbert W. S. Simanjuntak
has been awarded
the **BEST PAPER** in session of
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Chairman, Organizing Committee



Jutalai Tanterdtham, MD
Scientific Committee Chair



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Jutalai Tanterdtham, MD

Scientific Committee Chair



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This is to certify that

Gilbert W. S. Simanjuntak

has attended in session of RETINA

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

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

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Abstract:

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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. These 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.

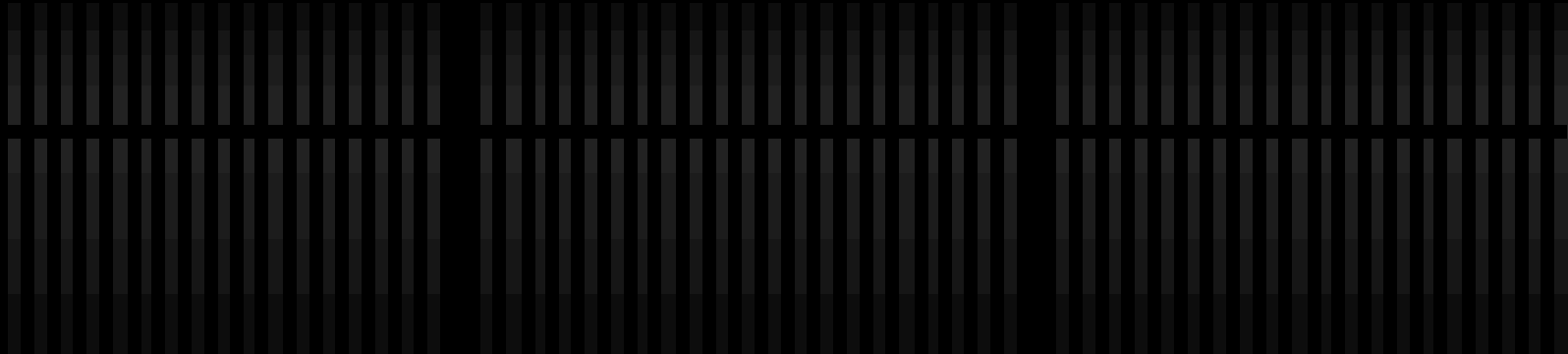
Keywords: *Successful rate, health service, membrane peeling*

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

Gilbert WS Simanjuntak

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Cikini Eye Institute/Cikini CCI Hospital
Jakarta, Indonesia

no financial interest in items discussed



Objective

- ✓ To report vitrectomy result of retinal detachment from two different hospital

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.

Pre operative equality:

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

Surgical procedure : complete procedure (BB + PPV
± MP ± HF + EL + Tamponade)

Result

Characteristic		Group 1	Group 2	<i>p</i>
Demography:				
-Age (year)		46,42 ± 16,25	50,28 ± 13,36	0,20
	High	35 (70 %)	42 (84 %)	
-Education	Medium-	15 (30 %)	8 (16 %)	0,15
	Low			
	Male	27 (54 %)	27 (54 %)	
-Gender	Female	23 (46 %)	23 (46 %)	0,58
Ophthalmology :				
-Detachment (day)		110,80 ± 24,13	85,08 ± 17,52	0,43
-Initial BCVA		2,10 ± 0,622	1,97 ± 0,92	0,42
General condition:				
-Hemoglobin		15,11 ± 0,94	15,51 ± 1,17	0,17
-Leukocyte		7,48 ± 0,89	7,68 ± 0,78	0,71
-Thrombocyte		240,40 ± 25,15	247,88 ± 30,20	0,28
-Blood sugar		89,82 ± 9,80	88,62 ± 9,70	0,77
-Prothrombine time		12,72 ± 0,76	12,40 ± 0,57	0,06

	Improvement		No Improvement		p
	mean	sd	Mean	sd	
Initial BCVA	2,01	0,86	2,06	0,68	0,98

Variable	Group 1	Group 2	p
Pre-operasi			
Detachment duration (day)	95,96 ± 18,46	125,44 ± 23,79	0,33
-Pre-op waiting time	14,64 ± 3,61	10,88 ± 6,83	0,00
- Range	1 - 123	0 - 335	
-Detachment duration prehospital	83,44 ± 18,46	114,56 ± 19,98	0.23
- Range	3 - 729	6 - 667	
During surgery			
Membrane peeling (PVR)			0,00
-Done	2 (4%)	16 (32%)	
-Undone	48 (96%)	34 (64%)	

Multivariate Modelling

Variable	β	OR (95% CI)	RR corrected (95% CI)
Anesthesia (local vs general)	2,31	8,51 (3,53 – 20,52)	2,58 (2,04 – 13,35)
Age (<50 yrs vs \geq 50 yrs)	-1,41	0,96 (0,94 – 0,99)	0,32 (0,14 – 0,66)
PVR (MP done vs undone)	-0,44	0,78 (0,25 – 2,42)	0,73 (0,20 – 1,57)
Detachment duration (<4 wks vs \geq 4 wks)	1,13	3,08 (1,00 – 9,51)	1,85 (0,98 – 2,58)

$$\text{Logit [Improvement]} = - 1.351 + 2.312 * \text{Anesthesia} - 1.410 * \text{Age} - 0.438 * \text{PVR} \\ + 1.131 * \text{Detachment duration}$$

Probability for improvement

$$P = \frac{\text{Exp} (- 1.351 + 2.312 * \text{Anesth} - 1.410 * \text{Age} - 0.438 * \text{PVR} + 1.131 * \text{Detachment duration})}{1 + \text{Exp} (- 1.351 + 2.312 * \text{Anesth} - 1.410 * \text{Age} - 0.438 * \text{PVR} + 1.131 * \text{Detachment duration})}$$

Variable of break size and location was recorded incomplete, not comparable.

Discussion

- ✓ PVR grade A and B, need only vitrectomy
- ✓ There is no significant difference of surgical result between operator, even between new and experienced surgeon [Mazinani BAE 2012]
- ✓ Younger age increased risk of PVR, which may cause redetachment

- ✓ Proliferative vitreo-retinopathy (PVR) reduce probability of retinal attachment,
 - ✓ RR 0.73 (95%CI : 0.20 – 1.57)
- ✓ Model is significant (p 0.00), and *R square* 0.398
[Daniel WW 1987]

Conclusion

Better surgical outcome can be achieved by :

- Shorter waiting time preoperative in hospital
- More membrane peeling procedure (cleaner surgery)

THANK YOU