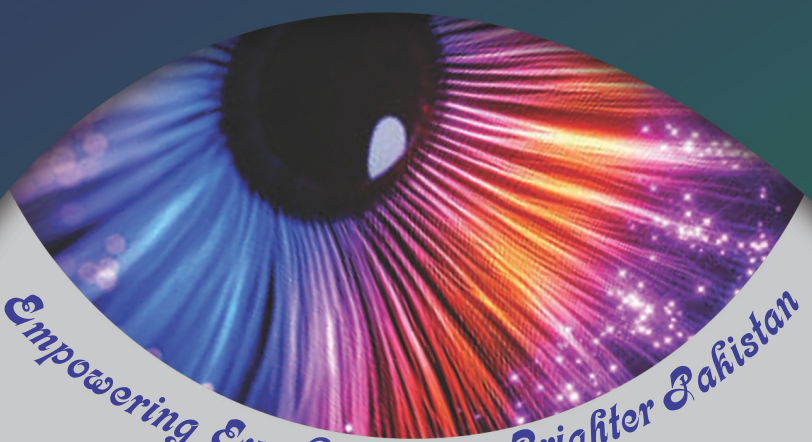
PROCEEDINGS OF
43RD LAHORE OPHTHALMO
&
47TH NATIONAL CONFERENCE OF OPHTHALMOLOGICAL SOCIETY OF PAKISTAN
3RD ANNUAL SYMPOSIUM OF POA



Empowering Eye Care for a Brighter Pakistan

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DEDICATION

“This work is dedicated to the ophthalmologists of the past, present, and future, whose commitment to vision, compassion, and scientific advancement continues to illuminate the path of eye care for generations to come.”

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FOREWORD

It is with great pleasure and a deep sense of academic pride that we present the proceedings of *Lahore Ophthalmo 2025.* This gathering brought together a distinguished community of ophthalmologists, researchers, educators, and trainees, united by a shared commitment to advancing eye care and vision science.

The conference served as a dynamic platform for the exchange of knowledge, highlighting a diverse range of scientific contributions spanning clinical innovations, surgical advancements, community ophthalmology, and medical education. The presentations reflected not only the rapid evolution of ophthalmic practice but also the growing emphasis on evidence-based medicine, patient-centered care, and interdisciplinary collaboration.

A notable strength of this conference was the active participation of early-career researchers and trainees, whose enthusiasm and scholarly contributions signify a promising future for ophthalmology in our region. The inclusion of memorial lectures, expert panel discussions, and skill-oriented sessions added both depth and perspective, honoring the legacy of pioneers while inspiring the next generation.

These proceedings capture the essence of the conference, preserving the intellectual discourse and scientific rigor that characterized the event. It is hoped that this compilation will serve as a valuable resource for clinicians, academicians, and policymakers, fostering continued learning and stimulating further research.

I extend my sincere appreciation to all contributors, reviewers, and organizing members whose dedication made this conference a success. May the knowledge shared here translate into improved patient care and continued advancement in the field of ophthalmology.

Professor Lateef Chaudhary

PREFACE

It is a great privilege for me to present the proceedings of ***Lahore Ophthalmo 2025***, marking the second consecutive year of this important academic endeavor following the successful compilation of last year's proceedings. Building upon that foundation, this volume reflects our continued commitment to preserving and disseminating the rich scientific discourse generated at this conference.

The preparation of this booklet has been an extensive and meticulous process. A significant volume of sessions and presentations was carefully transcribed, organized, edited, and formatted to ensure accuracy, clarity, and academic value. This was no small undertaking; it required sustained effort over a period of three months, highlighting the dedication of the entire team involved.

I would like to extend special appreciation to Miss Romaisa Tahir for her diligent work in transcribing the sessions with precision, and to Dr. Irum Raza for her excellent organization of the material into a coherent and structured format. Their contributions were central to transforming raw content into this refined compilation.

My deepest gratitude goes to **Prof. Javaid Chaudhary**, under whose visionary leadership this initiative was first undertaken last year, setting a precedent for academic documentation. I am equally thankful to **Prof. Qasim Lateef** for providing seamless access to all session recordings, an invaluable resource that formed the backbone of this work. I would like to sincerely acknowledge the **Executive Committee members** for their endorsement of this initiative and for their unwavering moral support throughout the completion of this demanding task.

I would also like to acknowledge with sincere appreciation the guidance and unwavering support of **Prof. Muhammad Moin**. His thoughtful insights and encouragement were instrumental throughout the process.

This compilation stands as a testament to collaborative effort, academic rigor, and a shared vision to document and advance ophthalmic knowledge. It is hoped that these proceedings will serve as a meaningful resource for clinicians, educators, and researchers alike.

Prof. Tayyaba Gul Malik
Editor-in-Chief
Pakistan Journal of Ophthalmology (PJO)

REPORT OF THE LAHORE OPHTHALMO 2025

It is a great honor for me to serve as the Chairman of the Scientific Committee for this year's Lahore Ophthalmo. I am deeply grateful to all members of the Scientific Committee and the Subspecialty Committees for their invaluable support in helping me design this comprehensive scientific program. This year's conference features a total of 96 sessions across 8 halls, including 5 symposia and 3 instruction courses running concurrently. The program has been developed for more than 1,600 delegates and includes contributions from 393 speakers. We are also proud to host Pakistan's largest industrial exhibition of ophthalmic products. Additionally, we are delighted to welcome 21 distinguished international speakers from the USA, UK, Canada, the Middle East, and Europe. Highlights of the event include a plenary session on Friday evening, live surgery on Saturday morning, and the highly anticipated Quiz Competition on Sunday.

Our co-host this year is the Pakistan Oculoplastics Association (POA). The Scientific Committee has worked tirelessly to bring this program to its current scale. This achievement has only been possible through the continuous efforts of the committee members, including Prof. Qasim Lateef Ch., Prof. Huma Kayani, Prof. Imran Akram Sahaf, Prof. Asad Aslam Khan, Prof. Nadeem Hafeez Butt, Prof. Zahid Kamal Siddiqui, Prof. Khalid Waheed, Prof. M. Tariq Khan, Prof. Seema Qayyum, Dr. Khawaja Khalid Shoaib, Prof. M. Suhail Sarwar, Prof. Abdul Majeed Malik, Prof. Hamid Mahmood Butt, Dr. Kashif Iqbal, Prof. Khalid Mahmood, and Prof. Intizar Hussain Butt. I am also sincerely thankful to the chairpersons of the subspecialty societies for their dedicated work in developing their respective programs.

Special appreciation is due to Prof. Ch. Javed Iqbal, President OSP Lahore, whose commitment to quality has significantly enhanced this year's scientific content. I would also like to acknowledge Prof. Ch. Nasir Ahmad, General Secretary OSP Lahore, for his tremendous logistical support throughout the development and execution of the program. My heartfelt thanks go to Mr. M. Adeel Malik, Office Manager OSP Lahore, for his unwavering dedication and expertise in preparing and finalizing the scientific agenda.

Prof. Muhammad Moin
Chairman Scientific Committee

PLENARY SESSION

The plenary session for 2025 featured a series of named lecture awards, including the prestigious Ramzan Ali Syed Memorial Lecture, Raja Mumtaz Memorial lecture, Syed Ali Haider Memorial Lecture, M Lateef Chaudhary award lecture, Abdul Jalil Daula award lecture and Wasif M Qadri Memorial lecture. The session was chaired by **Qamar I Lodhi**, with **Chaudhary Javed Iqbal** as co-chair and **Muhammad Moin** as moderator.

RAMZAN ALI SYED MEMORIAL LECTURE: From Risk to Intervention: Advances in Myopia Control in Children

Historical Perspective

Professor Ramzan Ali Syed (1901–1988), born in the suburbs of Lahore, was one of the most distinguished ophthalmologists of his time. He completed his early education at D.A.V. High School, followed by F.Sc from Government College, and obtained his MBBS from King Edward Medical College in 1926, earning distinctions and honors in anatomy, midwifery, and hygiene. He later pursued advanced qualifications in London, including MS and DLO, which were among the highest credentials of that era. Upon returning, he served as Clinical Assistant in Ophthalmology at King Edward Medical College and, after partition, became its first Muslim Professor of Ophthalmology. He continued his academic leadership until 1958 and subsequently served at Fatima Jinnah Medical College. This year the lecture was delivered by **Prof. Mian M Shafique**

Summary of the Lecture

Contemporary research indicates that myopia progression is primarily driven by axial elongation of the eye. Experimental evidence shows that hyperopic defocus stimulates axial growth, whereas myopic defocus inhibits it. This process is mediated by neuromodulators such as dopamine, melatonin, and acetylcholine, which influence scleral extracellular matrix remodeling, ultimately leading to elongation of the posterior segment and associated degenerative complications.

The determinants of myopia are broadly categorized into genetic and environmental factors. While genetic predisposition—linked to over 400 loci—remains non-modifiable, environmental influences are the dominant and modifiable drivers of the current global myopia epidemic. The risk increases threefold if one parent is myopic and up to sixfold if both parents are affected.

Among modifiable factors, reduced outdoor activity, excessive near work, short reading distance, and prolonged screen exposure are the most significant contributors. Evidence suggests that less than 1.5–2 hours of outdoor activity daily is associated with rapid progression, whereas increasing outdoor exposure beyond two hours can reduce onset and progression by 30–50%. Similarly, prolonged near work exceeding 2–3 hours per day, particularly without breaks, significantly increases accommodative stress and peripheral hyperopic defocus. Short working distances and excessive screen use further exacerbate this risk.

Additional contributing factors include high academic load, inadequate sleep, poor indoor lighting, and reduced physical activity, although the evidence for these is comparatively moderate. Collectively, the primary modifiable factors account for most of the disease progression.

Management strategies for myopia control include behavioral, pharmacological, optical, and, in selected cases, surgical interventions. Behavioral modifications remain foundational, emphasizing increased outdoor activity, structured breaks during near work (such as the 20-20-20 rule), maintaining appropriate reading distance, limiting screen exposure, and ensuring adequate lighting and physical activity.

Pharmacologically, low-dose atropine (0.01%–0.05%) has demonstrated efficacy in slowing progression, as evidenced by the ATOM and LAMP studies. Its mechanism involves modulation of muscarinic receptors in the retina and sclera, thereby inhibiting axial elongation. Gradual tapering is recommended to minimize rebound effects.

Optical interventions, including specially designed spectacle lenses, orthokeratology, and multifocal contact lenses, work by inducing peripheral myopic defocus while correcting central refractive error. Emerging therapies, such as repeated low-level red-

light exposure and combination approaches, show promise for future management.

Surgical options, such as posterior scleral reinforcement, are reserved for advanced or progressive cases where other interventions are insufficient.

In conclusion, a systematic, individualized approach is essential for effective myopia control. There is an urgent need to develop and implement national strategies, including public awareness campaigns and school-based interventions, to address the growing burden of myopia at a population level.

RAJA MUMTAZ MEMORIAL LECTURE: How to change hearts and minds for vision: Tipping the curve in Pakistan

Historical Perspective

Professor Raja Mumtaz is regarded as a pioneer indeed, the father of the Ophthalmological Society of Pakistan. He was one of the most distinguished ophthalmologists of his time and played a foundational role in shaping ophthalmology in the country. He served as President of the Ophthalmological Society of Pakistan and later as Patron-in-Chief of its Lahore branch. Notably, he was the founding General Secretary of the Society in 1957.

He brought remarkable energy and vision to the promotion of ophthalmology. He actively participated in international meetings across the USA, UK, and South Asia, proudly representing Pakistan. His distinctive attire, the traditional sherwani and Jinnah cap, became his trademark and reflected his deep national pride. Wherever he went, he championed ophthalmology, fostered research, strengthened training and education, and contributed to building a cohesive professional community. He also played a key role in laying the foundations of the Society's constitution, collaborating with his contemporaries to establish a strong institutional framework.

Professor Andrew Bastawrous delivered Raja Mumtaz Memorial lecture. Professor Andrew is a Professor of Global Ophthalmology at the London School of Hygiene and Tropical Medicine, Co-founder and CEO of Peek Vision, and Co-founder of the Vision Catalyst Fund. He has conducted research in over 20 countries, including extensive work in Kenya, where he led major studies on eye disease and helped develop early versions of smartphone-based eye health systems.

Professor Bastawrous has been recognized globally for his contributions, named among the world's most influential people in public health, with over 100 peer-reviewed publications. He is a TED speaker and TED Fellow, a Rolex Laureate, a World Economic Forum Young Global Leader, an Ashoka Fellow, and a UBS Global Visionary. In 2023, he was awarded the Tällberg Leadership Prize and honored with an OBE in the UK King's Birthday Honours.

Summary of Lecture

About 12 years ago, I was working in a rural outreach clinic in Kenya, where we were inviting patients for cataract surgery. Two elderly women, both blind from cataract for nearly a decade, were seated side by side, yet neither realized the other was there. They had once been close friends, but with the loss of sight, they had also lost their connection to each other and to their communities. It was only when their names were called that they recognized one another.

One of the women had burn scars along her arm from cooking without vision, and her grandson had dropped out of school to serve as her guide. I saw stories like this repeatedly, lives profoundly affected by a condition that could have been treated many years earlier with a simple cataract procedure.

As clinicians, we often see only those who reach our hospitals. We remain busy, but we do not always see those who never come, the unseen, the "invisible" patients who are outside the system. Over the past decade, our team has worked to address this gap by developing systems and technologies that allow us to actively find people in their communities, at home, in schools, and at workplaces, screen them, and connect them to appropriate care. Importantly, these systems enable real-time data tracking, allowing program managers to identify barriers and respond effectively.

This has been a long journey. It took nearly 10 years to reach our first one million people, a milestone we celebrated three years ago. Pakistan has been a leader in driving this change. Since then, the scale has expanded significantly: over 17 million people have been reached globally, including more than 7.5 million in Pakistan alone. Through the efforts of lady health workers, community screeners, and integrated health systems, patients are now being identified and connected across

all levels of care, ultimately reaching ophthalmologists for definitive management.

We currently support 115 programs across 13 countries: each tailored to local needs. A key lesson has been that data must be meaningful. We focus on what we call "metrics that matter": of those with eye disease, how many are identified, and how many reach care. With digital tools, we have been able to triple screening coverage within the same period. However, identification alone is not enough—connection to care is critical.

On the baseline, only about 20% of patients identified with eye problems had access to eyecare. These are often the most vulnerable individuals. Addressing barriers such as transport and treatment costs can increase this to around 50%, but further improvement requires deeper understanding. For example, in one Kenyan program, we observed that patients from a particular community were not attending surgery despite support. We discovered that the term used for "surgery" in the local language also meant "butchery." Unsurprisingly, patients declined. By simply changing the language to convey "repair" or "healing," attendance rose from 50% to nearly 80%.

This highlights a crucial point: technology alone is not the solution. It is the combination of technology and compassion that drives meaningful change. At Peek, our philosophy is that improvement is continuous, once one barrier is addressed, the next must be tackled.

Looking ahead, our ambition is not only to expand reach but to use data to anticipate and reduce future vision loss. In regions of Pakistan, we are already seeing encouraging trends: as screening and service uptake increase, the projected burden of avoidable blindness begins to decline. The goal is to move beyond reduction to elimination of avoidable vision loss, particularly from conditions like refractive error and cataract, which are highly treatable.

To achieve this, we must change hearts and minds. Let me share a simple framework. First, always start with *why*. People remember stories, not statistics. That is why I began with the story of those two women and ended with it.

Second, define *what* you aim to achieve. Leadership is about ensuring that the "ladder is placed against the right wall." A compelling vision aligns everyone's efforts toward a shared goal.

Third, consider *how* to achieve it but more importantly, *who* will do it. Success depends on people. With the right team, solutions emerge.

History offers powerful examples. When President John F. Kennedy set the vision of landing a man on the moon, even a janitor at NASA understood his role in achieving that mission. Similarly, Martin Luther King Jr.'s "I Have a Dream" speech succeeded not because of strategy alone, but because it resonated with people at the right time and place.

My message to you is this: let us share a bold vision for Pakistan one where no individual suffers from avoidable vision loss, including those we do not yet see in our clinics. If we can align our efforts, innovate thoughtfully, and reach the unreached, we can transform lives just as those two women were transformed the day after their surgery.

Syed Ali Haider Memorial Lecture: From Vision correction to vision creation: Leading Ophthalmology's Future

Historical Perspective

Professor Syed Ali Haider served as General Secretary of the Ophthalmological Society of Pakistan and was a pioneer in vitreoretinal surgery in the country. He was trained extensively in the United Kingdom, including a vitreoretinal fellowship in Oxford, and went on to mentor and train numerous VR fellows at Lahore General Hospital, leaving a legacy in ophthalmic education and clinical practice. Tragically, his life was cut short in a brutal incident that was widely condemned across the ophthalmic community and the nation. His passing was an immense loss to our profession. Today, we honor his memory, his contributions, and his dedication by this named lecture.

Professor Helena Prior Filipe delivered this memorial lecture, titled *"From Vision Correction to Vision Creation: Leading Ophthalmology into the Future."*

Professor Helena is a distinguished clinician-educator who integrates advanced ophthalmic practice with global leadership in health professions education. She graduated in medicine from the University of Lisbon and completed her ophthalmology training at Instituto Gama Pinto. She currently serves as a Consultant in the Department of Ocular Surface and Cornea at Hospital de Egas Moniz, Western Lisbon

Local Health Unit, and is an Associate Researcher at the Egas Moniz Center for Interdisciplinary Research. Her clinical expertise includes ocular surface disease, corneal disorders, cataract surgery, and ophthalmic ultrasound, with active involvement in international collaborations on drug delivery systems. She has also recently chaired initiatives in low vision and rehabilitation.

Equally committed to education, she holds a master's degree in innovation in continuing professional development, with a strong focus on curriculum design, simulation-based learning, and mentorship. She has chaired and contributed to educational committees of leading international organizations, including the International Council of Ophthalmology (ICO), ARVO, the Ophthalmology Foundation, AMEE, and the European Board of Ophthalmology.

Recognized as a Fellow of AMEE and the European Academy of Clinical Leadership, Professor Helena continues to make significant contributions to global faculty development and continuing professional education.

Summary of Lecture

It is truly an honor, a pleasure, and a privilege to be here today. I must admit that after listening to the remarkable and inspiring lectures before mine, I almost felt I could stop here. I begin with a sense of humility, especially reflecting on the inspiration that Professor Sahid Ali Haider brings to this gathering. I feel deeply honored to stand here and offer these words in tribute.

I would like to sincerely thank the Pakistan Society of Ophthalmology and its distinguished leadership for this invitation. Today, I will continue the conversation on leadership, a theme we have already explored through the excellent discussions earlier. Leadership can be defined in many ways and viewed from diverse perspectives. While we all recognize its importance, it is equally important to understand that clinical skills and leadership skills are not the same. What we have heard so far beautifully reflects this distinction.

As healthcare professionals, we are accountable to our patients and to society. Therefore, developing leadership skills is not optional; it is essential. Leadership matters, particularly in the times we are living in. While every era brings change, today we are experiencing profound shifts: emerging challenges, aging populations, global inequities, and even the impact of climate change on eye health, to name just a few.

Excellent clinical outcomes are not driven by technical expertise alone; they are also shaped by leadership competence. Yet, most physicians have not received formal leadership training. This highlights the need to develop competencies beyond medical expertise, as reflected in modern competency-based medical education frameworks.

We must cultivate adaptive, distributed, and compassionate leadership mindsets. These are essential for quality improvement, patient safety, and for maintaining a holistic understanding of our role in society. As ophthalmologists, we must also develop self-awareness and metacognitive skills—learning to reflect, to assess ourselves, and to build effective, collaborative teams.

The goal is to foster a culture of leadership, a shared sense of responsibility, where everyone understands their role within a team and the value they contribute to its success. Leadership in ophthalmology, as we have heard, operates across multiple levels:

- At the micro level—within our own clinical practice
- At the meso level—within hospitals and institutions
- At the macro level—across healthcare systems

This brings us to an important question: are leaders born, or are they made? While it is easy to assume leadership is innate, the more empowering perspective is that leadership can be developed—within our teams, our clinics, and our organizations.

Leaders prepare organizations for change. Change can be exciting for some and unsettling for others, but when systems are not functioning optimally, change becomes necessary. Through motivation and clear direction, leaders guide organizations toward improvement. Evidence shows that leadership development programs significantly enhance organizational and operational performance.

One definition of leadership I particularly value is this: leadership is a process. It is not a title, a position, or an achievement, it is ongoing. It evolves through collaboration, enabling both individual and collective efforts toward shared goals.

We begin with self-leadership. Each of us must take responsibility for our own growth. In surgery, for example, the surgeon leads not by authority alone but by fostering an environment where every team member

contributes their expertise. This is distributed leadership in action. At the same time, self-leadership forms the foundation for resilience, emotional regulation, and role modeling excellence.

Another essential dimension is inclusive leadership, ensuring well-being and psychological safety within teams. This became especially evident during the COVID era. When teams feel safe, respected, and heard, outcomes improve—not only for staff but also for patients. Inclusive leadership involves openness, active listening, respect for diverse perspectives, and equitable processes.

We can find inspiration for leadership beyond medicine as well. For instance, in mountaineering, success depends on a team that prepares together, trusts one another, and recognizes that every member is essential. This same principle applies to healthcare teams.

Distributed leadership emphasizes shared responsibility, collaboration, and trust. It empowers team members, leverages diverse expertise, and improves sustainability. Practices such as group mentoring and communities of practice help flatten hierarchies and promote shared learning.

Adaptive leadership becomes critical when challenges are complex rather than purely technical—such as implementing new guidelines or improving communication. It requires mobilizing teams, embracing uncertainty, and fostering a culture where challenges are addressed collectively.

Compassionate leadership goes a step further. Compassion is not just empathy, it requires action. It has been shown to improve patient outcomes and workplace well-being.

Finally, systems thinking is essential for achieving clinical excellence. Patient outcomes are not the result of one individual's effort but of interconnected systems—referral pathways, surgical workflows, training, resources, and organizational culture. System-thinking leaders understand these interdependencies, focus on root causes, and work toward holistic improvement.

Leadership, therefore, must operate across all levels, micro, meso, and macro, while integrating adaptive, distributed, and compassionate approaches.

When we think about the leader of the future, leadership is not just about traits or authority. It is about vision, communication, adaptability, and the ability to inspire others to move in the same direction, working harmoniously toward shared goals.

And so, I would like to conclude with a thought: leadership is not a position, it is a privilege and a responsibility. It is the ability to influence lives in meaningful ways, especially the lives of those we work with and serve.

MOHAMMED LATIF CHAUDHARY LECTURE: Surgical Dilemmas in Pterygium Surgery.

Historical Perspective

Professor Mohammed Latif Chaudhary is truly an icon in ophthalmology, not only in Lahore and Pakistan, but across the Asia-Pacific region. His contributions to the field have been remarkable and far-reaching. He served as President of the Ophthalmological Society of Pakistan (Lahore Branch) on two occasions, from 1979 to 1980 and again from 1988 to 1989. He also served as Dean of Ophthalmology at the College of Physicians and Surgeons Pakistan (CPSP).

Most notably, he chaired the Department of Ophthalmology at Sir Ganga Ram Hospital, where he transformed the department into a center of excellence. Under his leadership, it became a hub of high-quality patient care, with outstanding service delivery and pioneering work in cutting-edge vitreoretinal surgery.

He was among the pioneers who helped establish and elevate the identity of Lahore ophthalmology within the national landscape. Through his vision, innovation, and global outlook, he fostered international collaborations, bringing experts such as Robert Machemer from the United States and facilitating the exchange of expertise in vitreoretinal surgery. These efforts led to significant advancements and technology transfer in the field.

In addition to his academic and institutional contributions, he also established a thriving private clinical institute, further expanding access to quality ophthalmic care. It is indeed a proud and special moment that his legacy continues, as his son is set to assume the presidency of the Ophthalmological Society of Pakistan (Lahore Branch) in the coming days. Professor Alvin Young presented Mohammed Latif Chaudhary Lecture.

Professor Alvin Young is an Honorary Clinical Professor in the Department of Ophthalmology and

Visual Sciences at The Chinese University of Hong Kong, and a Visiting Professor at Shantou University and its Joint International Eye Center with The University of Hong Kong. He currently serves as Deputy Hospital Chief Executive and Chief of Service at the Prince of Wales Hospital.

He has previously held the position of Chairman of the Coordinating Committee in Ophthalmology at the Hong Kong Hospital Authority. A leading figure in corneal and anterior segment surgery, Professor Young has been deeply committed to advancing education and clinical practice in this field.

He is actively involved with several professional organizations, including the Asia Cornea Society, the Asia-Pacific Artificial Cornea Society, and the Hong Kong Society of Transplantation, and is also a member of the Cornea Society.

Over the past two decades, Professor Young has demonstrated a strong commitment to mentorship, having trained more than 80 fellows and residents across China, Asia, the Middle East, and South America.

He is widely recognized for his academic excellence, ranked among the world's top 2% of scientists in ophthalmology, with a highly respected research profile. He serves as a section editor for leading journals such as the Asia-Pacific Journal of Ophthalmology and *Eye*. Additionally, he has contributed internationally as an external examiner and assessor for ophthalmology programs in Australia, New Zealand, Singapore, Scotland, and Macau.

Summary of Lecture

This is my first time in Pakistan, and I am extremely honored to be here, especially following such distinguished speakers who have shared a global perspective on how we can serve more patients and develop future leaders.

I was born and raised in Hong Kong, where I attended an elite school until the age of 14. I then moved to Dublin and continued my education at another prestigious institution, later pursuing my medical studies at University College Dublin. I completed my ophthalmology training in Ireland under renowned mentors, including Professor Peter Shaw and Professor Michael O'Keeffe.

You are all familiar with pterygium, a quite common condition, particularly in regions with significant sun exposure, such as Pakistan. A large systematic review and meta-analysis conducted about a decade ago, including nearly one million participants across 20 studies, reported an overall prevalence of approximately 10.2%.

Who is at risk? Males have a higher risk, with an odds ratio of about 2.3. The risk increases with age, rising significantly after 60 and reaching nearly 20% by the age of 70. Sun exposure is another major factor, increasing risk by approximately 1.7 times.

Globally, pterygium is highly prevalent. While exact figures vary, estimates suggest that around 9.4 million people may be candidates for surgical treatment. Despite various surgical techniques and adjunctive therapies, such as conjunctival autografts, amniotic membrane transplantation, and mitomycin C, recurrence remains a significant challenge.

Risk factors for recurrence include longer follow-up duration, younger age (particularly under 45), inflamed ocular surfaces, and certain biological mechanisms such as increased matrix metalloproteinases, p53 alterations, and possibly viral influences. Surgical factors, including technique, extent of excision, and use of sutures, also play a role.

Management strategies can be broadly divided into lifestyle, medical, surgical, and adjunctive approaches. Reducing UV exposure and controlling ocular surface inflammation are fundamental. Medical therapies include agents such as mitomycin C, 5-fluorouracil, and steroids. Surgical options include conjunctival or limbal autografts, amniotic membrane transplantation, and other advanced techniques.

In our own long-term randomized study with a 15-year follow-up, we observed an overall recurrence rate of just 2.5%, with no recurrences in the group receiving combined limbal conjunctival autograft and mitomycin C.

Regarding mitomycin C, studies show no significant difference between preoperative and intraoperative administration, making intraoperative use more convenient. Anti-VEGF therapies, on the other hand, have not demonstrated a significant reduction in recurrence.

Amniotic membrane can be a useful adjunct, but when used alone, it is less effective. Combined approaches tend to yield better outcomes.

When managing recurrent pterygium, the most challenging scenario, we must carefully consider

multiple factors: the extent of excision, conjunctival preservation, ocular surface health, treatment-related complications, and cosmetic outcomes.

Mitomycin C remains a valuable tool. Despite concerns about complications such as scleral thinning, our experience over more than 20 years has shown it to be safe when used appropriately. However, cosmetic outcomes may sometimes be less favorable compared to conjunctival autografts.

Different surgical techniques can be employed depending on the case, including conjunctival autografts, limbal grafts, and rotational flaps. Each has its advantages and limitations, and the choice should be individualized.

To conclude, the key message is simple: prevention is better than cure. Achieving optimal results in primary surgery is critical to minimizing recurrence. Adequate excision of fibrovascular tissue is essential. Intraoperative mitomycin C is both effective and safe in experienced hands. Conjunctival autografts provide excellent cosmetic outcomes, but one must balance this against potential conjunctival loss and future surgical needs.

Finally, I would like to thank the Ophthalmological Society for the kind invitation, and my team back home for their continued support.

ABDUL JALIL DAULA AWARD LECTURE: Beyond Cataract: Managing Angle Closure in the Surgical Era.

Historical Perspective

Professor Abdul Jalil Daula is a towering figure in ophthalmology in Pakistan. He served as President of the Ophthalmological Society of Pakistan from 1994 to 1995 and as Chairman of the Department of Ophthalmology at King Edward Medical University (then King Edward Medical College). He received his training in the United Kingdom under the renowned J. D. Scott.

Professor Daula was not only an outstanding clinician but also one of the most iconic teachers in our country. Even today, when you meet his students, whether they pursued ophthalmology or not they all remember him as an exceptional educator.

I still recall attending his lectures in the historic Patiala Lecture Theatre. It was always a privilege; you simply did not want to miss them. During my time in Bahawalpur, I learned that he would travel by air every week, spend just a day or two there, and still deliver evening lectures at 5 or 6 PM to a completely full hall. That reflects his extraordinary dedication to teaching and service.

He also played a pioneering role in advancing ophthalmology in Pakistan. He established modern retinal services and introduced argon laser therapy in the country for the first time. His contributions have left a legacy, and it is wonderful to see that his son continues this tradition as a consultant ophthalmologist at the Manchester Royal Eye Hospital.

Dr. Khalid Hasanee delivered this prestigious lecture on the topic of Managing Angle Closure in the Surgical Era.

Dr. Khalid Hasanee is trained in glaucoma and is an anterior segment specialist with extensive expertise in glaucoma and cataract surgery. He completed his medical education at the Michael G. DeGroote School of Medicine in 2000. Following his ophthalmology residency at Queen's University, he pursued a subspecialty fellowship in glaucoma and anterior segment surgery at the University of Toronto.

He is currently an Associate Professor of Surgery at McMaster University. Dr. Hasanee has received numerous teaching awards and is deeply committed to education, actively training fellows, residents, and medical students. He also serves as Co-Director of the Glaucoma Fellowship program at McMaster University, where he helps train ophthalmologists from around the world.

Summary of Lecture

As we all know, angle closure glaucoma accounts for nearly one-third of global glaucoma blindness, with most cases being chronic in nature. Traditional management approaches, although partially effective, often fail to address the root cause of angle closure and are associated with increased risk of complications.

Newer surgical strategies aim to directly target the underlying mechanism—whether at the level of the lens, the angle, or the ciliary body, to restore aqueous outflow more effectively. By addressing the primary cause, we can improve both outcomes and safety for patients.

Typical high-risk patients include the elderly and females more than males, those with a strong family

history, and individuals from certain ethnic backgrounds with a higher predisposition to angle closure.

Clinically, we recognize the classic phenotype: patients with "coke bottle" glasses, high hyperopia, shallow anterior chambers, steep corneal curvature, thick lenses, short axial length, and anterior positioning of the lens–iris diaphragm.

The key to diagnosis is careful assessment. The gold standard remains dark-room indentation gonioscopy or compression gonioscopy, with careful assessment for peripheral anterior synechiae.

Useful adjuncts include anterior segment OCT for structural evaluation and ultrasound biomicroscopy, particularly for diagnosing plateau iris.

Angle closure glaucoma can be simplified into three stages:

- Primary angle closure suspect (PACS): ≥180° of iridotrabecular contact or occludable angles.
- Primary angle closure (PAC): Narrow angles with elevated IOP and/or peripheral anterior synechiae.
- Primary angle closure glaucoma (PACG): PAC with optic nerve damage.

Acute angle closure is classically associated with:

- Narrow angles.
- Sudden rise in IOP.
- Corneal edema.
- Mid-dilated pupil.
- Headache, nausea, and vomiting.

The modern term is acute angle closure crisis.

If you remember only one thing from this talk, remember these three mechanisms:

1. Pupillary block.
2. Lens-related (lens rise).
3. Plateau iris.

Clinically, iris configuration provides important clues:

- Pupillary block: Iris bombe due to posterior aqueous pressure buildup behind the iris.
- Lens rise: Anteriorly displaced lens–iris diaphragm causing global shallowing of the anterior chamber.
- Plateau iris: Deep central anterior chamber but very shallow peripheral angle due to anteriorly rotated ciliary body

In real life, presentations are often mixed, but lens-related mechanisms are the most common contributor.

Management is simple in concept: treat the underlying cause.

- Pupillary block → Laser peripheral iridotomy (LPI).
- Lens-induced → Lens extraction.
- Plateau iris → Pilocarpine ± argon laser peripheral iridoplasty ± endoscopic cyclophotocoagulation (ECP).

In practice, differentiation is often difficult, so combination therapy is frequently required.

A practical approach:

- Maximize IOP lowering with medications.
- Break pupillary block with LPI.
- Treat plateau iris with laser iridoplasty if needed.
- Perform lens extraction when lens rise is significant.
- Address residual angle pathology with procedures such as goniosynechialysis or stenting.
- Reserve trabeculectomy or tube surgery for refractory cases.

Historically, all narrow angles were treated with LPI. However, the ZAP trial challenged this, suggesting that prophylactic LPI may not be necessary in all cases and should be reserved for higher-risk patients. Importantly, after LPI, up to 60% of eyes may remain occludable due to plateau iris or lens-related mechanisms.

If the anterior chamber deepens significantly after LPI, pupillary block was likely the primary mechanism. If there is minimal change, consider plateau iris or lens rise.

In many cases, lens extraction is definitive therapy. The EAGLE trial demonstrated that clear lens extraction in primary angle closure with elevated IOP results in better outcomes, improved IOP control, and greater cost-effectiveness compared to laser iridotomy.

In angle closure surgery, especially in small eyes, two principles are critical:

1. Space creation.
2. Space maintenance.

Space creation involves deepening the anterior chamber pre- and intraoperatively using:

- IV mannitol.
- Viscoelastic agents.
- Pars plana decompression when needed.

Space maintenance is essential to prevent intraoperative aqueous misdirection. Strategies include:

- Small incisions.
- Stable anterior chamber maintenance.
- Use of an anterior chamber maintainer.
- Continuous viscoelastic support.

A key point: always maintain chamber stability before cortical aspiration and lens removal steps.

Malignant glaucoma (aqueous misdirection) occurs when aqueous is diverted posteriorly, leading to anterior displacement of the lens–iris diaphragm. Management requires converting the eye into a unicameral system, typically via:

- Irido-zonulo-hyaloidotomy (IZH).
- Nd:YAG laser (anterior approach).
- Pars plana vitrectomy (posterior approach).

The goal is to re-establish communication between the anterior and posterior segments and equalize pressure.

Nanophthalmic eyes are among the most challenging cases due to:

- Elevated risk of uveal effusion syndrome.
- Malignant glaucoma.

Pars plana approaches may be risky due to noticeably short axial lengths, and anterior approaches or prophylactic sclerostomies may be required in selected cases.

If IOP remains elevated after cataract surgery, determine whether the angle is open or closed:

- Open angle + high IOP: Trabecular dysfunction.
- Closed angle: PAS, plateau iris, or malignant glaucoma.

Intraoperative gonioscopy helps identify PAS. Management includes:

- Lens extraction (may partially relieve PAS in mild cases).
- Goniosynechialysis (GSL) for significant PAS (>4 clock hours).

Early intervention (within 6–12 months) yields better outcomes.

If the angle remains narrow despite lens removal, plateau iris is likely. Options include:

- Argon laser iridoplasty.
- Endoscopic cyclophotocoagulation (ECP) targeting the ciliary processes.

If the angle is open but IOP remains high, the trabecular meshwork is likely irreversibly damaged. Options include:

- Goniotomy.
- Trabecular stenting.
- MIGS procedures.
- Filtering surgery or tube shunts in advanced cases.

Often, a combined approach is required.

In summary, modern management of angle closure involves a stepwise, mechanism-based approach:

- Optimize medical therapy.
- Relieve pupillary block.
- Address lens-induced disease with lens extraction.
- Treat angle pathology such as PAS or plateau iris.
- Restore outflow using minimally invasive or conventional glaucoma surgery when needed.

WASIF MOHIUDDIN QADRI MEMORIAL LECTURE: Modern Blepharoplasty: Personalized Techniques for Functional and Aesthetic Success.

Historical Perspective

Professor Qadri was a distinguished gentleman and an outstanding academic. He served as President of the Ophthalmic Society of Pakistan from 1986 to 1987 and held the position of Professor of Ophthalmology. He was a remarkable educator and served as Head of the Department at Allama Iqbal Medical College, which later became part of the Services Institute of Medical Sciences (SIMS).

He made significant contributions to ophthalmology, and his legacy lives on through the many trainees he mentored, both nationally and internationally. His students continue to bring honor to his name, and he is deeply respected and fondly remembered within the ophthalmic community. **Dr. Yasir Khan** delivered this memorial lecture.

Dr. Khan is the Medical Director of the CARE Eye

Center Clinic. He is fellowship-trained in Ophthalmic Plastic and Reconstructive Surgery. He completed his medical degree at McMaster University in Hamilton, Canada, followed by residency training at the University of Toronto. He then pursued a fellowship in oculoplastic surgery and ocular oncology at the internationally renowned University of Cincinnati, Ohio.

He currently serves as Clinical Assistant Professor of Surgery at McMaster University, as well as Director of the Undergraduate Ophthalmology Program and the Oculoplastics Program. He is also a lecturer in the Department of Ophthalmology at the University of Toronto.

In his academic and clinical capacity, Dr. Khan is among a select group of highly specialized surgeons trained in both cosmetic eyelid surgery and reconstructive surgery of the eyelids, midface, orbit, and lacrimal system. Having performed over 1,000 eyelid, lacrimal, and orbital procedures, he brings experience and expertise to his practice.

Being a comprehensive ophthalmologist as well, Dr. Khan offers a unique perspective in eyelid surgery, combining functional restoration with aesthetic refinement, ensuring both safety and natural rejuvenation.

He is also the founder and CEO of the non-profit initiative **Global Initiative for Vision and Eye Care**, through which he works to restore and preserve vision in underserved populations worldwide.

Dr. Khan is widely recognized for his dedication, compassion, and innovation. He is known for consistently introducing advanced and modern techniques in cosmetic and reconstructive oculoplastic surgery, always striving for excellence in patient care.

Summary of Lecture

Today, I will be talking about lower eyelid blepharoplasty, which remains one of the most challenging procedures in oculoplastic surgery in 2025. I consider myself an oculoplastic surgeon and midface expert, and like many of my colleagues in this field, we truly are the specialists when it comes to eyelid surgery. We often try to hide our emotions, but we forget that our eyes speak for us.

When we look in the mirror, the first thing we notice is our eyes. When we look at others again, the first thing we see is their eyes. So fundamentally, it is all about the eyes.

The eyelids frame the entire face. When they are rejuvenated, they soften and enhance overall facial appearance. Even in the presence of facial aging or skeletal changes, a refreshed periocular region can significantly improve overall aesthetics and perceived youthfulness.

Before I begin, for patient confidentiality, I kindly request that no photographs of my patients be taken, and that the slides not be copied or distributed.

What defines youth and attractiveness? Several characteristics have consistently been associated with youthful and attractive eyes:

- A smooth eyelid–cheek transition.
- A relatively long horizontal palpebral fissure.
- An almond-shaped eye contour.
- Tight, well-supported eyelid skin.

This is not a passing trend; it is a consistent aesthetic principle observed across cultures. For example, if you compare images of well-known personalities such as Elizabeth Hurley at different ages, you can clearly appreciate how eyelid appearance plays a significant role in maintaining a youthful look.

The lower eyelid is a key determinant of facial aging. With age, several changes occur:

- Loss of volume in the infraorbital and malar regions.
- Prolapse of orbital fat.
- Increased eyelid laxity.
- Scleral show due to vertical lid descent.
- Shortening and rounding of the palpebral fissure.
- Skin laxity is due to collagen loss.

It is important to emphasize that this is not truly “excess skin.” Rather, it is loss of structural support and collagen, leading to skin redundancy and laxity. Fat loss in the infraorbital and malar regions further contributes to a hollowed and aged appearance.

The ideal youthful eyelid has been consistently represented in art and across cultures:

- Smooth eyelid–cheek transition.
- Short vertical lid height.
- Long horizontal fissure.
- Almond-shaped contour.

Studies also suggest that narrower vertical palpebral fissures are often perceived as more

attractive, and this aesthetic preference is remarkably consistent across ethnicities and populations.

Historically, lower eyelid surgery has been associated with common mistakes:

- Over-resection of skin.
- Excessive fat removal.
- Transconjunctival fat excision with over-skeletonization.
- Resultant lower lid malposition such as ectropion.

However, one important evolution in my own thinking over the past two decades is this:

Hollowness is often overrated. Many patients are not bothered by mild hollowing. Instead, they are more concerned about residual irregularities, skin laxity, or an unnatural appearance. Therefore, balance is essential.

Lower eyelid aging is multifactorial:

- Orbital fat prolapses.
- Skin laxity and sun damage.
- Midface descent.
- Tear trough deformity.
- Malar festoons and fluid retention.

Importantly, these components act together as a single aesthetic unit: the eyelid–cheek–lateral canthal complex.

The goal of lower eyelid rejuvenation is restoration, not transformation. It is about:

- Restoring confidence.
- Respecting anatomy.
- Preserving natural identity.
- Avoiding overcorrection.

Simple, thoughtful correction often produces the best outcomes.

There are two main surgical approaches:

- Transconjunctival (inside-out).
- Transcutaneous (outside-in).

Over time, I have increasingly favored the transcutaneous approach in most patients, as it allows comprehensive management of all age-related changes—skin, muscle, fat, and support structures. The transconjunctival approach is best reserved for selecting younger patients with minimal laxity.

My approach is individualized but generally includes:

- Structural support and lifting of the orbicularis and midface.
- Fat management: reduction, repositioning, or reshaping.
- Smooth transition between eyelid and cheek via skin and septal management.
- Canthal tightening and repositioning when needed.

A typical strategy may include:

- Lateral skin pinch or excision.
- Fat repositioning or conservative excision.
- Orbicularis muscle suspension.

These addresses:

- Horizontal laxity.
- Negative vector deformity.
- Lower lid retraction.

In younger patients, I often demonstrate intraoperative vector changes to help them understand how even subtle adjustment can dramatically improve the eyelid–cheek transition. The key improvement comes from restoring a smooth transition zone between the eyelid and cheek complex.

Postoperative results should be:

- Natural.
- Conservative.
- Non-exaggerated.
- Patient-centered.

It is important to recognize that surgical success is not defined by surgeon satisfaction alone, it is defined by patient satisfaction. Sometimes patients are happy even when we feel the result could be improved. In such cases, patient confidence remains the goal. In many cases, I perform:

- Lateral skin tightening.
- Orbicularis suspension to the periosteum.
- Fat repositioning rather than aggressive excision.
- Midface support when needed.

Gravity must always be respected overcorrection is often necessary because tissues settle over time.

To summarize:

- Keep it simple.
- Respect anatomy.
- Individualize every case.

- Focus on restoration, not aggression.
- Prioritize patient confidence over surgical ideals.

There is no single technique that fits all patients. The best results come from thoughtful customization and balance.

PEDIATRIC OPHTHALMOLOGY

SESSION 1: Paeds Symposium 1- Digital Eye Strain and Blue Light Exposure in Children

Fiza Azhar moderated the session. It focused on the growing concern of digital eye strain, myopia progression, and blue light exposure in children. Key speakers included **Fiza Azhar, Ashal Pal, Tayyaba Gul malik**, **Mariya Nazish Memon, Zia Muhammad, and Soorath Noorani**, who highlighted that prolonged near work, improper working distance, and excessive screen time are primary contributors to accommodative stress and convergence insufficiency in children. Recommendations emphasized maintaining a minimum working distance of 40 cm, encouraging regular outdoor activity to relax accommodation, and following the 20-20-20 rule for visual breaks. Proper screen ergonomics, including positioning devices slightly below eye level, were stressed to reduce ocular fatigue. The panel discussed pharmacologic management, advocating low-dose atropine (0.01–0.05%) for progressive or high-risk myopia, with careful monitoring of refractive error and axial length every 3–12 months. Tapering strategies were recommended to minimize rebound myopia, typically around ages 15–18 once stability is achieved. Parental counseling was highlighted as critical for ensuring compliance and managing screen addiction, particularly in genetically predisposed children. Optical interventions, including myopic defocus spectacles (DIMS) and ortho-K lenses, were reviewed, noting accessibility and cost considerations. The session also clarified that blue-light filtering lenses are not routinely required, except in cases of glare or sleep disturbances. Discussions included musculoskeletal strain from poor posture and the importance of educating parents about ergonomic habits. Prophylactic low-dose atropine was suggested only for high-risk children with early hyperopia or positive family history. The panel concluded that a comprehensive strategy combining preventive measures, behavioral interventions, pharmacologic therapy, and optical solutions is essential to mitigate future myopia burden. Overall, the session underscored the need for evidence-based guidelines, parental involvement, and early intervention to protect ocular health in the digital era.

SESSION 2: Paeds Symposium 2- Advancing Eye Care for Children

The Pediatric Symposium 2 session on "Advancing Eye Care for Children" was chaired by **Mariya Nazish Memon**, with **Mian M. Shafique** as co-chair and **Amna Mehmud** serving as moderator. The session commenced with **Muhammad Irfan Khan** discussing the management of posterior capsular opacification, followed by **M. Abubakar Yousaf**, who presented on prism management as initial therapy in ocular nerve paresis and palsy. **Muhammad Irfan Khan** returned to highlight challenging pediatric cataract cases, and **Syed Asad Ali** provided insights on ultra-widefield fundus fluorescein angiography in pediatric retinal vascular diseases. **Hira Awais** delivered a detailed talk on the introduction to strabismus and history taking in pediatric patients, emphasizing early diagnosis and individualized management strategies. **M. Ajmal Ch.** presented the frequency and risk factors of amblyopia in the pediatric age group, followed by **Muhammad Irfan Khan** discussing the role of adjustable sutures in strabismus surgery. **Hanif Malik** highlighted the primary purpose of capsulorrhexis in pediatric cataract surgery and shared practical surgical pearls, while **Ambreen Yousaf** demonstrated primary IOL implantation in microcornea, emphasizing biometry surprises and evolving surgical techniques. **Rebecca Murtaza** presented video cases illustrating surgical considerations for unilateral pediatric cataracts, highlighting stepwise approaches and intraoperative decision-making. The session concluded with a comprehensive Q&A moderated by **Amna Mehmud**, where speakers addressed audience queries on surgical techniques, imaging modalities, and management strategies. The symposium effectively integrated clinical, surgical, and diagnostic perspectives, emphasizing safe, evidence-based, and innovative approaches to pediatric eye care. Overall, the session highlighted the importance of multidisciplinary collaboration, meticulous preoperative planning, and individualized patient-centered care, reinforcing current best practices and fostering knowledge exchange among pediatric ophthalmology specialists.

SESSION 3: Paeds Symposium 3- Retinoblastoma & ROP Update

The session chaired by **Zia Muhammad** with co-chair **Ashal Pal** and moderated by **Arooj Amjad**, highlighted advances and challenges in pediatric ocular oncology and retinopathy of prematurity (ROP) in resource-limited settings. **Tayyaba Gul Malik** presented a case-based overview of retinoblastoma management, emphasizing successes with timely referral, protocol-based care, and multimodal therapy including intravenous, intra-arterial, and focal treatments, alongside challenges of delayed presentation and treatment abandonment. **Arooj Amjad** discussed the role of structured genetic counseling in hereditary retinoblastoma, highlighting decisional conflict in families, the need for resolute counseling personnel, and limitations of genetic testing in low-resource environments**. Muhammad Irfan Khan** and **Syed Asad Ali** reviewed treatment strategies for ROP, comparing laser photocoagulation and anti-VEGF therapy, their efficacy, complications, and follow-up requirements, reinforced with case examples. **Khadijah Abid** presented a randomized controlled trial on health belief model-based educational interventions, demonstrating improved parental knowledge and adherence to ROP screening protocols. **Nida Khalid** reported on the association between hemoglobin levels and severe ROP, showing low hemoglobin as a significant risk factor for zone 1 disease and treatment-requiring ROP. **Mehreen Akram** emphasized the impact of timely compliance to first ROP screening on final retinal outcomes, highlighting late presentation as a major contributor to retinal detachment. **Khushbakht H. Peters** explored unilateral ROP presentations, emphasizing vigilant follow-up despite initial asymmetry. **Tanveer Chaudhary** discussed the utility of RETCAM imaging in managing ROP effectively. The session concluded with a dynamic Q&A, addressing practical challenges in parental education, screening protocols, and treatment strategies, underscoring the importance of early detection, multidisciplinary collaboration, and equitable access to care in improving survival and visual outcomes in pediatric retinal diseases.

SESSION 4: Paeds Symposium 4- Breaking the Silence: Recognizing, Reporting and Resolving Workplace Harassment

The session was conducted as an important discussion forum addressing workplace harassment in healthcare settings. The session was chaired by **Huma Kyani Segal**, with **Ali Ayaz** assisting in the proceedings and **Anser Awan** contributing legal perspectives. **Seema Qayyum** opened the discussion by highlighting the urgent need to acknowledge and address workplace harassment in healthcare institutions, emphasizing that toxic environments undermine professional dignity, morale, and patient care. She described various forms of harassment including verbal abuse, psychological pressure, gender-based discrimination, academic exploitation, and power-based intimidation, stressing that harassment may arise from seniors, colleagues, patients, or institutional structures. **Anas Awan** elaborated on the legal framework governing workplace harassment in Pakistan, discussing the Protection Against Harassment of Women at the Workplace Act (2010) and its subsequent amendments. He explained how judicial interpretation, particularly in the **Nadia Naz** case, broadened the definition of harassment to include gender-based discrimination and abuse of power. **Kashif Jahangir** shared practical administrative experiences, describing how hospital leaders often face internal conflicts, union pressures, media scrutiny, and aggressive patient interactions, highlighting the importance of documentation, leadership resilience, and institutional policies. **Ali Ayaz** emphasized the need to differentiate between professional discipline and harassment while advocating for transparent job descriptions and structured institutional mechanisms for reporting grievances. **Faisal Bukhari** discussed harassment faced by junior ophthalmologists, including verbal humiliation, academic exploitation, exclusion from professional opportunities, and hierarchical misuse of authority, which may lead to burnout and compromised patient care. **Zainab** highlighted subtle and often overlooked forms of harassment experienced by residents, emphasizing the importance of recognizing early warning signs and encouraging open dialogue and peer support. Concluding the session, **Huma Kyani Segal** appreciated the initiative to openly discuss harassment and emphasized the importance of cultivating respectful communication, professional boundaries, and institutional accountability. The session collectively underscored the need for awareness, reporting mechanisms, and cultural change to ensure safe, respectful, and supportive working environments within healthcare institutions.

SESSION 5: Paeds IC 1- Mastering Pediatric Ptosis: Hands-on Clinical Evaluation and Management

The session titled "Mastering pediatric ptosis: hands-on clinical evaluation and management" was conducted with **Hira Awais** serving as moderator. The session focused on practical, hands-on approaches to the clinical assessment and management of pediatric ptosis. It featured contributions from **Fiza Azhar, Hira Awais, Amna Mehmud, Zunaira Mubarik, Laiba Asif, Zainab Omer, and Rehma Shanze,** all of whom engaged in delivering structured learning centered on diagnostic techniques, clinical evaluation skills, and management strategies in pediatric ptosis. The session emphasized interactive learning and skill development, catering to participants aiming to enhance their clinical proficiency in this subspecialty area.

SESSION 6: Paeds IC 2- Evidence Based Guidelines for Pediatric Problems

The Peads IC-2 session was chaired by **P S Mahar**, co-chaired by **Chaudhary Javed Iqbal,** and moderated by **Ali Ayaz Sadiq**. The session commenced with **Samreen Jamal** presenting the national retinoblastoma guidelines, emphasizing early screening through red reflex, corneal reflex, and Hirschberg testing, referral criteria for leukocoria and family history, and management protocols including examination under anesthesia, imaging, oncology referral, and treatment based on intraocular classification to maximize vision preservation. **Fiza Azhar** followed with the primary congenital glaucoma guidelines, highlighting the higher incidence in Pakistan, importance of early screening by pediatricians and ophthalmologists, detailed outpatient evaluation, intraocular pressure monitoring, slit lamp and gonioscopy examinations, surgical management including goniotomy, trabeculotomy, trabeculectomy, postoperative care, and lifelong follow-up with amblyopia management. **Sidrah Jabeen** presented ROP guidelines, detailing screening of preterm infants ≤36 weeks gestational age or ≤2000 g birth weight, chronological follow-up at four weeks, standardized staging and documentation, treatment modalities including laser and anti-VEGF therapy, and post-treatment monitoring to prevent lifelong visual impairment. **Ali Ayaz Sadiq** discussed pediatric cataract guidelines, covering screening and referral, preoperative evaluation, laboratory workup when indicated, surgical timing, IOL selection and implantation strategy, postoperative care, amblyopia therapy, and lifelong follow-up. The session concluded with a comprehensive Q&A, emphasizing the importance of implementing standardized, locally relevant guidelines for early detection, timely intervention, and improved visual outcomes in Pakistani children, integrating the expertise of pediatric ophthalmologists and neonatal care teams, and underscoring the collaborative effort of all contributors in producing these national guidelines.

SESSION 7: Paeds IC 3- Seeing Clearly: Hands-on Pediatric Refractive Error Management

The instructional course - Seeing Clearly: Hands-on Pediatric Refractive Error Management" was held under the moderation of **Asma Mushtaq.** The session featured interactive case-based discussions led by **Ali Ayaz Sadiq**, **Ayesha Azam,** and **Zaib-un-Nisa**, focusing on practical approaches to managing refractive errors in children. **Ali Ayaz Sadiq** initiated the discussion with a scenario involving a six-year-old child with ADHD and hypermetropia, emphasizing that cycloplegic refraction remains the gold standard in pediatric patients due to accommodative variability and unreliable autorefractor readings. He highlighted the importance of individualized prescriptions, often giving two-thirds of the hyperopic correction initially, followed by reassessment after six to eight weeks. **Ayesha Azam** presented cases of significant astigmatism in young children, stressing that early correction is necessary to prevent meridional amblyopia, and recommended prescribing full cylindrical correction with careful parental counseling. **Zaib-un-Nisa** further elaborated on managing intermittent esotropia associated with high hypermetropia, noting the importance of assessing ocular alignment, stereopsis, and sensory status before deciding between full or partial hyperopic correction. The panel also discussed strategies for managing progressive myopia in school-aged children, advocating full or near-full correction along with lifestyle modification and regular monitoring. Another scenario highlighted pseudo myopia related to excessive screen exposure, where the panel advised reducing screen time and reassessing before prescribing spectacles. The speakers also addressed refractive management in infants and developmentally delayed or autistic children, emphasizing early detection, objective

refraction, and practical measures such as soft frames and parental training to improve compliance. Throughout the session, the moderator **Asma Mushtaq** encouraged active audience participation and reinforced the importance of systematic evaluation before prescribing spectacles in pediatric patients. The course concluded with key take-home messages stressing accurate cycloplegic refraction, individualized spectacle prescription, early amblyopia prevention, parental counseling, and structured follow-up as essential components of effective pediatric refractive error management.

SESSION 8: Paeds IC 4- Eye Examination in Infants and Toddlers

The session was chaired by **Andleeb Zahra**, who also contributed as a key academic lead for the discussion. The session focused on the principles and challenges of pediatric ophthalmic examination, particularly in infants and toddlers, where cooperation is limited and examination techniques must be modified. Participants were introduced to age-appropriate methods of evaluating fixation, following response, visual behavior, and early visual acuity using picture-based and preferential looking techniques. The session also highlighted practical examination strategies including observation of head posture, behavioral responses, and the use of basic tools such as torchlight and direct ophthalmoscope for anterior and posterior segment assessment. Special attention was given to the red reflex test, an essential screening tool for detecting serious conditions such as retinoblastoma and congenital cataract. The importance of creating a child-friendly environment, effective communication with parents, and proper positioning of infants during examination was also discussed. Clinical scenarios and illustrative examples were presented to demonstrate early detection of ocular abnormalities and systemic diseases presenting with ocular signs. The session concluded with recommendations on timely referral, appropriate screening practices, and indications for examination under anesthesia when detailed ocular evaluation is required in uncooperative children. The interactive discussion encouraged participants to adopt structured pediatric eye examination protocols in routine clinical practice to ensure early diagnosis and prevention of childhood visual impairment.

SESSION 9: Paeds IC 5- Myopia: A Failure of Emmetropization! Can it be Halted?

The Instructional Course was held with **Sameera Irfan** serving as the Moderator and lead speaker. The session focused on the growing global burden of myopia and the underlying mechanisms responsible for its progression. In the opening segment, Sameera Irfan discussed the basic process of emmetropization, explaining how the eye normally grows in a coordinated manner so that axial length matches the optical power of the cornea and crystalline lens, allowing light rays to focus accurately on the retina. She highlighted that infants are typically born hypermetropic, and through controlled ocular growth the eye gradually reaches emmetropia during early childhood.

In the subsequent segment, Sameera Irfan explained how this natural mechanism may fail, leading to excessive axial elongation and the development of myopia. Environmental influences such as prolonged near work, excessive digital screen exposure, reduced outdoor activity, and persistent accommodation were emphasized as major contributors disrupting the emmetropization process. The third component of the lecture addressed the optics of myopia, where she reviewed the principles of image formation, axial elongation, and the role of blurred retinal images in stimulating further ocular growth.

She discussed optical correction of myopia with spectacles, stressing the importance of accurate refraction and appropriate prescription to avoid under-correction, which may perpetuate blurred image signals and promote further myopic progression. The final teaching segment focused on myopia control strategies, including lifestyle modification, improved visual hygiene, increased outdoor activity, and early identification of refractive errors in children. Emerging approaches such as optical interventions and pharmacological therapies were also briefly reviewed. The session concluded with an interactive question-and-answer discussion, during which participants explored practical strategies for myopia prevention and management in clinical practice. Overall, the instructional course provided valuable insights into the pathophysiology of myopia, the failure of emmetropization, and contemporary approaches aimed at halting its progression, emphasizing the need for early intervention and preventive ophthalmic care.

SESSION 10: Paeds IC 6- ROP

The ROP Instruction Course was chaired by **Khurram Azam Mirza**, co-chaired by **Muhammad Amjad**, and moderated by **Lubna Siddiq Mian**, presented a comprehensive overview of institutional audits on Retinopathy of Prematurity across major centers in Pakistan. The session commenced with **Muhammad Moin,** who highlighted the need for standardized national screening protocols. Subsequent presentations by **Amer Awan, Shabana Chaudhry, and Lubna Siddiq Mian** emphasized increasing disease burden, delayed referrals, and gaps in parental awareness. Data from **Khurram Azam Mirza** and **Muhammad Amjad** demonstrated improved outcomes with structured screening systems and multidisciplinary coordination. Presentations by **Nazli Gul, Haroon Tayyab, Danish Zafar, Tayyaba Gul Malik, and Andleeb Zahra** further highlighted challenges in peripheral setups, including equipment limitations, high unscreened rates, and late-stage presentations. Across centers, most affected infants had gestational age ≤32 weeks and low birth weight, though larger infants were also at risk. Stage 2 and 3 diseases predominated, while advanced stages were mainly seen in late referrals. Management strategies included observation, intravitreal anti-VEGF injections, laser photocoagulation, and combination therapy, with emphasis on timely intervention and close follow-up. Common challenges identified were delayed screening, loss to follow-up, inadequate counseling, and lack of trained personnel and infrastructure. The session underscored that despite improvements in neonatal care, ROP remains a significant and preventable cause of childhood blindness. Recommendations included implementation of national guidelines, mandatory screening prior to NICU discharge, appointment of dedicated ROP coordinators, improved interdisciplinary collaboration, and enhanced awareness programs. The session concluded with a strong consensus on strengthening screening systems and early intervention strategies to reduce the burden of advanced ROP and improve visual outcomes.

PAKISTAN ASSOCIATION OF CATARACT AND REFRACTIVE SURGERY (PACRS)

SESSION 1: Symposium 1 – Par Excellence in Advanced Cataract Surgery

This session was held featuring a series of expert presentations highlighting innovations and advanced surgical strategies in cataract and refractive surgery. The session commenced with **Soufia Farrukh**, who discussed Extended Depth of Focus (EDOF) intraocular lenses as a significant advancement in cataract surgery, emphasizing their ability to provide an extended range of vision with reduced dysphotopsia compared to traditional multifocal lenses. **Muhammad Moin** further elaborated on the concept in his talk "Is EDOF the Future of Cataract/Refractive Surgery?" explaining the optical principles and growing clinical preference for EDOF lenses in achieving improved intermediate vision and patient satisfaction. **Zia Ul Mazhary** presented clinical insights on the safety and postoperative outcomes of EDOF IOLs, highlighting favorable visual outcomes and reduced photic phenomena in patients. **Burhan A. Majeed Khan** then demonstrated the technique of four-point scleral fixation of a four-haptic IOL using Gore-Tex sutures, describing it as a reliable method for long-term intraocular lens stability in cases with inadequate capsular support. **Mazhar Ishaq** discussed the role of Femto-Laser Assisted Cataract Surgery (FLACS) combined with premium IOL implantation, outlining its advantages in precision, capsulotomy centration, and refractive outcomes while also addressing practical limitations. **Majeed Malik** presented a comparative analysis between trifocal and EDOF intraocular lenses, discussing visual performance, spectacle independence, and patient satisfaction with both lens types. **Bilal A. Khan** shared practical tips and tricks for four-point scleral fixation using Gore-Tex sutures, emphasizing surgical planning, scleral marking, and knot rotation techniques to prevent suture erosion and IOL decentration. **Zia Ul Mazhary** also presented slow-motion phacoemulsification strategies for managing cataract surgery in eyes with zonular weakness, highlighting reduced fluidics and careful nucleus manipulation to minimize zonular stress. **Muhammad Awais Asghar** delivered an informative talk titled "Conquering the Granite: A Safe and Effective Approach for Cataracta Nigra," demonstrating techniques to safely emulsify dense nuclei while protecting the corneal endothelium. Finally, **Ahmad Ejaz** presented a comparative study evaluating visual outcomes, patient satisfaction, and vision-related quality of life between trifocal and EDOF intraocular lenses, emphasizing individualized IOL selection based on patient expectations and lifestyle. The session concluded with an interactive question-and-answer discussion, where experts shared practical surgical pearls and addressed challenges in advanced cataract surgery, reinforcing the importance of innovation, precision, and patient-centered decision-making in modern cataract practice.

SESSION 2: Symposium 2-"A Master Class in Cataract Surgery – 01"

The session was chaired by **Sharif Hashmani,** co-chaired by **Majeed Malik,** and moderated by **Nauman Hashmani.** The 90-minute session featured a distinguished panel of expert surgeons, including **Mazhar Ishaq, Zia Ul Mazhary, Ejaz Latif, Saeed Iqbal, Hussain A. Khaqan, Hamza Ali Tayyab, and Naeem Khattak**, who collectively shared advanced techniques in modern cataract surgery. The session emphasized meticulous preoperative assessment, including evaluation of cataract density, anterior chamber depth, and pupil dynamics to guide surgical planning. Live demonstrations highlighted stepwise phacoemulsification approaches, including divide-and-conquer and chop techniques, careful cortical aspiration, and the use of dispersive viscoelastics to protect the endothelium.

Surgeons highlighted the implantation of premium intraocular lenses (IOLs), discussing proper loading, orientation, and haptic placement to ensure precise alignment, particularly in cases requiring astigmatic correction. Advanced phaco systems were used, allowing linear control of vacuum and flow rate, pulse mode energy modulation, and safe handling of dense nuclei. Both preloaded and non-preloaded lenses were demonstrated, including EDOF, trifocal, and hydrophobic acrylic designs, highlighting strategies to minimize dysphotopsia and posterior capsular opacification. Intraoperative fluidics, wound construction, and controlled IOP maintenance were emphasized for optimal surgical safety and patient

outcomes.

The faculty also demonstrated techniques for managing challenging cases, including small pupils, hard cataracts, and phakic IOL implantation, with real-time commentary on adjustments to phaco parameters and viscoelastic use. Participants observed detailed steps of nucleus division, cortical cleanup, lens unfolding, and rotational alignment for multifocal and toric lenses. Postoperative outcomes, including visual rehabilitation, contrast sensitivity, and patient satisfaction, were highlighted. The session concluded with interactive discussion, addressing technical queries, IOL selection, and emerging technologies in cataract surgery. Overall, the masterclass provided an integrated platform for learning contemporary surgical strategies, optimizing visual outcomes, and incorporating advanced phaco technology into routine practice, offering an invaluable educational experience for attendees.

SESSION 3: Symposium 3-"A Master Class in Cataract Surgery – 02"

The session was chaired by **Sharif Hashmani**, co-Chaired by **Majeed Malik** with **Nauman Hashmani** as moderator. The session featured expert panelists including **Mazhar Ishaq, Zia Ul Mazhary, Ejaz Latif, Muhammad Moin, Saeed Iqbal, Hussain A. Khaqan, Hamza Ali Tayyab, and Naeem Khattak,** discussing advanced phacoemulsification techniques. **Mazhar Ishaq** introduced variations in chopping maneuvers, demonstrating both equatorial and vertical chop techniques**. Zia Ul Mazhary** emphasized the importance of complete central cleavage and careful nucleus manipulation to prevent posterior capsule complications. **Ejaz Latif and Muhammad Moin** discussed strategies for hard nuclear cataracts (grade 4–5), including debulking, capsule staining, and controlled energy application to protect the endothelium. Saeed Iqbal highlighted the management of sharp nuclear fragments and the removal of posterior fibers. **Hussain A. Khaqan and Hamza Ali Tayyab** reviewed approaches for white and posterior polar cataracts, emphasizing cautious hydrodissection and nucleus management. **Naeem Khattak** demonstrated multi-quadrant cortex removal, detachment before aspiration, and gentle posterior capsule polishing, noting the "spider web sign" as an intraoperative cue. The panel collectively advised junior surgeons on practical steps, including starting cortex removal from 12 o'clock, maintaining low vacuum settings, and ensuring adequate irrigation. Discussions included scaffold techniques, modified vacuum modes for last-piece nucleus retrieval, and the importance of hand-foot coordination. The session reinforced that meticulous central cleavage, careful debulking, safe chopping, and efficient cortex removal are essential for optimal surgical outcomes. Attendees were shown how these techniques achieve excellent day-one postoperative corneal clarity while minimizing endothelial trauma. The session concluded with consensus guidance from all panelists, providing a comprehensive roadmap for managing complex cataract cases.

SESSION 4: Symposium 4- Handling Challenging Cataracts

This session was chaired by **Majeed Malik**, co-chaired by **Soufia Farrukh**, and moderated by **Zia Ul Mazhary**. The session started by bringing together a distinguished panel of experts to address complex cataract scenarios. The session commenced with **Soufia Farrukh** discussing cataract management in patients with penetrating keratoplasty, highlighting surgical nuances and corneal protection strategies. **Zia Ul Mazhary** followed with insights on thinking beyond pupil size in pseudoexfoliation syndrome (PXS) patients, emphasizing zonular stability and stepwise pupil expansion techniques. **Majeed Malik** shared tips and tricks for phacoemulsification in rock-hard cataracts, focusing on safe nucleus division and controlled fluidics. **Muhammad Arslan Babar** presented a comparative analysis of visual outcomes in primary versus secondary IOL implantation in traumatic cataracts, underlining the importance of centration and long-term stability. **M Gulraiz Farrukh** elaborated on intralenticular foreign body management, demonstrating safe retrieval and lens preservation. **Mazhar Ishaq** addressed suprachoroidal hemorrhage during cataract surgery, highlighting early recognition, decompression, and intraoperative precautions. **Ejaz Latif** discussed strategies for safe handling of extra-hard nuclei in phacoemulsification, including mechanical fragmentation and Visco dissection. **Anam Younas** presented findings on patterns of posterior capsular opacification after phaco with foldable acrylic IOLs, emphasizing risk factors and preventive measures. **Zubaida Sirang** provided a systematic review and meta-analysis comparing MSICS versus phaco, highlighting indications, outcomes, and complication profiles. **Hamza Ali Tayyab** concluded with guidance on managing soft cataracts with stubborn

bowl formation during phacoemulsification, focusing on cortical cleanup and chamber stability. The session included interactive Q&A, moderated by **Zia Ul Mazhary,** allowing attendees to clarify intraoperative challenges, surgical pearls, and decision-making strategies for complex cataracts, reinforcing evidence-based practice and hands-on techniques for improved patient outcomes.

SESSION 5: Symposium 5- Video Cataract Symposium

The session was chaired by **Ejaz Latif**, with **Hamza Ali Tayyab** as Co-Chair and **Taimoor Ashraf Khan** as Moderator. The symposium featured a series of short surgical video presentations highlighting advanced cataract surgery techniques and complication management. **Taimoor Ashraf Khan** opened the session with a presentation on the Frequency of Argentinian Flag Sign in Intumescent Cataract using Phacocapsulotomy versus Needle-Assisted Capsulotomy, emphasizing strategies to minimize capsular tears during capsulorhexis in swollen lenses. **Atif Chohan** demonstrated Capsular Decompression in a Swollen White Cataract, highlighting the importance of controlled aspiration of liquefied cortex to reduce intralenticular pressure. **Majeed Malik** presented Sutureless Pediatric Cataract Surgery, focusing on safe incision techniques and postoperative stability in pediatric patients. **Hussain Raza** explained the Stop and Chop Technique for Mild to Moderate Density Cataracts, illustrating efficient nucleus division with reduced phaco energy. **Hamza Ali Tayyab** shared his experience in managing Capsular Bag Dehiscence without the Use of a Capsular Tension Ring (CTR) and presented techniques of Scleral Fixation with PVDF Haptics, demonstrating modern approaches for managing zonular instability. **Ejaz Latif** discussed practical tips on Handling Capsulorhexis in White Cataract, stressing meticulous surgical planning. **Zia Ul Mazhary** presented Irrigation Arrest Disaster Management with Evolux IOL Capture and later shared his Experience with Aspheric Multipiece KOWA IOL, highlighting intraoperative rescue techniques and IOL performance. **Rayyan Sabih** presented a comprehensive approach to Lens Subluxation in Marfan's Syndrome using iris hooks, phacoemulsification, and scleral fixation. **Ubaid Ullah Yasin** discussed strategies for Managing IOL Subluxation without IOL Exchange, emphasizing lens repositioning techniques. **Abdullah Mazhry** presented two talks, including Managing Iris Cysts from a Resident's Perspective and Cataract Surgery Challenges in Axenfeld–Rieger Syndrome, focusing on rare anterior segment conditions. **Hamza Ali Tayyab** also presented a Cionni Ring Case Series, demonstrating outcomes in complex zonular weakness. The session concluded with **Amer Awan,** who delivered an insightful presentation on Implantable Collamer Lens (ICL): A Surgeon's Guide to Pearls, Tricks, and Best Practices, highlighting patient selection and surgical nuances. Overall, the symposium provided valuable insights into modern cataract surgery innovations, complex case management, and advanced intraocular lens fixation techniques through high-quality surgical videos and expert discussion.

SESSION 6: IC 1-Safe Handling of Soft Cataracts with Stubborn Bowl

This instructional session focused on improving safety and outcomes in cataract and refractive surgery through modern diagnostic tools and optimized surgical techniques. **Nauman Hashmani** presented the role of Silverstone wide-field retinal imaging in detecting peripheral retinal pathologies such as lattice degeneration, retinal holes, and vitreoretinal traction prior to cataract or refractive surgery. Early detection allows prophylactic laser treatment and reduces the risk of postoperative retinal detachment.

Zia Ul Mazhary discussed an economical, yet accurate multifaceted intraocular lens (IOL) calculator developed by Huvitz that integrates optical biometry, corneal topography, and pupil analysis in a single platform. The device provides reliable measurements for axial length, keratometry, and toric IOL calculations, offering a practical solution for high-volume clinical practices.

Adnan Abdul Majeed highlighted practical tips to achieve a crystal-clear cornea on the first postoperative day following phacoemulsification. Emphasis was placed on endothelial protection, efficient phaco techniques, appropriate ultrasound energy use, and complete removal of viscoelastic substances to minimize corneal edema and improve surgical outcomes.

Ambreen Gul presented a comparative study evaluating the anti-inflammatory effects of prednisolone versus nepafenac 0.3% after phacoemulsification with IOL implantation, as well as

research on changes in central corneal thickness and their association with cataract density.

Overall, the session emphasized the importance of advanced imaging, precise biometric assessment, and refined surgical techniques to enhance visual outcomes, reduce complications, and ensure better patient satisfaction after cataract surgery.

SESSION 7: IC 2- Phaco in Short Axial Length Eyes

The PACRS Instructional Course 2 titled "Phaco in Short Axial Length Eyes – A Big Challenge" was chaired by **Ejaz Latif,** with **Sadia Humayun** as Co-Chair and **Zia Ul Mazhary** as Moderator. The session addressed the diagnostic considerations and surgical challenges associated with cataract surgery in eyes with short axial length. **Sadia Humayun** presented "Cataract in Short Eyes," explaining that short eyes represent a clinical spectrum including simple microphthalmos, complex microphthalmos, nanophthalmos, and relative anterior microphthalmos. She emphasized the importance of comprehensive preoperative evaluation including historical refraction, intraocular pressure assessment, OCT, anterior chamber depth analysis, and accurate biometry to avoid refractive surprises. **Zia Ul Mazhary** delivered a talk on "Phaco in Short Axial Length Eyes – A Big Challenge," highlighting the need for meticulous surgical planning and precise intraocular lens (IOL) power calculation using advanced formulas such as Hoffer Q, Hill-RBF, Kane, and Barrett Universal II. **Soufia Farrukh** further discussed phacoemulsification in short axial length eyes, focusing on intraoperative difficulties such as shallow anterior chamber, positive vitreous pressure, iris prolapse, and uveal effusion, and recommended strategies including careful capsulorhexis, use of cohesive viscoelastic devices, and maintenance of a stable closed chamber. The final presentation by **Ejaz Latif** addressed the safe handling of soft cataracts with stubborn bowl formation during phacoemulsification, demonstrating practical techniques to separate the epinuclear-cortical complex and facilitate safe aspiration. The session concluded with key recommendations emphasizing accurate biometry, appropriate IOL selection, careful surgical technique, and vigilant postoperative monitoring to achieve optimal outcomes in short axial length eyes.

SESSION 8: Live Cataract Surgery

The PACRS Live Cataract Surgery session was chaired by **Muhammad Moin** with co-chair **Zafar Ul Islam** and moderated by **Majeed Malik**. The session commenced with a warm welcome to all participants, followed by an introduction to optimizing outcomes in brunescent cataracts. **Amer Awan** presented on phacoemulsification approaches and strategies, emphasizing preoperative assessment of cataract hardness, pupil management, capsular integrity, and stepwise nucleus fragmentation techniques. Live demonstrations highlighted the management of dense nuclei using dispersive viscoelastics, trypan blue staining, and both divide-and-conquer and chop methods to ensure safe removal and endothelial protection.

Nasir Chaudhry conducted live cataract surgery utilizing the CataRhex 3 Phaco System (OERTLI) with implantation of the ELON (EDOF) IOL by Medicontur, demonstrating high-vacuum phaco techniques and proper lens preloading to achieve optimal visual outcomes. He also discussed patient selection, anterior chamber depth considerations, and postoperative lens vaulting to minimize complications. **Shahzad I. Mian** highlighted the use of phakic IOLs, focusing on the correction of high myopia and hyperopia while maintaining endothelial health. Irfan Qayyum performed live surgery with the CataRhex 3 system and LIBERTY (TRIFOCAL) IOL by Medicontur, displaying multifocal lens implantation and techniques to meet the visual needs of modern cataract patients.

Saeed Iqbal demonstrated the use of VIVINEX ISERT IOL (HOYA) in challenging cases, emphasizing meticulous wound construction, intraoperative fluidics management, and postoperative refractive accuracy**. Irfan Karamat** provided technical guidance throughout, discussing fluidics optimization, occlusion management, and the advantages of modern phaco systems for complex cataract cases. Across all cases, emphasis was placed on minimizing intraoperative complications, ensuring optimal endothelial protection, and achieving premium visual outcomes for patients. The session successfully combined live surgical demonstrations with expert commentary, highlighting cutting-edge phaco technology, advanced IOL options, and modern strategies for meeting the visual demands of cataract patients in the current millennium, providing a comprehensive and highly educational experience for all attendees.

SESSION 9: Refractive Symposium 1

The Refractive Symposium 1 was chaired by **Vasilis S. Liarakos** with co-chair **Mushtaq Khattak** and moderated by **Zafar Ul Islam**, provided a comprehensive overview of modern refractive surgery and intraocular lens (IOL) technologies. **Zafar Ul Islam** opened with a discussion on SMILE and Refractive Lenticular Extraction, highlighting advances in precision, energy modulation, and reduced collateral tissue effects. **Mushtaq Khattak** followed with two talks: first, exploring refractive surgery beyond laser, emphasizing high-speed systems, hyperopic corrections, and presbyopic innovations; and second, a comparative analysis of SMILE Pro, conventional SMILE, and Femto LASIK, noting efficacy, safety, and postoperative outcomes. **Aamir Asrar** debated "To be or Not To be Femto LASIK or SMILE/SMILE Pro," outlining patient selection, flapless advantages, and quality of vision considerations. **Saeed Iqbal** presented refractive outcomes from the first 100 Contoura Femto LASIK cases, demonstrating predictable visual results and minimal regression. **Sharif Hashmani** compared Artiflex versus ICLs, emphasizing accommodation preservation, endothelial cell safety, and long-term monitoring, while **Zafar Ul Islam** detailed Phakic IOLs in high myopes, discussing vault, anterior chamber depth, and sizing for optimal outcomes. **Vasilis S. Liarakos** highlighted selecting the right PCIOL for complex cases, including high myopia, post-refractive surgery eyes, and corneal irregularities, presenting advances in premium IOL technology. **Sadia Humayun** addressed epithelial sloughing during docking, demonstrating intraoperative complications and management strategies. **Majeed Malik** reviewed intraoperative Femto LASIK complications, including buttonholes and hinge tears, emphasizing conservative management, OCT guidance, and postoperative planning. **Vasilis S. Liarakos** concluded with toric PCIOLs for astigmatism management, providing evidence-based pearls on axis alignment, centration, and long-term stability. The session concluded with a Q&A led by **Zafar Ul Islam,** integrating discussions on SMILE, LASIK, ICLs, and PCIOLs, and reinforcing the importance of technology, patient selection, and surgical precision in modern refractive practice.

SESSION 10: Refractive IC-1 – Refractive Surgery & Keratoconus

The session Refractive IC-1 – Refractive Surgery & Keratoconus was held under the chairmanship of **Mazhar Ishaq**, with **Qasim Lateef** as Co-Chair and **Nauman Hashmani** serving as Moderator. The interactive course focused on practical decision-making in refractive surgery and the early detection and management of keratoconus. **Sharif Hashmani** initiated the discussion by emphasizing careful evaluation of corneal topography and tomography before performing refractive procedures, highlighting parameters such as keratometry readings, pachymetry, posterior elevation, and the importance of the Belin–Ambrosio display. **Sadia Humayun** discussed the role of corneal biomechanics and ocular surface evaluation, stressing that dry eye disease, epithelial remodeling, and contact lens wear can significantly influence topographic interpretation and surgical planning. **Majeed Malik** elaborated on risk assessment for ectasia and the value of combining multiple indices, including ARTmax and BAD-D, rather than relying on a single parameter. **Nadeem Riaz** contributed insights on recognizing borderline cases and recommended repeating scans and conducting epithelial mapping before making surgical decisions. **Azfar Nafees** highlighted the importance of comprehensive preoperative screening, including evaluation of ocular surface disease and retinal examination in myopic patients undergoing refractive surgery. The panel also discussed the evolving role of modern technologies such as corneal biomechanics analysis and epithelial mapping in improving patient selection. Various surgical options, including LASIK, SMILE, and PRK, were briefly compared, with emphasis on selecting the appropriate technique based on corneal characteristics and patient profile. Case-based discussions encouraged active audience participation and highlighted real-world challenges in refractive surgery practice. The session concluded with a consensus that meticulous preoperative assessment, correlation of multiple diagnostic parameters, and individualized patient evaluation are essential to prevent postoperative complications such as ectasia and to ensure optimal refractive outcomes.

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PAKISTAN GLAUCOMA ASSOCIATION (PGA)

SESSION 1: Glaucoma Symposium 1: Challenges In Glaucoma Management.

The Glaucoma Symposium 1, chaired by **Syed Imtiaz Ali,** co-chaired by **Ayisha Shakeel,** and moderated by **Saadia Farooq**, provided an in-depth discussion on contemporary challenges in glaucoma management. The session commenced with **Nadeem Hafeez Butt**, who highlighted barriers in the early detection of glaucoma, emphasizing that subtle optic nerve changes, normal-range IOP, and insufficient public awareness often delay diagnosis. **Syed Imtiaz Ali** discussed Prostaglandin-Associated Periorbitopathy Syndrome, outlining its clinical features, implications for long-term prostaglandin therapy, and the importance of monitoring periocular tissue changes. **Ejaz Ahmad Javed Lak** presented on early detection of glaucoma suspects using RNFL thickness measured by OCT, demonstrating that structural thinning frequently precedes functional visual field defects, especially in the inferior quadrant, and stressed integrating OCT with perimetry and clinical assessment for accurate diagnosis. **P S Mahar** emphasized the role of diurnal IOP variation, showing that spikes often occur outside office hours, with phasing or surrogate tests like the water drinking test critical for detecting nocturnal and postural fluctuations; case studies illustrated how IOP variation affects diagnosis, risk stratification, and timing of therapy. **Ayisha Shakeel** discussed pseudoexfoliation syndrome (PXS) and its relationship with secondary glaucoma, highlighting systemic and ocular fibrillar deposits, genetic and environmental risk factors, and mechanisms leading to trabecular obstruction, pigment liberation, inflammatory cytokine-mediated damage, and angle closure due to zonular laxity. She emphasized that PXS glaucoma requires careful medical management, SLT, or surgical intervention, noting the higher variability in IOP, aggressive progression, and need for tailored treatment strategies, including emerging anti-fibrotic and gene-targeted therapies. Throughout the session, speakers underscored that early detection, comprehensive structural and functional assessment, monitoring IOP variation, understanding secondary glaucoma mechanisms, and individualized treatment remain the cornerstone of effective glaucoma management. The session concluded with an interactive Q&A moderated by **Saadia Farooq,** addressing practical challenges, steroid responsiveness, and perioperative considerations in PXS and other glaucoma subtypes. Collectively, the presentations reinforced that a multi-modal, patient-specific approach combining OCT, perimetry, IOP phasing, genetic understanding, and judicious therapeutic strategies is essential to prevent irreversible visual loss and optimize long-term outcomes in glaucoma care.

SESSION 2: Glaucoma Symposium 2: Diagnostics in Glaucoma

Under the chairmanship of **Afzal Bodla**, with **Nadeem** Hafeez Butt as co-chair and **Mahmood Ali** as moderator, **Glaucoma Symposium 2 on "Diagnostics in Glaucoma**" provided a comprehensive overview of current challenges and advancements in glaucoma diagnosis. **Humma Shahid** emphasized the enduring relevance of gonioscopy, highlighting its critical role in evaluating angles across varied clinical conditions and differentiating between open-angle, angle-closure, and secondary glaucomas. **Syed Imtiaz Ali** presented gonoscopic findings, demonstrating how meticulous angle assessment guides both medical and surgical management. **Rashid Zia** discussed central corneal thickness (CCT), noting that while historically overemphasized, CCT is not an independent risk factor, and its contribution to intraocular pressure (IOP) readings is modest compared to dynamic measures such as corneal hysteresis. **Omar Rafiq** introduced the "Four W" patient-centered approach, stressing that beyond what glaucoma is and where it affects the eye, understanding why it occurs and engaging patients with empathy (wow) is essential for adherence, quality of life, and long-term outcomes. **Nadeem Hafeez Butt** presented OCT-based diagnosis of pre-perimetric glaucoma, showing how structural assessment of the optic nerve head and retinal nerve fiber layer can detect early glaucomatous damage. **Afzal Bodla and Syed Amir Hamza** discussed OCT-Angiography (OCTA) clinical updates, emphasizing peripapillary and macular vessel density as sensitive biomarkers for early ischemic changes that may precede retinal nerve fiber thinning, with cases illustrating how OCTA can reveal microvascular compromise even when IOP and RNFL appear normal. Vascular changes were further correlated with systemic conditions such as left ventricular hypertrophy, underscoring the importance

of holistic patient evaluation. **Mahmood Ali** presented a cross-sectional study of glaucoma patients at a tertiary eye care center, detailing clinical profiles and associated factors, demonstrating variability in presentation and reinforcing the need for individualized diagnostic strategies. The session concluded with a panel discussion and Q&A, reiterating that accurate glaucoma diagnosis requires integration of gonioscopy, CCT and corneal biomechanics, OCT/OCTA imaging, patient-centered communication, and systemic assessment, emphasizing that early detection and holistic management remain the cornerstones of preventing irreversible visual loss.

SESSION 3: Glaucoma Symposium 3: Glaucoma Surgery 1

Under the chairmanship of **Nazir Ashraf Laghari** and co-chaired by **P S Mahar**, with **Saman Ali** as moderator, **Glaucoma Symposium-3: Glaucoma Surgery-1** was opened with **Muhammad Azeem** presenting "Why Trabeculectomy Is a Lost Art: Revisiting the Foundations of Glaucoma Surgery in the Era of Quick Fixes." He emphasized that despite advances in medications, lasers, and minimally invasive glaucoma procedures, trabeculectomy remains the gold standard for achieving very low intraocular pressure in advanced glaucoma. He highlighted concerns that increasing reliance on quick technological solutions and demanding postoperative care have contributed to declining surgical expertise in trabeculectomy. **Hira Muazzam** then presented findings on "The First Eye Predicts the Outcomes in the Fellow Eye," discussing bilateral trabeculectomy outcomes and demonstrating that surgical success in the first eye may significantly predict results in the fellow eye due to shared inflammatory, immunologic, and physiological mechanisms. This has important implications for surgical planning and patient counseling. In the next talk, **Humma Shahid** delivered an instructive presentation titled "Beyond the Flap—Mastering the Art of Trabeculectomy," detailing the historical evolution of the procedure, surgical technique, intraoperative considerations, and postoperative management strategies essential for optimizing long-term outcomes. She stressed the importance of meticulous tissue handling, appropriate use of antimetabolites, and vigilant postoperative monitoring. **Khalid Hasanee** followed with "Trab vs Tube: A Practical Algorithm for Comprehensive Surgeons," presenting evidence from major clinical trials comparing trabeculectomy and tube shunt surgery. He provided a practical decision-making framework based on patient characteristics, prior surgery, conjunctival health, and target intraocular pressure. The session concluded with **P S Mahar** demonstrating the technique of Trimming of Ahmed Glaucoma Valve, highlighting surgical pearls for managing tube length and positioning to improve outcomes and minimize complications. The symposium generated active discussion and reinforced the continued relevance of trabeculectomy while emphasizing individualized surgical planning in modern glaucoma care.

SESSION 4: Glaucoma Symposium 4: Glaucoma Surgery 2

The Glaucoma Symp 4 session on Glaucoma Surgery-2, chaired by **Humma Shahid** with co-chair **Rashid Zia** and moderated by **Yousaf Jamal Mahsood**, featured a series of expert presentations on advanced glaucoma interventions. **Saqib Ali Khan Utman** opened the session discussing the importance of minimally invasive glaucoma surgeries (MIGS), highlighting their role in bridging the gap between medical therapy and conventional surgery, and emphasizing individualized patient selection. **Omar Rafiq** presented on combined phacoemulsification procedures, demonstrating how lens extraction alongside MIGS can optimize intraocular pressure control while improving visual outcomes. **Nasir Saeed** focused on Ahmed Glaucoma Valve (AGV) implantation in pediatric populations, detailing device selection, surgical technique, and postoperative management to ensure safety and long-term efficacy. **P S Mahar** discussed compression sutures for over-filtering drainage blebs, illustrating techniques to modulate aqueous outflow, prevent hypotony, and maintain bleb stability. **Aysha Salam** compared outcomes of combined phacoemulsification with iStent inject W versus the OMNI Surgical System, showing both procedures provide significant pressure reduction, with some variation in medication-free success rates. **Iman Rashid** concluded with a demonstration of blanching of aqueous outflow channels after iStent inject W implantation, highlighting the importance of intraoperative visualization to assess procedural success. Across all talks, speakers emphasized careful patient selection, preoperative planning, and the integration of novel devices to achieve optimal outcomes. The session underscored that MIGS and combined procedures offer minimally invasive

solutions with lower complication rates, faster recovery, and improved quality of life. Pediatric and complex cases require individualized strategies, careful monitoring, and sometimes adjunctive techniques such as compression sutures or valve placement. Comparative studies, procedural videos, and real-world experiences were shared to guide clinical decision-making. The diversity of approaches reflected evolving surgical innovation and adaptation to patient-specific anatomy. Attendees were encouraged to consider both conventional and minimally invasive strategies when designing glaucoma management plans. Safety, efficacy, and long-term follow-up were recurring themes. The discussion highlighted cost-effectiveness and accessibility issues, particularly in resource-limited settings. Overall, the symposium displayed how a combination of phacoemulsification, MIGS, and traditional drainage procedures can be tailored to patient needs. The session concluded with a focus on practical application, emphasizing skills, visualization, and technique refinement to maximize success. The presentations collectively demonstrated that while technology advances, thoughtful surgical planning remains essential.

SESSION 5: Glaucoma Symposium 5: Case Presentations and Panel Discussion

The session was held with **Nadeem Hafeez Butt** serving as Moderator. The interactive session featured an expert panel including **P. S. Mahar, Syed Imtiaz Ali, Nazir Ashraf Laghari, Afzal Bodla, Humma Shahid, and Rashid Zia,** who discussed complex glaucoma cases and contemporary management strategies. The session emphasized a comprehensive and patient-centered approach to glaucoma evaluation, beginning with detailed history taking that includes social circumstances, systemic diseases, and medication history. Rashid Zia highlighted that glaucoma assessment should be holistic, incorporating measurement of intraocular pressure, gonioscopy, and careful optic disc evaluation. The panel stressed the critical role of gonioscopy in differentiating primary from secondary glaucoma and identifying angle abnormalities such as pseudoexfoliation, pigment dispersion, and angle recession. The discussion further addressed the role of diagnostic investigations including visual field testing, optic nerve head photography, and OCT in monitoring disease progression. Panelists emphasized that progression analysis should ideally be performed using the same diagnostic equipment to ensure reliable comparison. Management strategies were discussed in detail, including medical therapy with prostaglandin analogs, selective laser trabeculoplasty (SLT), and surgical interventions where appropriate. The panel also highlighted challenges related to patient compliance, cost of therapy, and accessibility of advanced glaucoma diagnostics, particularly in resource-limited settings. Emerging treatment modalities, including newer laser techniques and minimally invasive glaucoma procedures, were also briefly discussed. The session concluded with an engaging question-and-answer segment moderated by Nadeem Hafeez Butt, allowing participants to clarify clinical dilemmas and share practical experiences in glaucoma management. Overall, the discussion provided valuable insights into case-based decision-making and evidence-based approaches in glaucoma care.

SESSION 6: Glaucoma Symposium 6 – Lasers in Glaucoma Management

The session was held under the chairmanship of **Ayisha Shakeel**, co-chaired by **Khalid Hasanee**, and moderated by **Mahmood Ali.** The symposium began with **Humma Shahid** outlining the evolving role of lasers in glaucoma care, emphasizing non-invasive alternatives and their growing role as first-line or adjunctive therapies. **Khalid Hasanee** followed with practical insights into laser therapies every surgeon should know, highlighting patient selection, laser parameters, and procedural nuances. **P S Mahar** delivered a detailed talk on transscleral diode laser cyclophotocoagulation, focusing on indications, contraindications, and techniques, stressing precise probe positioning, use of transillumination, and cautious energy titration to avoid overtreatment. **Mahmood Ali** expanded on this by discussing complications and international evidence, noting variability in success rates due to differing definitions, glaucoma types, and baseline intraocular pressure, while emphasizing higher complication risks with continuous wave compared to micropulse modes. He also highlighted rare but significant complications such as hypotony, neurotrophic keratitis, and sympathetic ophthalmia. **Afzal Bodla** presented clinical results of micropulse diode laser therapy, demonstrating its effectiveness in reducing intraocular pressure and dependence on anti-glaucoma medications, particularly in refractory and moderate-to-advanced open-angle glaucoma, with an average IOP reduction of

approximately 47.6% at 24 weeks. He detailed parameter customization based on disease severity, advocating lower energy in mild cases and higher energy with slower probe in advanced disease, while maintaining safety thresholds (typically 150–180 J). Across talks, selective laser trabeculoplasty (SLT) techniques were also reviewed, including 360° treatment protocols, energy titration starting around 0.8 mJ, and endpoint visualization via microbubble formation. Emerging innovations such as pattern scanning SLT and direct automated non-contact SLT were discussed as potential game changers due to speed and reduced operator dependency. The session underscored that laser therapy is no longer merely a last resort but a tailored, dynamic intervention balancing efficacy and safety. Speakers emphasized individualized treatment planning and the importance of counseling patients regarding temporary effects and possible need for repeat treatments. The concluding discussion reinforced that while micropulse lasers offer improved safety and repeatability, their effects may diminish over time, and traditional surgeries like trabeculectomy remain essential in selected cases. Overall, the symposium highlighted the expanding role of laser in glaucoma management, driven by technological advancements, evolving evidence, and the need for safer, patient-specific therapeutic strategies.

SESSION 7: Moorfields Symposium

The Moorfields Symposium was chaired by **Muhammad Irfan Khan** with **Omar Rafiq** serving as Co-Chair, while **Usman Mahmood** moderated the proceedings. The symposium began with a presentation by **Omar Rafiq** on "The Ocular Surface and Glaucoma Management," where he emphasized the importance of maintaining ocular surface homeostasis for optimal glaucoma outcomes. He discussed the pathophysiology of blepharitis and dry eye disease, the impact of preservatives in glaucoma medications, and the role of preservative-free therapy and cyclosporine in improving ocular surface health before glaucoma surgery. This was followed by his second talk titled "Living with Glaucoma – The Patient's Perspective," which highlighted the challenges faced by glaucoma patients, including chronic medication use, ocular surface discomfort, and the importance of patient counseling and adherence to long-term therapy.

The next segment of the session featured surgical case discussions moderated by **Usman Mahmood**. A traumatic giant retinal tear (GRT) management video was presented, demonstrating the surgical steps of pars plana vitrectomy, stabilization with heavy liquid, careful unfolding of the retinal flap, 360-degree endolaser, and silicone oil tamponade to achieve successful retinal reattachment. This was followed by an interesting case titled "Commercial Use Laser Maculopathy," which highlighted the increasing incidence of retinal injuries related to high-powered laser devices and the importance of public awareness and early ophthalmic evaluation.

Subsequently, **Syed Asad Ali** delivered an informative talk on "Ultra-Widefield Fundus Fluorescein Angiography in Pediatric Retinal Vascular Diseases." He discussed the advantages of ultra-widefield imaging systems in visualizing peripheral retinal pathology, particularly in children with conditions such as familial exudative vitreoretinopathy, retinopathy of prematurity, and other pediatric vascular disorders. He also highlighted the use of oral fluorescein as a safer alternative for pediatric angiography in selected cases. The symposium further included a talk on "Current Trends in the Management of Retinopathy of Prematurity," focusing on early detection, laser therapy, and the evolving role of anti-VEGF agents in managing severe disease.

Later in the session, **Muhammad Irfan Khan** discussed the "Approach to Pediatric Glaucoma," outlining diagnostic challenges, surgical decision-making, and long-term follow-up strategies in children with glaucoma. The session also included a presentation on "Diagnostic Dilemmas in Pediatrics," which highlighted complex pediatric ophthalmology cases where careful clinical evaluation and imaging were essential for accurate diagnosis. The symposium concluded with an interactive question-and-answer session, allowing participants to engage with the speakers and discuss challenging clinical scenarios. Overall, the session provided valuable insights into glaucoma management, vitreoretinal surgery, pediatric retinal diseases, and emerging diagnostic and therapeutic strategies in modern ophthalmology.

SESSION 8: IC 1- Update on Visual Fields in Glaucoma Diagnosis session

The session was chaired by **Nadeem Hafeez Butt,** co-chaired by **Yousaf Jamal Mahsood**, and moderated by **Nadeem Hafeez Butt.** The first part of the session focused on the fundamentals of visual field analysis,

presented by the chairman. Visual fields are essential in glaucoma diagnosis, providing functional assessment of retinal nerve fiber layers and correlating with optic nerve damage. The interpretation of visual fields helps distinguish glaucomatous defects from neurological or other ocular pathologies. The presentation covered the anatomy of visual fields, the concept of visual thresholds, and the "hill of vision," describing sensitivity variations from the fovea to the periphery. Both kinetic and static perimetry techniques were explained, highlighting their roles in assessing the extent and depth of scotomas. Key glaucomatous patterns, including nasal steps, temporal wedges, paracentral and arcuate scotomas, and central islands, were discussed in relation to nerve fiber layer arrangement. Clinical correlation with optic disc findings and OCT imaging is necessary for accurate diagnosis and disease staging.

The second part, presented by **Yousaf Jamal Mahsood,** addressed updates in automated perimetry, including modern Humphrey Field Analyzer programs: SITA Standard, SITA Fast, SITA Faster, and the 24-2C grid pattern. These advances allow shorter test durations with reliable results and improved detection of central visual field defects. Studies show excellent agreement among these algorithms for mean deviation and visual field indices, while minimizing test-retest variability. The importance of repeated visual field testing for glaucoma monitoring, patient education, and structure-function correlation with OCT was emphasized.

In conclusion, the session highlighted the critical role of visual fields in glaucoma diagnosis, advancements in automated perimetry, and practical strategies for early detection, monitoring, and management. Both speakers provided valuable insights into integrating traditional and modern techniques for optimal patient care. The session concluded with a discussion and audience Q&A on interpretation, reliability, and clinical application of visual field testing in glaucoma.

SESSION 9: IC 2- MIGS V/S MIBS

The session Glaucoma on MIGS vs MIBS was held with **Rashid Zia** serving as the Moderator. During this instructional course, the speaker presented a comprehensive overview comparing Minimally Invasive Glaucoma Surgery (MIGS) and Minimally Invasive Bleb Surgery (MIBS) and highlighted their evolving role in glaucoma management. The discussion began with the historical background of MIGS, first defined in 2012 by **Saheb and Ahmed**, emphasizing procedures that are ab-interno, micro-incisional, minimally traumatic, and associated with rapid recovery and high safety profiles. It was explained that MIGS procedures generally provide modest intraocular pressure reduction but can significantly reduce dependence on glaucoma medications. The speaker further discussed the position statement of the American Glaucoma Society, which acknowledges the benefit of MIGS in reducing medication burden while maintaining a favorable safety profile compared with traditional surgeries such as trabeculectomy or tube shunts. The session also introduced the concept of MIBS, which includes minimally invasive procedures that create a subconjunctival bleb to enhance aqueous outflow. Various MIGS devices targeting the trabecular meshwork and Schlemm's canal were reviewed, including the iStent and Hydrus Microstent, as well as trabecular procedures such as Gonioscopy-Assisted Transluminal Trabeculotomy. The speaker emphasized that although implantation of these devices may appear technically simple, accurate placement within the trabecular meshwork is critical for achieving optimal outcomes. The physiological complexity of aqueous humor outflow was also highlighted, noting that resistance may occur not only at the trabecular meshwork but also within Schlemm's canal and distal collector channels. Techniques such as canaloplasty, trabeculotomy, and viscodilation were described as strategies to address various levels of outflow resistance. The speaker further stressed that despite increasing adoption of MIGS procedures worldwide, the overall level of evidence remains limited due to variability in study design and the predominance of non-randomized studies. Comparative trials between different MIGS devices often demonstrate only modest differences in intraocular pressure reduction. Importantly, the session underscored that MIGS and MIBS should not be considered replacements for traditional glaucoma surgeries but rather complementary options within the surgical spectrum. In selected patients, these procedures can delay or reduce the need for more invasive surgeries such as trabeculectomy. The speaker concluded that a clear understanding of ocular outflow physiology, careful patient selection, and critical interpretation of existing evidence are essential for choosing the most appropriate minimally invasive glaucoma procedure. The session provided valuable insights for clinicians seeking to

integrate MIGS and MIBS techniques into modern glaucoma practice.

SESSION 10: IC 3- Angle Closure Glaucoma and its Management

The session was chaired by **Humma Shahid** with co-chair **Khalid Hasanee** and moderated by **Yousaf Jamal Mahsood.** The session began with an introduction highlighting that no prior presentation preparation was required, setting a conversational and interactive tone. **Khalid Hasanee** opened with a concise overview of angle-closure glaucoma (ACG), emphasizing mechanism-based management. He explained the three main causes: pupillary block, lens rise, and plateau iris, and stressed that correct diagnosis is crucial for treatment planning. Risk factors discussed included female gender, advanced age, hyperopia, shallow anterior chamber, thick lens, short axial length, and positive family history. Hasanee detailed staging into primary angle-closure suspect (PACS), primary angle closure (PAC), and primary angle-closure glaucoma (PACG) and highlighted the updated terminology of acute angle-closure crisis for early presentations without optic nerve damage. He reviewed diagnostic tools, emphasizing dark-room compression gonioscopy, anterior segment OCT, and ultrasound biomicroscopy for plateau iris identification. The management approach advocated laser peripheral iridotomy for pupillary block, lens extraction for lens-induced closure, and argon laser iridoplasty or endocycloplasty for plateau iris, noting mixed mechanisms often require combination therapy. Practical pearls included reassessing angles post-LPI, careful surgical planning for small eyes or nanophthalmic patients, and measures to prevent aqueous misdirection during cataract surgery, including space creation and space maintenance. Case-based discussion involved phacomorphic and lens-induced glaucoma, highlighting when to perform surgical LPI versus lens extraction and strategies to manage high IOP with corneal edema. Panelists including **Madiha Jawaid** shared experiences with postoperative management of combined procedures, trabeculectomy, and MIGS, emphasizing stepwise escalation based on residual angle closure and IOP. The session concluded with consensus that lens extraction remains the cornerstone in most cases, followed by targeted interventions for plateau iris or PAS, and that individualized, mechanism-based management improves both safety and outcomes. Attendees actively engaged in Q&A, discussing differential diagnosis in atypical presentations and preventive strategies in high-risk eyes. The session provided a comprehensive, practical roadmap for clinicians managing angle-closure glaucoma in diverse patient populations.

SESSION 11: IC 4- Anterior Segment OCT in Glaucoma

The session was moderated by **Mahmood Ali** with **Tayyaba Gul Malik** as chair. Mahmood Ali opened the session emphasizing the complementary role of anterior segment OCT (AS-OCT) in glaucoma management, particularly in primary angle-closure glaucoma (PACG), while reinforcing the importance of thorough history taking and gonioscopy. He discussed how AS-OCT provides non-contact, high-resolution imaging of the anterior segment in an upright position, highlighting key metrics including angle opening distance (AOD 500/750), trabecular-iris space area (TISA), anterior chamber depth, iris curvature, and lens vault. Ali explained that these quantitative measurements enable accurate risk stratification, diagnosis, and monitoring of disease progression. He compared AS-OCT with gonioscopy and ultrasound biomicroscopy (UBM), noting the advantages of AS-OCT in terms of reproducibility and patient comfort, while acknowledging UBM's superiority in visualizing structures behind the iris. Ali illustrated clinical applications including identification of pupillary block, plateau iris, phacomorphic mechanisms, and pigment dispersion syndrome. He highlighted its use in pre- and post-LPI assessment, lens vault evaluation, and surgical planning for cataract extraction or peripheral iridotomy. The session included practical examples of AS-OCT in malignant glaucoma, phacomorphic glaucoma, and post-surgical tube assessment.

Tayyaba Gul Malik expanded on qualitative analysis, demonstrating imaging modes such as single, double, and quad scans for comprehensive angle evaluation. She emphasized the utility of AS-OCT in provocative testing, visualization of anterior chamber dynamics under different lighting, and differentiation of narrow versus closed angles. The session also covered filtration bleb assessment, enabling evaluation of functional versus fibrosed blebs and guiding interventions such as needling. Both speakers highlighted the importance of combining quantitative and qualitative data to guide individualized patient care. They concluded that AS-OCT not only improves diagnostic accuracy but also facilitates patient

education by visually demonstrating anatomical changes and surgical outcomes. The interactive discussion addressed challenges in PACG, angle closure risk assessment, and decision-making for laser and surgical interventions. The session underscored the value of AS-OCT as an essential tool in contemporary glaucoma practice and concluded with acknowledgment of the collaborative insights provided by both speakers.

Medical Retina

SESSION 1: Medical Retina Symposium 1 – ARMD

This session was chaired by **Mohammed Abdulwahab Al Amri** with co-chair **Afzal Bodla** and moderated by **Hina Khan**. The session opened with **Shehzadi Fatima Hassan**, who presented on solar retinopathy, emphasizing central macular involvement, OCT findings including outer retinal disruption and ellipsoid zone damage, and preventive strategies with protective eyewear. She then discussed calcification in the eye, illustrating multimodal imaging for diagnosis and management. **Muhammad Saad Aziz** addressed central serous chorioretinopathy (CSCR) with a comparative review of Ranibizumab versus Aflibercept treatment outcomes. **Afzal Bodla** presented a case report on Vogt-Koyanagi-Harada (VKH) disease, highlighting multisystem autoimmune involvement, multimodal imaging findings, high-dose corticosteroid therapy, and long-term follow-up for relapse prevention. **Sana Naveed** elaborated on VKH-associated uveitis, illustrating clinical features, OCT markers, and systemic implications. **Mohammed Abdulwahab Al Amri** introduced ultra-wide field imaging, contrasting it with seven-field imaging, demonstrating its advantages in detecting peripheral retinal pathology, improving diabetic retinopathy screening, and enhancing telemedicine applications. **Hina Khan** discussed type 4 choroidal neovascularization (CNV), describing central posterior hyaloid fibrosis as a novel OCT finding and its relevance in neovascular AMD. **Huzaifa Rehman** presented the diabetic grading system used in the UK, detailing R0–R3 and M0–M1 categories, OCT-based maculopathy assessment, referral pathways, and potential adaptation for Pakistan to prevent sight-threatening diabetic retinopathy. The session concluded with a question-and-answer segment moderated by **Hina Khan**, focusing on clinical decision-making, imaging interpretation, and evidence-based management. Key takeaways included the importance of early detection, detailed history, multimodal imaging, patient counseling, preventive strategies, technological integration, and long-term follow-up for optimizing outcomes in retinal disorders, neovascular AMD, and diabetic retinopathy. Overall, the symposium highlighted advances in medical retina, novel imaging techniques, rare case presentations, and evidence-based therapeutic interventions.

SESSION 2: Medical Retina Symposium 2– Diabetic Retinopathy

The session was chaired by **Mohammed Abdulwahab Al Amri**, co-chaired by **Tariq Aziz** and moderated by **Khizar Niazi.** The session opened with a keynote by **Tariq Aziz** on "Are we prepared for the challenge?" emphasizing the growing burden of diabetic retinopathy (DR) in Pakistan and the need for timely diagnosis, patient education, and multidisciplinary care. **Mohammed Abdulwahab Al Amri** presented on "Advanced Management of DME," reviewing current strategies including anti-VEGF therapy, intravitreal steroids, and laser interventions. He highlighted the challenges in achieving optimal visual outcomes in patients with treatment-resistant DME and emphasized individualized treatment plans based on retinal imaging and patient factors. **Shahid Jamal Siddiqui, Hamid Mahmood Butt, Shuaib Chaudhary, and Shakaib Anwar** contributed to discussions on the integration of multimodal imaging in DR management, including feature-based DR grading, the use of OCT in community screening programs, and identifying biomarkers predictive of disease progression. **Nasir Ahmed Memon** presented a detailed study on the "Efficacy of Suprachoroidal Triamcinolone Acetonide (SCTA) in Resistant DME." He explained that SCTA targets the posterior segment selectively, achieving higher retinal drug concentrations with reduced anterior segment exposure, minimizing steroid-related complications such as elevated IOP and cataract. In his quasi-experimental study at Alapha Hospital (July–December 2024), 45 patients received SCTA injections. BCVA improved from a baseline of 1.1 LogMAR to 0.3 at 3 months, while central macular thickness reduced from 638 µm to 309 µm. SCTA showed early, sustained, and significant functional and anatomical improvements in patients unresponsive to anti-VEGF therapy. He also discussed "Posterior Subtenon vs Suprachoroidal Triamcinolone for Macular Edema" at CMH Multan. Both routes were effective, with comparable improvements in vision (~37% at 1 month) and central macular thickness (~50% reduction). Suprachoroidal delivery offered a safer route with minimal risk of IOP rise or cataract formation. He emphasized that repeat injections or adjunct anti-VEGF therapy might be necessary for long-term control.

Khizar Niazi moderated a panel discussion on laser therapies and anti-VEGF interventions. Topics included central-involving DME thresholds for treatment (CMT > 400 μm), the role of panretinal photocoagulation (PRP) in proliferative DR, and the use of pattern and micro-pulse lasers to minimize collateral tissue damage while maximizing oxygen delivery and VEGF modulation. Panelists highlighted combining anti-VEGF therapy with targeted laser (peripapillary or focal photocoagulation) for optimal outcomes.

Shahzad Shafquat presented the UK FAR-WIDE post-hoc data on Faricimab in AMD and DME. In treatment-naive DME eyes, mean BCVA improved by ~5 letters at 24 months, with driving-level vision (≥70 ETDRS letters, 6/12) increasing from 48% to 55%. Previously treated eyes-maintained vision. Injection frequency declined after the initial 6 months, demonstrating the durability of faricimab therapy. Adverse events, including intraocular inflammation (0.15%) and endophthalmitis (0.03%), were very low, consistent with phase 3 trials. The study reinforced faricimab's effectiveness, safety, and real-world applicability in both treatment-naive and previously treated eyes.

Iqra Qureshi discussed AI-assisted DR screening and its potential to bridge care gaps in Pakistan. Integrating OCT and AI platforms into community screening programs could improve early detection, triage, and referral pathways, especially in underserved regions.

SESSION 3: Medical Retina Symposium 3– Anti-VEGF therapies

The Medical Retina Symposium 3 on Anti-VEGF therapies was chaired by **Bilal A. Khan,** co-chaired by **Mohammed Abdulwahab Al Amri,** and moderated by **Amash Aqil**. The session opened with **Khan** discussing retinal pigment epithelial tears associated with Anti-VEGF therapy, highlighting risk factors, clinical presentation, and management strategies. **Al Amri** then presented on biosimilars, focusing on indications, safety, efficacy, and cost-effectiveness, emphasizing their potential to improve access and compliance in AMD and DME treatment. **Shahzad Shafquat** provided insights into dry age-related macular degeneration management in the UK, including real-world treatment outcomes and follow-up strategies, followed by his presentation on Faricimab, summarizing findings from the US cohort and the impact on treatment burden and visual outcomes. **Zulfiqar Ali** addressed the safe handling of monoclonal antibodies, reviewing production processes, storage, transport, and legal considerations to minimize risks to patients and ophthalmologists. **Amash Aqil** discussed the transformative potential of AI in retinal disease pathways, explaining how deep learning algorithms and automated screening can enhance diabetic retinopathy detection, reduce screening burden, and improve patient follow-up, particularly in resource-limited settings. **Haji Ismail Siddiq** presented a rare peripheral retinal lesion, detailing diagnostic features, multimodal imaging, and individualized management approaches. **Hina Nawaz** elaborated on Anti-VEGF therapy in proliferative diabetic retinopathy and tractional retinal detachment, with and without macular edema, emphasizing monotherapy, combination therapy with PRP, dosing schedules, and tailored treatment based on disease severity and patient compliance. The session concluded with **Haji Ismail Siddiq** presenting a case of electronegative ERG in a young male with vitreous veils, highlighting diagnostic challenges and clinical decision-making. Overall, the symposium emphasized the integration of innovative pharmacotherapy, biosimilars, AI-assisted screening, and individualized anti-VEGF strategies to optimize outcomes in retinal disease while addressing safety, accessibility, and cost-effectiveness.

SESSION 4: Medical Retina IC-1- Aik Din Retinal Imaging Kay Saath

The session was held with **Hina Khan** serving as the Moderator. The interactive session focused on the practical interpretation of retinal imaging, particularly optical coherence tomography (OCT), and emphasized the importance of systematic analysis in everyday clinical practice. Hina Khan initiated the discussion by encouraging participants to move to the front rows and actively engage in case-based learning to enhance understanding of imaging interpretation. She highlighted that OCT has revolutionized retinal diagnostics by enabling clinicians to visualize retinal layers in vivo, a capability previously limited to cadaveric histological studies. The session underscored how modern retinal imaging assists clinicians in understanding disease pathophysiology, prognostication, and monitoring treatment response. Khan emphasized that OCT interpretation should always be guided by a clinical question and not performed merely as a routine investigation. She

discussed common pitfalls in OCT reporting, particularly the lack of adequate clinical information, incomplete patient history, and the absence of color fundus photographs in many imaging systems. Through several case examples, she illustrated how subtle variations in retinal thickness, asymmetry between eyes, and minor structural changes can reveal early pathology that may be overlooked during routine examination. The importance of correlating OCT findings with other imaging modalities such as OCT angiography and fundus autofluorescence was also highlighted. Khan stressed the value of skilled technicians and proper scan acquisition to ensure accurate interpretation. Participants were encouraged to carefully assess scan orientation, retinal layers, and thickness maps before reaching conclusions. The session also highlighted the significance of comparing both eyes, recognizing coefficient variability, and understanding physiological variations. Trainees were particularly encouraged to practice reporting OCT scans regularly to build diagnostic confidence. Khan concluded by motivating young ophthalmologists to embrace curiosity, learn from mistakes, and actively participate in imaging discussions, emphasizing that dedication and continuous learning are key to mastering retinal imaging.

SESSION 5: Medical Retina IC-2- New Diabetic Retinopathy Screening Guidelines in the UK

The session focused on evolving screening strategies and management approaches for diabetic retinopathy. The session was chaired and presented by **Shuaib Chaudhary**, who discussed the growing global burden of Diabetic Retinopathy and emphasized the critical role of early screening and preventive care. He highlighted that the prevalence of diabetes continues to rise worldwide, with millions expected to develop sight-threatening retinal disease in the coming decades, placing a significant financial burden on healthcare systems. Shuaib Chaudhary explained that improved glycemic control and modern diabetes management technologies have reduced macrovascular complications but have not significantly decreased microvascular complications such as diabetic retinopathy. He presented epidemiological data showing that approximately one-third of diabetic patients develop some degree of retinopathy, with a smaller proportion progressing to proliferative disease or macular edema. Special attention was given to the situation in Pakistan, where diabetes prevalence is rapidly increasing and millions remain undiagnosed, making systematic screening essential. Shuaib Chaudhary emphasized the success of the UK screening model under the National Health Service, which relies on trained non-medical personnel to capture retinal images and identify early disease before referral to specialists. He recommended adopting similar large-scale community-based screening programs in developing countries using digital imaging, telemedicine, and mobile diagnostic units. The speaker stressed that patient education, lifestyle modification, blood pressure control, and lipid management are equally important alongside ophthalmic treatment in preventing disease progression. He discussed therapeutic options including laser photocoagulation, intravitreal anti-VEGF injections, and vitrectomy for advanced cases. Shuaib Chaudhary also highlighted the importance of multidisciplinary collaboration among ophthalmologists, endocrinologists, and primary care physicians in managing diabetic patients holistically. Furthermore, he explained updated clinical pathways for follow-up, emphasizing risk-based monitoring and timely intervention to prevent vision loss. Advanced imaging techniques such as ultra-wide-field retinal photography and optical coherence tomography were presented as valuable tools for diagnosis and monitoring. The session concluded with the message that structured national screening programs, early detection strategies, and improved patient awareness are essential to reduce blindness from diabetic retinopathy. Overall, Shuaib Chaudhary stressed that integrating public health initiatives with modern ophthalmic technologies can significantly improve outcomes and reduce the long-term burden of diabetic eye disease.

SURGICAL RETINA

SESSION 1: Surgical Retina Symposium 1: Trauma and Retina (PD)

The session was chaired by **Col Shahzad Saeed,** with **M. Tariq Khan** as Co-Chair and **Mazhar Ishaq** as Moderator. The panelists included **Kashif Iqbal, Tariq Khan Marwat, Faisal Murtaza, and Huma Kayani**, who discussed key aspects of retinal trauma. The symposium highlighted that ocular trauma is a major cause of preventable visual impairment, particularly among young male workers engaged in industrial and mechanical activities. Common injuries include scleral lacerations, traumatic cataract, vitreous hemorrhage, retinal dialysis, and retinal detachment. The speakers emphasized that although accidents cannot always be prevented, protective eyewear can significantly reduce the risk of severe ocular injuries. Many patients presenting with trauma report not wearing protective glasses during welding, hammering, or workshop activities. Simple protective goggles with side shields are inexpensive, widely available, and effective in preventing injuries from flying metallic particles. Increasing awareness among workers and employers about occupational eye safety was strongly emphasized. Ophthalmologists were encouraged to conduct outreach programs in factories and workshops to promote the use of protective eyewear.

The discussion also highlighted the importance of systematic assessment and grading of ocular trauma using standardized tools such as the Ocular Trauma Score. Proper evaluation including detailed history, pupillary response, fundus examination, and imaging such as B-scan ultrasonography or CT scan is essential for accurate diagnosis. Early referral to vitreoretinal specialists and timely surgical intervention when indicated can improve outcomes. The panel also stressed the need to establish a national ocular trauma registry to collect standardized data on injury patterns, treatment approaches, and outcomes. Such a registry would support research and evidence-based management. Long-term follow-up is crucial because complications like proliferative vitreoretinopathy or delayed retinal dialysis may appear months or years after trauma. Finally, patient counseling and rehabilitation were highlighted as essential components of care, particularly in cases of severe or bilateral vision loss. The symposium concluded that prevention, standardized assessment, timely treatment, and rehabilitation together form the cornerstone of effective management of retinal traumas.

SESSION 2: Surgical Retina Symposium 2: Banned Anti-VEGF: Consequences on the Diabetic Retina

The session was chaired by **Qasim Lateef**, co-chaired, and moderated by **Ali Afzal Bodla**. The panel comprised **Tehmina Jahangir, Muhammad Moin, Sohail Shahzad, Shahid Abdur Rauf Khan, Waqar Muzaffar, Zulfiqar Ali, and Irum Raza**. The session addressed the recent ban of anti-VEGF therapy, particularly Avastin, and its clinical, ethical, and socioeconomic impact on diabetic retinopathy management. Discussions highlighted the sudden interruption in treatment access, disease progression in patients, and challenges in affordability of alternative agents such as Ranibizumab and Aflibercept. Moderator **Ali Afzal Bodla** introduced the topic, emphasizing the importance of balancing patient safety with access to affordable care. **Chairman Qasim Lateef** outlined the regulatory background and recalled contaminated batches leading to the ban. Panelist Tehmina Jahangir discussed clinical consequences, including worsening macular edema and progression to proliferative diabetic retinopathy. **Muhammad Moin** highlighted evidence from off-label trials, stressing comparable efficacy of Avastin with other anti-VEGF agents. **Sohail Shahzad and Shahid Abdur** Rauf Khan analyzed medico-legal challenges for ophthalmologists. **Waqar Muzaffar** and **Zulfiqar Ali** focused on patient counseling, access issues, and cost implications. Irum Raza summarized strategies to mitigate future treatment disruptions. The session concluded with an interactive discussion, emphasizing policy reforms, safe compounding practices, and continued clinical vigilance. All participants agreed that multidisciplinary collaboration is essential to balance safety, efficacy, and affordability. The symposium underscored the need for ongoing education, advocacy, and research to improve outcomes for diabetic retina patients in resource-limited settings. The session lasted 90 minutes and provided actionable insights for clinical practice, regulatory compliance, and patient care.

SESSION 3: Surgical Retina Symposium 3: Banned Anti-VEGF: Consequences on the Diabetic Retina

The session was held under the chairmanship of **M. Saad Ullah**, with **Aamir Arain** as Co-Chair and **Hafiz Ateeq ur Rehman** as Moderator. The session focused on recent advances, surgical techniques, and research developments in vitreoretinal surgery. The first presentation by **Mohammad Asim Mehboob** discussed the role of intravitreal anti-VEGF injections before diabetic vitrectomy, highlighting their potential to reduce intraoperative bleeding while emphasizing careful patient selection to avoid increased tractional complications. **Mahwish Shahid** shared her experience in "The Road to Proficiency: A Fellow's Journey Through the First 100 Retinal Detachment Cases," describing the learning curve in scleral buckling and stressing the importance of accurate break localization, surgical planning, and mentorship. **Muhammad Imran** presented a technique combining sutureless scleral buckling with sutureless vitrectomy for managing complex retinal detachments in resource-limited settings. **Imran Ahmad** discussed diabetic vitrectomy outcomes, highlighting prognostic factors and challenges in surgical management. **Fatima Zahra** presented a systematic review and meta-analysis showing that retinal ischemic perivascular lesions (RIPLS) may serve as potential biomarkers for cardiovascular disease detected through OCT imaging. In another talk, **Muhammad Imran** emphasized that scleral buckling remains a valuable technique that should not be forgotten despite modern vitrectomy advancements. Hafiz Ateeq ur Rehman presented comparative outcomes of pars plana vitrectomy with and without ILM peeling in rhegmatogenous retinal detachment associated with macular hole, highlighting improved anatomical outcomes with ILM peeling. **Nouman Aleem** presented a comparative study showing better functional and anatomical outcomes with bimanual membrane peeling in diabetic tractional retinal detachment. **Muhammad Awais Asghar** introduced Opthal-360, a novel artificial intelligence tool for diagnosing non-proliferative diabetic retinopathy, emphasizing its potential in screening programs. The final presentation by **Nouman Aleem** compared ILM peeling under PFCL versus BSS in chronic macular holes, demonstrating higher closure rates and improved microstructural outcomes with PFCL. The session concluded with an interactive Q&A moderated by **Hafiz Ateeq ur Rehman,** where experts discussed surgical decision-making, emerging technologies, and the importance of mastering both classical and modern retinal surgical techniques. **M. Saad Ullah** concluded the session by appreciating the scientific contributions and encouraging young surgeons to continue refining their skills in vitreoretinal surgery.

SESSION 4: Surgical Retina Symposium 4- Endophthalmitis: Fast and Furious

The session was chaired by **Mazhar Ishaq**, with **Khalid Waheed** serving as Co-Chair and **Sara Riaz** as Moderator. The scientific program began with **Ali Afzal Bodla,** who delivered a presentation on "Vitrectomy in Endophthalmitis: Dos and Don'ts," highlighting modern surgical strategies and emphasizing early and comprehensive vitrectomy to remove infective material and inflammatory debris. This was followed by **Muhammad Moin,** who discussed "Endophthalmitis: Strategies for an Epidemic," sharing valuable lessons from outbreak management and stressing the importance of early detection, rapid communication among ophthalmologists, and strict infection control protocols. The third talk was presented by **Bilal Khan,** who shared clinical insights on the successful use of intravitreal moxifloxacin in acute postoperative endophthalmitis, emphasizing its therapeutic effectiveness and practical considerations in management. A brief question and answer session, led by **Sara Riaz,** allowed participants to clarify clinical concerns and share practical experiences. The symposium then concluded with an extensive panel discussion featuring distinguished experts including **Qasim Lateef**, **Kashif Iqbal, M. Tariq Khan, Khurram Azam Mirza, Rao Rashid Qamar, Sana Jahangir, and Zulfiqar Ali**. The panelists discussed current trends in the etiology and management of endophthalmitis, debated the role of intracameral antibiotics, highlighted the importance of meticulous surgical asepsis, and shared their perspectives on vitrectomy techniques, intraocular lens management, and postoperative care. The session provided a comprehensive and practical overview of contemporary approaches to managing this vision-threatening condition, emphasizing prevention, timely surgical intervention, and collaborative clinical decision-making.

SESSION 5: Surgical Retina Symposium 5- RRD and Tamponading Agents

The Surgical Retina Symp 5, chaired by **Huma Kayani** and co-chaired by **Shahzad Saeed** with **Khurram Chohan** as moderator, provided an in-depth update on RRD management and tamponading agents. **Tariq Khan Marwat** began with the RRD treatment algorithm, emphasizing structured decision-making, the art of scleral buckling, and appropriate use of intraocular gases. **Shahid Abdur Rauf Khan** presented updates on vitrectomy and tamponades, highlighting the importance of draining subretinal fluid early in bullous detachments, precise air-fluid exchange, and avoiding retinal incarceration during core vitrectomy. **Bilal A. Khan** illustrated evolving frontiers in subretinal pathology management, demonstrating retinotomy, removal of subretinal hemorrhage and membranes using ILM and retinal forceps, followed by laser photocoagulation and gas tamponade, stressing gentle handling to prevent iatrogenic breaks. **Usman Mahmood** described the heavyweight solution with Densiron tamponade, detailing its heavier-than-water properties, inferior retinal support, surface tension, and strategies for injection and safe removal, along with advantages and potential complications including emulsification, retinal toxicity, and IOP elevation. **Faisal Murtaza** reviewed complications of internal and external tamponade, emphasizing meticulous preoperative planning, careful tamponade selection, and avoidance of secondary retinal trauma. **Khurram Chohan** presented on the changing landscape of endophthalmitis treatment, highlighting early recognition, anterior chamber and vitreous taps, prompt intravitreal antibiotic injection, and indications for silicone oil tamponade in cases with retinal breaks or detachment. Chronic cases often require removal of the IOL and capsular bag with delayed secondary lens implantation. Procedural pearls included patience, proper visualization, and stepwise fluid drainage before initiating air or gas infusion. Postoperative care with anti-inflammatory therapy and careful monitoring of IOP and retinal stability was emphasized. The session also covered practical tips for heavy silicone oil use, gas selection, and management of subretinal pathologies with multimodal techniques. Insights from **Tehmina Jahangir** and **Amer Awan** highlighted nuances in patient selection, tamponade choice, and post-surgical follow-up. The discussion underscored that detailed preoperative assessment, timely intervention, and individualized surgical strategies are critical to optimizing anatomical reattachment and visual outcomes. The session concluded with an interactive Q&A moderated by **Khurram Chohan,** reinforcing the integration of procedural expertise, advanced tamponade options, and evolving surgical techniques in modern vitreoretinal practice.

SESSION 6: Surgical Retina Symposium 6- Macula Pathology

The session was chaired by **Waqar Muzaffar**, with **Tariq Khan Marwat** as Co-Chair and **Huma Kayani** serving as Moderator. The symposium focused on recent advances, complex case discussions, and evolving surgical techniques in macular pathology and vitreoretinal surgery. **Bilal A. Khan** opened the session with his talk on Epiretinal Membranes: Visual Outcomes and Prognostic Factors, highlighting the role of OCT biomarkers and early intervention in predicting postoperative visual recovery. This was followed by **Usman Mahmood,** who presented an Interesting Case of Laser-Induced Macular Hemorrhage, demonstrating clinical decision-making and successful conservative management. **Khalid Waheed** then shared insights into Macular Surgery, discussing surgical strategies and technical considerations in complex macular pathologies. **Muhammad Hassaan Ali** presented the Inverted ILM Flap Technique for Large Macular Holes, explaining how the technique improves anatomical closure and visual outcomes in holes larger than 400 microns. **Amer Awan** discussed Current Approaches to the Management of Submacular Hemorrhage, emphasizing early diagnosis, OCT-guided evaluation, and treatment modalities such as anti-VEGF therapy, pneumatic displacement, and vitrectomy with subretinal TPA. **Hafiz Ateeq ur Rehman** spoke on Internal Limiting Membrane Peeling in Rhegmatogenous Retinal Detachment Associated Macular Hole, outlining surgical challenges and strategies for improved retinal reattachment and hole closure. **Aamir Arain** presented a clinical study titled Enhanced Macular Hole Closure with Hydrodissection Technique: A Study of 30 Surgical Cases, demonstrating improved success rates with this modification. **Ahsan Mehmood** discussed Tenon Capsule Patch Graft for Macular Hole with Retinal Detachment, highlighting its usefulness in refractory cases. Additional presentations by **Usman Mahmood** included discussions on Giant Retinal Tear (GRT) Management and 27-Gauge Epiretinal Membrane

Peeling, emphasizing modern minimally invasive vitreoretinal surgical approaches. The session concluded with an engaging discussion among experts, focusing on surgical decision-making, evolving techniques, and individualized patient management in complex macular diseases.

SESSION 7: Surgical Retina IC-1 – Video Session

The session was chaired by **Muhammad Tayyab**, with **Qasim Lateef** as Co-Chair and **Muhammad Hassaan Ali** serving as Moderator. The session commenced with **Hamza Ali Tayyab** presenting his experience with epiretinal membrane (ERM) and internal limiting membrane (ILM) peeling, highlighting the importance of vital dyes for membrane delineation, gentle tangential traction, and careful forceps manipulation to minimize retinal trauma and achieve effective membrane removal. In his second presentation, **Hamza Ali Tayyab** demonstrated surgical management of giant retinal tears, emphasizing meticulous vitreous base shaving, stabilization with perfluorocarbon liquids, endolaser around the tear margins, and silicone oil tamponade to prevent retinal re-detachment. The next speaker, **Bilal Khan** presented a video on removal of a dropped intraocular lens with scleral fixation, illustrating controlled lens retrieval, avoidance of retinal traction, and secure fixation techniques for optimal anatomical outcomes. In his second video, **Bilal Khan** discussed macular hole surgery in a detached retina, demonstrating posterior vitreous detachment induction, brilliant blue staining for ILM peeling, and careful flap placement to facilitate macular hole closure and retinal reattachment. **Muhammad Awais Asghar** then presented advanced surgical techniques on segmenting and delaminating fibrovascular membranes in complex diabetic tractional retinal detachment, focusing on identifying the correct surgical plane, using small-gauge vitrectomy systems, and minimizing iatrogenic retinal breaks during membrane dissection. The final presentations were delivered by **Khalid Waheed,** who shared challenging cases including complex vitrectomy in an only eye with keratoprosthesis, highlighting the limitations of visualization and the need for careful peripheral manipulation. He also presented a case of complex vitrectomy in a hypotonous eye with corneal graft rejection, dropped IOL, and retinal detachment, demonstrating staged surgical management, bimanual membrane peeling, and silicone oil tamponade to preserve useful vision. The session concluded with an interactive question-and-answer discussion moderated by **Muhammad Hassaan Ali**, where surgical strategies, complication management, and outcomes in complex vitreoretinal procedures were further deliberated.

PAKISTAN OCULOPLASTY ASSOCIATION (POA)

SESSION 1: POA Symposium 1 – Video Symposium / Case Report

The session was chaired by **Zahid Kamal Siddiqui**, with **Yasser Khan** as Co-Chair and **Sadia Imtiaz** serving as Moderator. The symposium highlighted a series of concise surgical video presentations and case reports highlighting advances in oculoplastic and orbital surgery. **Saud Ul Hassan Memon** opened the session with a demonstration of the Lateral Tarsal Strip procedure, emphasizing its effectiveness in correcting eyelid laxity and lower lid malposition. **Sadia Imtiaz** then presented Minimally Invasive Eyelid Lift (MINEL), a technique aimed at achieving aesthetic eyelid elevation with minimal tissue disruption and faster recovery. **Mohammad Idris Daud** discussed anterior lamella repositioning for upper eyelid entropion, highlighting surgical steps to restore proper eyelid alignment. **Muhammad Sharjeel** presented a compelling case of large orbital foreign body removal, underlining the importance of imaging and careful surgical planning. **Faizan Tahir** demonstrated endoscopic trans-nasal orbital decompression for thyroid eye disease, explaining the anatomical considerations and benefits of the minimally invasive approach. **Ubaid Ullah Yasin** discussed optimizing aesthetic and functional outcomes in orbital floor fracture repair through a transconjunctival approach. **Khawaja Khalid Shoaib** presented techniques for telecanthus repair, while **Sofia Iqbal** shared insights into dermolipoma excision, emphasizing precision to preserve adjacent structures. **Adnan Abdul Majeed** demonstrated lacrimal canalicular tear repair, followed by **Farhan Ali**, who reviewed surgical management strategies for ptosis. In his presentation, **Zahid Kamal Siddiqui** highlighted ophthalmic complications associated with hair transplantation, raising awareness about potential periocular risks. **Yasser Khan** then delivered an engaging talk titled "Scary Smart: The Future of AI in Ophthalmology," discussing the expanding role of artificial intelligence in diagnosis and clinical decision-making. **Ibrar Hussain** demonstrated retro-auricular skin graft harvesting, while **Teyyeb Azeem Janjua** presented a unique case addressing oculocardiac reflex–related bradycardia. **Tayyaba Burhan** concluded the scientific segment with a presentation on the multidisciplinary collaboration between orthoptics and oculoplastics in achieving optimal patient outcomes. The session concluded with an interactive question-and-answer segment moderated by **Sadia Imtiaz,** fostering academic discussion and reinforcing the value of surgical innovation and interdisciplinary collaboration in ophthalmology.

SESSION 2: POA Symposium 2 – Eyelid Malposition

Under the chairmanship of **Khawaja Khalid Shoaib**, with **Waqar Ahmed** as Co-Chair and **M. Salman Hamza** as Moderator, this session comprehensively addressed contemporary approaches to eyelid malposition. **Sadia Imtiaz Hafiza** initiated the session by presenting the role of lateral tarso-conjunctival flaps in managing lower eyelid retraction, emphasizing structural support and functional restoration. **Waqar Ahmed** followed with his modified lateral tarsal strip technique, highlighting refinements that improve surgical stability and reduce recurrence. **Ubaid Ullah Yasin** revisited the resurgence of Bick's procedure, advocating its relevance in selected cases of horizontal lid laxity. **Khawaja Khalid Shoaib** discussed medial canthoplasty in facial nerve palsy, focusing on corneal protection and medial eyelid stabilization. **Imran Akram Sahaf** elaborated on upper lid entropion, stressing accurate etiological diagnosis and tailored surgical correction.

Yasser Khan presented small incision entropion repair, promoting minimally invasive techniques with quicker recovery and reproducible outcomes. **Sofia Iqbal** provided an in-depth overview of cicatricial entropion, emphasizing control of inflammation and staged surgical management for optimal results. **Shafqat Ali Shah** shared a seven-year audit of pediatric dermoid cyst surgeries, demonstrating excellent surgical outcomes with minimal recurrence. **M. Salman Hamza** detailed a stepwise approach to cicatricial ectropion, outlining both medical optimization and reconstructive surgical strategies. **Aleena Khan** presented a challenging case of advanced eyelid basal cell carcinoma, underscoring the importance of multidisciplinary collaboration between oculoplastic and plastic surgeons in managing neglected malignancies.

Finally, **Adnan Abdul Majeed** discussed the medial spindle procedure for punctal eversion,

highlighting its simplicity and effectiveness in early involutional cases. Overall, the session emphasized individualized, pathophysiology-based management, integration of minimally invasive techniques, and multidisciplinary approaches to optimize both functional and cosmetic outcomes in eyelid malposition disorders.

SESSION 3: POA Symposium 3 – Orbit

The POA Symposium 3 – Orbit, was conducted in the memory of the esteemed **Professor Munir ul Haq**, chaired by **Asad Aslam Khan**, with **Tayyab Afghani** as co-chair and **Sidrah Latif** as moderator. The session commenced with **Sameera Irfan** presenting on the management of ocular surface disease in thyroid eye disease, highlighting current therapeutic strategies. **Tayyab Afghani** discussed types and management of orbital lymphoproliferative disorders, emphasizing histopathological evaluation, immunophenotyping, and the importance of long-term follow-up. **Zahid Kamal Siddiqui** elaborated on the inferior approach for intraconal orbital mass excision, providing surgical techniques and imaging guidance. **Ibrar Hussain** presented cases of traumatic orbital hematoma, demonstrating assessment and management including lateral canthotomy and needle aspiration. **Amer Yaqub** shared insights on intraconal orbital tumors, detailing clinical presentation, imaging, surgical approaches, and multidisciplinary care. **Shahid Tarar** highlighted lateral orbitotomy techniques with emphasis on surgical safety and orbital exposure. **Imran Akram** addressed exposure keratopathy in proptosed eyes, introducing innovative wet chamber techniques for corneal protection. **Ehsan ul Haq** presented a comparative study of endoscopically assisted versus conventional orbital floor repair, focusing on outcomes and complications. **Ozturker** discussed orbital blowout fractures, outlining indications, timing, and surgical management, emphasizing individualized patient care. **Sofia Iqbal** reviewed pediatric orbital pathologies, detailing clinical spectrum and diagnostic challenges. **Mahmood Saeed** presented novel treatments for essential blepharospasm, highlighting minimally invasive approaches. **Asad Aslam Khan** concluded with management strategies for pediatric orbital tumors, from dermoids to rhabdomyosarcomas, stressing early diagnosis, surgical precision, and multidisciplinary coordination. The session concluded with an engaging Q&A moderated by **Sidrah Latif,** fostering discussion on contemporary orbital surgery, pediatric ophthalmic oncology, and innovative management strategies. Overall, the symposium underscored advances in orbital surgery, surgical innovation, and the enduring legacy of **Professor Munir ul Haq** in shaping modern ophthalmology in Pakistan.

SESSION 4: POA Symposium 4 – Eyelid Trauma and Ptosis

The session POA Symposium 4 – Eyelid Trauma and Ptosis, was chaired by **Imran Akram Sahaf,** with **Ibrar Hussain** as Co-Chair and **Fahd Kamal Akhtar** as Moderator. The session commenced with **Murtaza Sameen Junejo**, who discussed the management of pseudoptosis secondary to chemical injury, highlighting diagnostic challenges and tailored reconstruction strategies**. Imran Akram Sahaf** then elaborated on the basic principles of eyelid trauma repair, emphasizing meticulous tissue handling and anatomical restoration. **Imran Shahzad** followed with insights into post-traumatic eyelid reconstruction, demonstrating techniques for achieving both functional and cosmetic success. **Ibrar Hussain** presented a compelling case on the removal of intraorbital wooden foreign body, stressing early suspicion and surgical exploration. **Yasser Khan** shared his experience of ocular and oculoplastic trauma in war and active conflict, underscoring the complexity and severity of such injuries. **Waqar Ahmed** introduced his experience with the O'Donoghue tube as a sling in congenital ptosis, offering an innovative approach. **Zafar Ul Islam** discussed frontalis flap techniques for ptosis repair, while **Khawaja Khalid Shoaib** highlighted frontalis suspension using prolene, focusing on accessibility and outcomes. **Amer Yaqub** presented levator resection as a reliable technique for moderate ptosis correction. **Waqar Ahmed** further discussed ptosis correction using white line advancement, emphasizing its minimally invasive nature. Usama Iqbal shared a case series on Müller's muscle conjunctival resection, demonstrating predictable outcomes in selected patients. **Faizan Tahir** concluded the surgical segment with posterior approaches for ptosis repair, outlining indications and advantages of scarless techniques. The session concluded with **Samra Ahmed**, who presented an intriguing case of MRSA-related eyelid swelling mimicking routine infection, highlighting the importance of diagnostic vigilance. Overall, the symposium provided a comprehensive overview of eyelid trauma and ptosis management, integrating surgical innovation with practical clinical insights, and

reinforcing the importance of individualized patient care and multidisciplinary collaboration.

SESSION 5: POA Symposium 5- Orbit 2 and TED

POA Symposium 5 – Orbit 2 and Thyroid Eye Disease was held under the chairmanship of **Zafar Ul Islam**, with **Zeeshan Kamil** as Co-Chair and **Kashif Jahangir** as Moderator. The session commenced with **Aisha Rafique**, who presented an algorithmic approach to the diagnosis and management of proptosis, emphasizing systematic clinical evaluation and differential diagnosis. **Asad Aslam Khan** followed with an insightful presentation on orbital imaging, highlighting key radiological concepts that every ophthalmologist should understand. **Ammarah Ashraf** discussed decoding orbital CT scans, explaining practical radiological indicators useful in identifying orbital pathology. **Shahid Tarar** elaborated on hypertelorism, focusing on clinical assessment and management considerations. **Zafar Ul Islam** then shared his experience in managing cryptophthalmos, discussing its classification and reconstructive challenges. **Zeeshan Kamil** presented various surgical approaches in orbital surgery, highlighting anatomical considerations and operative techniques. **Zubaida Sirang** addressed novel therapeutic interventions in thyroid eye disease beyond steroids, including emerging targeted treatments. International expert Can **Ozturker** delivered a comprehensive talk on staging surgical care in thyroid eye disease, outlining the sequential approach from orbital decompression to eyelid refinement. **Sadia Imtiaz and Hafiza Sumeya Ali Khan** presented on atypical manifestations of mucormycosis, highlighting diagnostic challenges in orbital involvement. **Adnan Abdul Majeed** discussed the orbital presentation of IgG4-related disease, sharing institutional experience and emphasizing the importance of multidisciplinary diagnosis. The scientific segment concluded with **Kashif Jahangir**, who presented rare orbital masses mimicking neoplastic lesions, stressing the importance of accurate clinical and radiological correlation. The session concluded with an engaging question-and-answer discussion moderated by Kashif Jahangir, allowing participants to exchange perspectives on complex orbital pathologies and evolving management strategies. Overall, the symposium provided comprehensive insights into orbital imaging, surgical approaches, inflammatory and infectious orbital diseases, and modern management of thyroid eye disease, reinforcing the importance of multidisciplinary expertise in orbital care.

SESSION 6: POA Symposium 6- Nasolacrimal Duct System

POA Symposium 6 – Nasolacrimal Duct System was held under the chairmanship of **Amer Yaqub**, with **Can Ozturker** as Co-Chair and **Farhan Ali** as Moderator. The session opened with **M. Salman Hamza**, who discussed strategies to minimize intraoperative bleeding during external DCR, emphasizing meticulous preoperative evaluation, nasal packing, and vasoconstrictive anesthesia. **Zahid Kamal Siddiqui** followed with an overview of canaliculitis, highlighting its chronic presentation, diagnostic challenges, and the role of canaliculotomy with curettage. **Amer Yaqub** then addressed punctal stenosis management, outlining etiological factors and surgical options including punctoplasty and punctal plugs. **Shahid Tarar** presented the art of probing and syringing, focusing on technique, anatomical understanding, and diagnostic value in lacrimal drainage disorders. **Imran Akram Sahaf** discussed congenital nasolacrimal duct obstruction, stressing the importance of sac massage and appropriate timing for probing. **Yasser Khan** revisited canalicular reconstruction, reviewing modern reconstructive techniques and the use of stents to restore physiological tear drainage. **Sarfraz Latif** elaborated on the principles of successful endonasal DCR, emphasizing proper surgical preparation, anatomical identification, and adequate osteotomy formation. **Can Ozturker** provided a comparative overview of modern DCR techniques—external, endonasal, and transcanalicular diode laser, highlighting their respective advantages and indications. **Saadullah Ahmad** discussed the Lester Jones tube stop-loss technique for managing proximal canalicular obstruction. **Rashid Baig** presented a comparative study on the functional outcomes of endoscopic versus external DCR at a tertiary care hospital, demonstrating comparable success rates between the two techniques. **Muhammad Moin** concluded the scientific presentations with insights into transcanalicular diode laser DCR as a minimally invasive alternative in selected cases. The session ended with an interactive Q&A moderated by Farhan Ali, where participants discussed surgical decision-making, complications, and evolving approaches in lacrimal surgery.

SESSION 7: POA IC 1- Evisceration, Enucleation & Anophthalmic: Socket Management

The session was chaired by **Imran Akram Sahaf** and moderated by **Sadia Imtiaz, Hafiza**. The session began with **Sadia Imtiaz** presenting on Evisceration: Different Techniques, highlighting that evisceration involves removal of intraocular contents while preserving the scleral shell, extraocular muscles, and surrounding tissue, followed by implant placement to restore ocular volume. **Khawaja Khalid Shoaib** discussed Enucleation: Standard Approach, emphasizing its use in painful blind eyes, intraocular tumors, and cases where full histopathology is required. **Farhan Ali** covered Exenteration: Multidisciplinary Approach, stressing coordination among surgical teams for orbital tumors and infections. **Zahid Kamal Siddiqui** spoke on Orbital Volume Reconstruction, focusing on implant selection and size calculation for optimal symmetry and motility. **Ibrar Hussain** presented on Fornix Deepening, describing techniques using silicone tubes, donor grafts, and conformers to manage contracted sockets. **Imran Akram Sahaf** discussed Fornix Formation with Amniotic Membrane, highlighting its effectiveness in epithelialization and long-term socket stability**. Fahd Kamal Akhtar** addressed Prosthetic Rehabilitation, emphasizing patient comfort, proper insertion, cleaning, and maintenance of artificial eyes. The session included a Q&A moderated by **Sadia Imtiaz, Hafiza,** where speakers clarified challenges such as implant extrusion, socket contracture, and postoperative care. Key messages included the importance of preoperative patient optimization, counseling, and informed consent, precise surgical technique for peritomy, corneal removal, and intraocular content excision, and proper conjunctival closure. The speakers also highlighted that implant material choice—PMMA, acrylic, silicone, or porous hydroxyapatite—affects orbital growth, prosthetic motility, and complication rates. Strategies for hemostasis, infection prevention, and conformer placement were discussed, alongside the role of multidisciplinary collaboration in complex cases. Psychological support and cosmetic rehabilitation were emphasized as critical for patient quality of life. Overall, the session provided a comprehensive overview of socket management, combining anatomical, functional, and aesthetic considerations, with practical guidance on techniques and materials for optimal patient outcomes.

SESSION 8: POA IC 2- Eyelid Reconstruction

The session was chaired by **Sofia Iqbal,** co-chaired by **Fariha Sher Wali** and moderated by **Fahd Kamal Akhtar.** The session on eyelid reconstruction commenced with **Fariha Sher Wali** discussing management of periocular skin malignancies and the importance of preserving tissue for functional and aesthetic outcomes. **Fahd Kamal Akhtar** highlighted upper lid reconstruction using Reverse Tezel flaps and emphasized proper tarsal support and muscle alignment for optimal results. **Zahid Kamal Siddiqui** presented techniques for lower lid reconstruction, including Hughes flaps, stressing careful donor site selection and meticulous graft preparation. **Imran Akram Sahaf** focused on coloboma repair, demonstrating diverse approaches tailored to defect size and patient anatomy, integrating geometric principles with aesthetic considerations. **Sofia Iqbal** elaborated on the use of rhomboid and Limberg flaps, underscoring advantages over grafts, including better vascularity, minimal midline distortion, and preservation of natural eyelid contour. **Imran Shahzad** discussed combining flaps with full-thickness skin grafts for larger defects, highlighting postoperative care with pressure bolsters and meticulous suture management. **Rizwan Rasheed** emphasized the role of emerging adjuncts such as platelet-rich plasma, acellular scaffolds, and tissue adhesives to enhance graft survival and reduce operative time. **Fahd Kamal Akhtar** returned to demonstrate Cutler-Beard and Tenzel rotational flaps for extensive upper lid defects, focusing on staged reconstruction and preservation of ocular function. Throughout the session, clinical cases were presented to illustrate decision-making in flap versus graft selection, including pediatric considerations and scar minimization strategies.

The discussion concluded with a Q&A, where the panel addressed complications such as ectropion, entropion, and graft contracture, reinforcing the importance of individualized surgical planning. Overall, the session highlighted a comprehensive approach to eyelid reconstruction, combining surgical precision, aesthetic judgment, and innovative techniques to restore both form and function. Attendees were encouraged to incorporate these methods into practice for superior clinical outcomes.

SESSION 9: POA IC 3– Intergrade Approach to a Patient of Any Type of Squint

The session was chaired by **Imran Akram Sahaf**, with **Kashif Jahangir** as Co-Chair and moderated by **M Salman Hamza.** The discussion began with **Kashif Jahangir** presenting the surgical management of squint, emphasizing both conceptual frameworks and practical clinical approaches. He highlighted the psychosocial impact of strabismus, noting that ocular misalignment in children can lead to reduced confidence, social misconceptions, and impaired stereopsis. Surgical correction aims to achieve cosmetic alignment, enhance psychosocial well-being, and protect visual function, particularly binocular vision. **M Salman Hamza** then elaborated on the Sahaf Triangle, describing the critical evaluation of ocular alignment, fusion potential, and binocular development. He stressed that early intervention in children is crucial, as fusion and stereopsis develop optimally between three and five years of age. Delayed surgery in adults may improve alignment and comfort but offers limited recovery of binocular function. **Imran Akram Sahaf** followed with a 30-minute talk on the intergrade approach, highlighting a patient-specific strategy that integrates anatomical, physiological, and neurological factors. He emphasized careful assessment of deviations, secondary muscle actions, diplopia, head posture, and amblyopia.

The approach classifies patients based on fusion potential, distinguishing between those with developed or potential fusion and those with no potential. Surgical planning, including recession, resection, and tailored muscle procedures, is individualized to achieve optimal functional and cosmetic outcomes. The importance of postoperative orthoptic exercises and patient feedback was also highlighted. **M Salman Hamza** concluded the session with a Q&A, addressing real-world challenges, paralytic strabismus, aberrant regeneration, and the practical implications of early versus late intervention. The session reinforced that timely, individualized, and integrative management significantly improves vision, stereopsis, and patient quality of life.

SESSION 10: POA IC 4– Aesthetics

The Aesthetics session was chaired by **Tayyab Afghani,** co-chaired by **Zeeshan Kamil**, and moderated by **Faizan Tahir.** The session opened with **Murtaza Sameen Junejo** presenting "Beyond the Toxin: Mastering Botox Science and Arts," highlighting the importance of understanding facial muscle anatomy and dynamics to achieve optimal Botox outcomes. He emphasized proper dosing, muscle-specific injection techniques, and the effect of paralyzing muscles on surrounding structures to prevent complications such as brow ptosis or the "first sign. **Fariha Taimur** followed with "Precision Matters: Markings of Perfect Botox Injection," demonstrating detailed methods for identifying key injection points in the frontalis, corrugator, procerus, and orbicularis oculi muscles, ensuring superficial and appropriately dosed injections to optimize aesthetic results and minimize diffusion risks. Next, **Sumeya Ali Khan** presented "Platelets Power: Science Behind PRP Regeneration," explaining the biological principles of platelet-rich plasma, its growth factors, and its role in tissue repair and periocular rejuvenation, including scar remodeling and soft tissue augmentation. **Amna Manzoor** then shared "From Vials to Vitality: PRP Preparation Technique," detailing the collection, centrifugation, and injection protocols for PRP, including direct, microneedling, and surgical adjunct methods, with emphasis on patient safety, proper handling, and concentration-specific applications.

Samra Ahmed presented "When Things Go Wrong: Safety and Complications," reviewing potential adverse events from dermal fillers and Botox, including hematoma, malar edema, bluish discoloration, ptosis, diplopia, and rare vision-threatening ischemic events. She stressed preventive strategies such as conservative dosing, slow injections, negative aspiration, anatomical knowledge, and patient counseling to minimize risks.

The session concluded with a Q&A led by **Faizan Tahir,** allowing interactive discussion on practical techniques, complication management, and case-based experiences, reinforcing the integration of science, safety, and artistry in periocular esthetic practice. The hour-long session effectively combined technical mastery with clinical prudence, providing a comprehensive overview for ophthalmologists and esthetic practitioners.

SESSION 11: POA IC 5– Endoscopic Endonasal DCR

On behalf of the Ocular Plastic Surgery team at the Armed Forces Institute of Ophthalmology, the session was inaugurated by Chairman **Zahid Kamal Siddiqui** and co-chaired by **Shahid Tarar**, with **Ammarah Ashraf** moderating. The course, aimed at ophthalmologists and ocular plastic surgeons, was organized into four segments covering anatomy, indications, instrumentation, and surgical techniques for endoscopic orbital and lacrimal procedures. Speakers **Syed Abid Hassan Naqvi, Aisha Rafique, Ubaid Ullah Yasin, Khawaja Khalid Shoaib, and Ammarah Ashraf** led the instructional modules.

The anatomy segment highlighted coronal imaging of the lacrimal system, detailing the relationships of the inferior and middle turbinates, lacrimal sac, and maxillary ridge. The orbital spaces—extra-conal, intra-conal, subperiosteal, and intramural—were described, emphasizing critical structures such as the optic and oculomotor nerves. The middle turbinate anatomy, particularly the lateral basal lamella, was underscored for safe endoscopic dissection. Endoscopic instrumentation was demonstrated, including zero-, 30-, and 70-degree scopes, with light delivered via Xenon fiber optics. Surgical tools such as specula, forceps, microdebriders, and keratome punches were illustrated for tissue manipulation, bone removal, and lacrimal access. Microdebriders with rotating blades and suction were highlighted for precision.

The endoscopic DCR procedure was presented stepwise, emphasizing reverse Trendelenburg positioning, mucosal incision, bone removal, sac exposure, and probe-assisted intubation. Orbital decompression techniques using transnasal approaches were detailed, guiding surgeons through tumor, fracture, and fat removal while preserving neurovascular structures.

Potential complications, preoperative planning, and meticulous techniques were discussed to ensure patient safety. Speakers emphasized the benefits of endoscopic approaches, including superior cosmesis, faster healing, reduced scarring, and the ability to address concurrent nasal pathology. The session combined lectures, annotated images, and procedural videos. Participants were encouraged to familiarize themselves with anatomy, instrumentation, and stepwise surgical approaches to enhance the safety and efficacy of lacrimal and orbital surgeries. The session concluded with a Q&A led by Ammarah Ashraf, reinforcing key surgical pearls and troubleshooting tips.

CORNEA

SESSION 1: Symposium 1: Keratoplasty – Basics and Onwards

The Cornea Symposium 1 session on Keratoplasty commenced under the leadership of Chairman **Reeta Gurung**, Co-Chair **Teyyeb Azeem Janjua,** and Moderator **Mustafa Kamal Junejo**, highlighting advances in corneal surgery and tissue utilization. **Reeta Gurung** opened with a presentation on the journey of corneal banking, emphasizing the critical role of quality assurance, tissue preservation, and standardized protocols in ensuring optimal surgical outcomes. **Tanveer Chaudhary** followed, comparing donor corneas from Sri Lanka and the USA, detailing criteria for selection, handling, and preoperative assessment to maximize graft success. **Muhammad Hamza Khan** presented insights from ten years of registry data, illustrating trends in keratoplasty outcomes, donor-recipient matching, and long-term graft survival, highlighting the importance of big data in guiding evidence-based corneal surgery practices. **Mustafa Kamal Junejo** shared experience with penetrating keratoplasty (PK) in intercalated staphylomas, emphasizing that globe preservation, rather than visual restoration, is the primary objective in these complex cases. He presented multiple cases, including pediatric and young adult patients, detailing preoperative imaging with anterior segment OCT, B-scan, and ultrasound biomicroscopy to plan large-diameter keratoplasty while minimizing trauma to anterior segment structures. **Sidrah Latif** discussed strategies for managing failed big-bubble formation in deep anterior lamellar keratoplasty (DALK), describing peripheral manual stromal dissection, hydration techniques, and careful layer peeling to achieve a suitable stromal bed. She highlighted comparable visual outcomes between successful big-bubble and manual DALK, stressing the importance of tissue availability, reduced intraoperative risk, and surgical patience. **Teyyeb Azeem Janjua** highlighted intraoperative OCT as a transformative tool for corneal surgery, providing real-time guidance for Descemet membrane peeling, graft orientation, and detection of residual stromal tags, particularly in complex or pediatric cases, enhancing surgical precision and reducing endothelial cell loss. **Khalid Mahmood** presented on triple corneal transplant procedures, emphasizing indications, surgical planning, and perioperative management to optimize graft and visual outcomes. **Mahfooz Hussain** discussed suture management in penetrating keratoplasty, detailing techniques to prevent astigmatism, reducing complications, and ensuring long-term graft stability. Finally, **Saeed Niazi** reviewed visual outcomes and topographic parameter stability after Ferrara intrastromal corneal ring segment surgery in keratoconus, highlighting patient selection, femtosecond-assisted ring placement, lamellar spacing effect, significant improvements in uncorrected and best-corrected visual acuity, and postoperative corneal regularity. The session concluded with a consensus that advances in corneal banking, imaging technologies, surgical technique, and postoperative management collectively enhance outcomes, emphasizing meticulous case selection, careful handling of donor tissue, and integration of intraoperative guidance tools to improve safety and long-term visual success in corneal transplantation.

SESSION 2: Cornea Symposium 2: Anterior and Posterior Lamellar Keratoplasty

Anterior and Posterior Lamellar Keratoplasty symposium was chaired by **Shahzad I. Mian,** with co-chair **Zaman Shah** and moderator **Muhammad Hamza Khan,** featuring a comprehensive series of presentations on evolving lamellar keratoplasty techniques. **Muhammad Hamza Khan** opened the session with "Making DMEK Accessible," emphasizing the shift from penetrating keratoplasty to endothelial keratoplasty and highlighting the need for structured training, wet labs, and mentorship to overcome the learning curve. **Shahzad I.** Mian delivered detailed insights into "DMEK Surgical Technique Step by Step" and "Risk of Rebubbling in DMEK Detachment," outlining patient selection, graft handling, anterior chamber dynamics, and postoperative care, while noting excellent visual outcomes but variable detachment rates influenced by surgical and patient factors. Khalid Mahmood presented on "Triple DMEK in Failed DSAEK" and "Preloaded DMEK," demonstrating the advantages of pre-stripped, pre-stained, and preloaded tissues in reducing surgical time and technical errors, while stressing proper descemetorhexis, graft orientation, and the importance

of peripheral iridectomy to prevent pupillary block; he reported favorable outcomes with manageable rebubbling rates. **Tayyab Afghani** discussed "Triple DSAEK Tips and Tricks," focusing on combined procedures, intraoperative nuances, and optimizing outcomes in complex corneal and cataract cases. The session concluded with an innovative presentation by **Zaman Shah** on "Donor Refractive Lenticule Transplantation (DRLT)," introducing it as a paradigm shift in the management of advanced keratoconus, utilizing SMILE-derived or donor lenticules to improve corneal biomechanics and visual quality without sutures, demonstrating promising early results with minimal complications. Overall, the session highlighted a decisive transition toward lamellar, tissue-sparing approaches, with DMEK emerging as the gold standard for endothelial disorders and novel techniques like DRLT expanding future therapeutic possibilities.

SESSION 3: Cornea Symp 3 - Cornea and OSD

Cornea Symp 3 on Cornea and Ocular Surface Disease, chaired by **Alvin L. Young** with **Muhammad Amer** as co-chair and **Tanveer Chaudhary** as moderator, began with **Mustafa Kamal Junejo** discussing long-term outcomes of penetrating keratoplasty (PK) in endothelial disease, highlighting a five-year graft survival of 86% and ten-year survival of 71–77%, showing donor age did not significantly impact outcomes, while emphasizing limitations of PK and endothelial keratoplasty (EK), particularly in eyes with prior glaucoma or drainage devices. **Teyyeb Azeem Janjua** presented a case of dual ocular cysts, underscoring precision surgery and careful patient selection. **Tanveer Chaudhary** addressed dysfunctional tear syndrome, focusing on ocular surface optimization, inflammation control, and lubrication to improve graft success. **Alvin L. Young** reviewed Simple Limbal Epithelial Transplantation (SLET), detailing donor tissue preparation, placement with fibrin glue, temporary tarsorrhaphy, and tailored postoperative immunosuppression for unilateral limbal stem cell deficiency. **Reeta Gurung** shared an epidemiological study from Kathmandu, highlighting regional variations in ocular disease prevalence. **Shahzad I. Mian** discussed the role of PKP in corneal edema, particularly in complex eyes with prior glaucoma, stressing individualized surgical planning to optimize graft survival. **Muhammad Amer** described pterygium excision using sutureless and glueless autografts, emphasizing meticulous dissection, graft orientation, and postoperative management with topical steroids and cyclosporine, highlighting reduced pain, rapid recovery, and minimal material cost. **Shahzad I. Mian** further elaborated on limbal stem cell deficiency (LSCD), explaining clinical diagnosis via slit-lamp, fluorescein staining, impression cytology, confocal microscopy, and OCT, while outlining management including ocular surface optimization, eyelid correction, immunomodulation, tear film enhancement, and surgical options such as SLET, conjunctival-limbal autografts, or allografts, noting systemic immunosuppression for bilateral disease. Complex or failed graft cases may require keratoprosthesis (Boston Type I), providing stable vision without systemic immunosuppression. **Tanveer Chaudhary** concluded with pigmented conjunctival lesions, focusing on monitoring and management strategies. Overall, the symposium emphasized individualized treatment, surgical innovation, careful patient selection, integration of regional epidemiological data, and strategies for optimizing long-term corneal and ocular surface outcomes. The session highlighted the evolving role of PK, EK, limbal stem cell transplantation, sutureless grafting, and keratoprosthesis in modern corneal practice.

SESSION 4: Cornea Symp 4:

The session was chaired by **Tanvir Chaudhary**, focusing on contemporary strategies in managing ocular infections, dry eye disease, and ocular surface disorders. Dr. **Muhammad Hassan Ali** initiated the discussion by highlighting the growing challenge of antimicrobial resistance in ophthalmology and introduced besifloxacin, a novel fluoroquinolone antibiotic recently introduced in Pakistan. He emphasized its dual inhibition of DNA gyrase and topoisomerase IV, enhanced potency against resistant organisms such as MRSA, and its innovative DuraSite gel-forming technology, which prolongs ocular surface retention and improves bioavailability. Clinical comparisons with conventional antibiotics, particularly moxifloxacin, demonstrated promising efficacy with lower minimum inhibitory concentrations and reduced resistance potential.

Following this, **Muhammad Hamza Khan** addressed the increasing importance of preservative-free ophthalmic formulations, particularly in the management of dry eye and post-operative ocular surface care. He discussed the adverse effects of

preservatives such as benzalkonium chloride on tear film stability, corneal healing, and conjunctival fibrosis. Emphasizing a patient-centric approach, he highlighted the importance of understanding tear film layers and selecting therapy based on the specific component affected—lipid, aqueous, or mucin. He further presented practical clinical insights and preliminary observational outcomes demonstrating improved patient comfort and compliance with preservative-free lubricants, especially in post-keratoplasty and post-DMEK patients.

The session also explored the overlap between allergic conjunctivitis and dry eye disease, noting that inflammatory pathways, tear film instability, and goblet cell damage frequently coexist. Appropriate management therefore requires simultaneous treatment of both conditions, including anti-allergic therapy and targeted tear substitutes.

Clinical perspectives on corneal ulcers and infectious keratitis highlighted the ongoing burden of microbial keratitis, particularly in agricultural populations and patients with delayed presentation. The role of judicious antibiotic selection, microbiological evaluation, and cautious use of topical steroids was emphasized.

In the concluding remarks, the chair underscored the need for rational antibiotic use, improved patient education, and careful selection of preservative-free ocular therapies to protect the ocular surface. The session concluded with appreciation to the speakers and acknowledgment of the evolving therapeutic landscape in ophthalmology, encouraging clinicians to integrate emerging pharmacological advances with evidence-based clinical practice.

SESSION 5: Cornea IC-1: Infectious Keratitis

This session was chaired by **Abdul Hye** with **Mahfooz Hussain** serving as co-chair and moderator. The session focused on the diagnosis and management of corneal ulcers and infectious keratitis. **Mahfooz Hussain** discussed the clinical and laboratory diagnosis of bacterial corneal ulcers, emphasizing that microorganisms usually require disruption of the corneal epithelium to invade the eye. He highlighted the role of ocular defense mechanisms such as blinking, tear film, and epithelial integrity. He also reviewed laboratory techniques including Gram staining and microscopic examination to differentiate Gram-positive and Gram-negative organisms. **Muhammad Hamza Khan** presented a stepwise diagnostic approach for residents, stressing early recognition, careful history taking, and investigations such as corneal scraping, culture, and anterior segment imaging. He explained simplified treatment protocols using broad-spectrum antibiotics and antifungal therapy depending on clinical suspicion. **Abdul Hye** presented the clinical features and progression of Mooren's ulcer, describing its autoimmune nature, peripheral corneal involvement, and surgical strategies for vision preservation. Finally, **Alvin L. Young** discussed surgical management of infectious keratitis, outlining procedures such as tissue adhesives, amniotic membrane transplantation, and keratoplasty for severe or non-responsive cases. The session emphasized early diagnosis, microbiological confirmation, and timely medical or surgical intervention to prevent vision-threatening complications.

SESSION 6: Cornea IC-2 - Understanding Deep Lamellar Keratoplasty - DALK

This session was chaired by **Khalid Mahmood**, with **Asad Aslam Khan** as Co-Chair and **Teyyeb Azeem Janjua** as Moderator. The program began with **Muhammad Hamza Khan** presenting "DALK Different Techniques" followed by **Zaman Shah** who discussed "Manual DALK." **Teyyeb Azeem Janjua** then presented "Complicated DALK" followed by Khalid Mahmood who covered "Complications of DALK." The session concluded with **Asad Aslam Khan** presenting "Surgical Management of Corneal Ectasia: From CXL to DALK."

SESSION 7: Cornea IC-3 – Complex Cases

The session was held under the chairmanship of **Shahzad Saeed Sheikh**, with **Adeel Randhawa** as Co-Chair and **Syed Amir Hamza** as Moderator. The session brought together a series of challenging corneal and anterior segment cases highlighting practical diagnostic and therapeutic strategies. **Hina Munawar** presented the case "When There Is a Will, There Is a Way" and later discussed the updated management of acidic corneal burns, emphasizing prompt copious irrigation, early medical therapy, and supportive measures to prevent long-term complications. **Khushbakht H. Peters** presented "Overlooking TBI: A Costly Decision," stressing the critical importance of the Tomographic Biomechanical Index (TBI) and

biomechanical assessment in detecting early ectasia risk prior to refractive surgery. **Muna Malik** delivered an insightful talk titled "Tiny Sample, Big Impact," highlighting the diagnostic significance of corneal scrapings and emphasizing standardized protocols for sample collection, culture, and microscopy to improve the diagnosis of infective keratitis. **Seemal Masood** presented a clinical audit from Nishtar Hospital Multan, demonstrating improved visual outcomes and reduced complications following penetrating keratoplasty through systematic evaluation and adherence to surgical protocols. **Syed Amir Hamza** discussed "In the Eye of the Storm," sharing valuable experiences in managing complex anterior segment injuries, while **Rayyan Sabih** presented two surgical cases focusing on ocular trauma management, including cataract extraction and pupil reconstruction after blast injuries. **Hafiz Abdul Rehman** highlighted the role of public awareness in preventing ocular injuries during festivals, emphasizing preventive education and community outreach. **Omer Ilyas** concluded the session with a comparative study evaluating Pentacam and Scansys Scheimpflug imaging devices, demonstrating good correlation in most anterior segment parameters while recommending multimodal imaging in borderline ectasia cases. Overall, the session provided comprehensive insights into corneal trauma management, refractive surgery screening, microbial diagnostics, keratoplasty outcomes, allergic eye disease treatment, and advances in anterior segment imaging, reinforcing the importance of meticulous clinical assessment and evidence-based decision-making in managing complex corneal conditions.

COMMUNITY OPHTHALMOLOGY

SESSION 1

The session was chaired by **Qamar I. Lodhi**, with **Suhail Sarwar** serving as Co-Chair and **Muhammad Shaheer** as Moderator. The session focused on public health strategies, community-based eye care, and the integration of modern technology to address preventable blindness.

Andrew Bastawrous opened the session with his presentation "How Many People with Cataract Will Die Before They Access Treatment? The Case for Urgency," emphasizing the global burden of untreated cataract and the need for improved cataract surgical coverage and timely access to services. **Junaid Faisal Wazir** discussed Adopting New Trends in Clinical and Surgical Ophthalmology with a Focus on Community-Related Eye Diseases, highlighting the importance of integrating modern diagnostic tools and community awareness to tackle preventable ocular conditions. **Nida Khalid** presented her journey toward Artificial Intelligence in ophthalmology, demonstrating how AI-based systems can assist in screening and early detection of retinal diseases. shared outcomes of the INSPIRE Project, which significantly improved refractive error coverage and optical services in Sheikhupura and Multan through large-scale screening and affordable spectacle provision. **Khadijah Abid** presented the empowerment of Lady Health Visitors in Gilgit and Chitral through primary eye care training, highlighting capacity building for vision screening, education, and referral in remote communities. **Ahdi Hassan** discussed the elimination of blinding trachoma as a public health problem, demonstrating how coordinated public health interventions and the WHO SAFE strategy led to successful disease control. **Muhammad Iqbal Javaid** presented research on the behavioral aspects of myopia among children aged 6–16 years in the urban slums of Lahore, identifying excessive screen time and limited outdoor activity as key risk factors. **Arif Hussain** highlighted the importance of measuring the National Cataract Surgical Rate in Pakistan, emphasizing its role in assessing the performance of eye care services. **Tayyaba Burhan** discussed the relationship between visual impairment and balance problems in the elderly, underlining the importance of community screening to reduce fall-related injuries. **Rabia Rehman** presented a regional database analysis of RNFL thickness in high myopic eyes, providing valuable baseline data for glaucoma assessment. **Khadijah Abid** also highlighted the impact of school-based vision screening programs in Skardu, demonstrating their role in improving early detection of visual problems among children. **Jalil Ahmed Rajper** emphasized school eye screening as a pathway toward sustainable vision care, while **Muhammad Salman** presented a cross-sectional study using PEEK technology to investigate refractive errors among rural and urban school children in Layyah, Punjab. The session concluded with an interactive question-and-answer discussion moderated by **Muhammad Shaheer**, reinforcing the importance of community engagement, technological innovation, and public health initiatives in reducing avoidable blindness and strengthening eye care services.

SESSION 2

This session was chaired by **Andrew Bastawrous**, with **Khalid Iqbal Talpur** serving as co-chair and **Arif Hussain** as moderator. It featured a series of focused presentations addressing key themes in community ophthalmology, global eye health innovation, and service delivery models.

Andrew Bastawrous opened the session by sharing the Peek Vision story, highlighting how Pakistan has contributed as a global innovator in digital eye health. **Zahid Awan** followed with insights from the CBM-Peek randomized controlled trial, evaluating the cost-effectiveness of data-driven eye care strategies.

Reeta Gurung presented strategic action plans aimed at improving refractive error coverage (eREC) and enhancing cataract surgical coverage (eCSC), emphasizing practical implementation. **Ch Muhammad Bilal** explored whether providing an initial pair of reading glasses could stimulate sustainable market demand for presbyopia treatment.

Farooq Awan discussed key findings from the final evaluation of Pakistan's National Sight Restoring Project, offering important programmatic lessons. **Munazza Gillani** highlighted the integration of diabetic retinopathy care into broader diabetes services, underlining the importance of comprehensive, multidisciplinary care models.

Muhammad Moin presented a district-level innovative eyecare program under COAVS,

highlighting cutting-edge approaches to service delivery. The session concluded with an interactive Q&A moderated by **Arif Hussain,** allowing discussion and clarification of key concepts presented throughout. Overall, the session emphasized scalable, data-driven, and integrated approaches to improving community eye health, with strong relevance to low- and middle-income settings.

INDUSTRY SYMPOSIUM

SESSION 1: Industry Symposium 1- Diagnostic Ophthalmology Symposium

This session by Jasani Scientifics was chaired by **Zia Ul Mazhary**, with **Shahzad Saeed** serving as moderator. The symposium focused on advancements in diagnostic ophthalmology, particularly in optical coherence tomography and modern biometric technologies used in contemporary ophthalmic practice. The first presentation, delivered by **Shahzad Saeed** was titled "Erroneous OCT Scans: How Huvitz Minimizes the Errors." **Saeed** discussed common sources of inaccuracies in optical coherence tomography imaging, including patient movement, poor fixation, segmentation errors, and technician-related variability. He highlighted how the Huvitz OCT system addresses these challenges through features such as high-resolution imaging, rapid scan speeds, continuous eye-tracking technology, and automated alignment mechanisms that improve scan reliability and reduce artifacts. Emphasis was placed on the importance of interpreting OCT findings alongside clinical examination and visual field analysis to ensure accurate diagnosis in retinal and glaucoma management.

The second presentation was delivered by **Zia Ul Mazhary** and titled "HBM by Huvitz: The Fusion of Precision, Accuracy and Economy in Modern Biometry." **Mazhary** introduced the Huvitz HBM-1 Biometer, describing it as an integrated diagnostic platform that combines optical biometry, Placido-based corneal topography, corneal wavefront analysis, Zernike polynomial analysis, pupillometry, and measurements of angle alpha and angle kappa in a single device. Using optical low coherence interferometry (OLCI) technology, the system provides rapid and reproducible measurements and incorporates modern intraocular lens (IOL) calculation formulas such as Barrett and Olsen, along with toric IOL planning capabilities. Comparative data presented during the session demonstrated close agreement between HBM-1 measurements and those obtained from high-end biometric systems, supporting its clinical reliability while maintaining a more economical cost profile.

SESSION 2: Industry Symposium 2- MEDZNTECH

This symposium by MEDZNTECH was moderated by Aamir Asrar. The session highlighted recent advances in refractive surgery, premium intraocular lenses (IOLs), and biometry, focusing on patient-centered outcomes and innovative technologies. The session opened with **Mazhar Ishaq** presenting a patient perspective: a 71-year-old diabetic who had previously received an IQ lens by Alcon and more recently a Clarion lens, expressing superior satisfaction with the Clarion lens for enhanced vision. This real-world insight underscored the importance of independent feedback in evaluating lens performance. **Nadeem Riaz** and **Sharif Hashmani** discussed mix-and-match strategies for IOLs, combining Clarion, Vivitti, and other lenses even in post-refractive or complex cases, achieving optimal results while minimizing complications like halos or glare. Aqil Qazi emphasized precise IOL selection, noting that successful outcomes depend on meticulous biometry and formula selection, particularly in post-LASIK or post-hyperopic patients.

Nauman Hashmani introduced the Argos Swept-Source OCT biometer, highlighting its real-time measurements of axial length, corneal thickness, anterior chamber depth, lens thickness, pupil size, and corneal meridians. He stressed its efficiency, accuracy, and integration with Alcon digital markers and the Centurion platform, enabling precise surgical planning and toric/multifocal lens alignment with minimal operator error.

Muhammad Moin and **Qasim Lateef** elaborated on patient selection for premium IOLs, emphasizing that lenses like Vivitti (EDOF) and PanOptix (trifocal) are not luxury interventions but often necessities for safety, daily function, and professional requirements. Case examples demonstrated restoration of distance, intermediate, and near vision, even in patients with dysfunctional lens syndrome or post-refractive regression, without inducing halos, starbursts, or dysphotopia.

Vasilis S. Liarakos presented strategies for managing challenging cases, including post-refractive eyes and patients with monofocal lenses in one eye, highlighting that mix-and-match implantation works effectively. He detailed the importance of centering on

the visual axis (angle alpha), capsule polishing, and viscoelastic removal for optimal alignment. Speakers collectively agreed that extended depth-of-focus lenses like Vivitti provide predictable outcomes, are pupil-independent, and more forgiving than diffractive multifocals.

The symposium concluded with a panel Q&A moderated by Aamir Asrar, reinforcing the value of precision biometry, advanced planning, and patient-specific lens selection. Attendees gained insights into integrating Argos biometry with Alcon digital markers, matching premium IOLs to lifestyle needs, and achieving reliable postoperative visual satisfaction in complex and routine cataract surgeries.

SESSION 3: Industry Symposium 3-Sante Pharma

The session by Sante Pharm commenced with a series of focused 15-minute presentations highlighting advances in ocular surface management. The session opened with **Bilal Faiz**, who presented "The Science Behind Dual Polymer Hydration in Dry Eye Management." He elaborated on the pathophysiology of dry eye, emphasizing the role of mucins, tear film stability, and ocular surface inflammation, and demonstrated how dual-polymer formulations combining HP-guar and hyaluronic acid improve cell hydration, epithelial protection, and re-epithelialization in preclinical and clinical studies. Following this, **Muhammad Moin** spoke on "Evaluating the Impact of Nepafenac 0.3%; Does It Really Make a Difference?" highlighting the advantages of high-concentration NSAIDs in reducing post-cataract surgery inflammation, preventing cystoid macular edema, improving compliance through once-daily dosing, and penetrating posterior ocular tissues more effectively than conventional topical steroids. **Muhammad Hamza Khan** addressed the "Allergy–Dry Eye–Keratoconus Triad: A Single Spectrum of Ocular Surface Dysfunction," outlining the interplay between chronic allergy, tear film instability, and mechanical trauma from eye rubbing, which can lead to corneal thinning and keratoconus progression, and emphasizing the need for early intervention and combined therapy. The fourth presentation, delivered by **Irfan Qayyum** focused on "The Role of Olopatadine 0.7%: Real Case Scenarios in Allergic Conjunctivitis." He presented pediatric case studies demonstrating the efficacy of once-daily high-concentration olopatadine in controlling symptoms, improving patient adherence, reducing preservative-related toxicity, and serving as a steroid-sparing option. The session concluded with a Q&A moderated by **Saeed Iqbal**, providing an interactive platform for discussion and clarification of clinical applications. This session highlighted the integration of advanced pharmacological agents and therapeutic strategies to optimize ocular surface health, manage allergic and inflammatory eye conditions, and prevent long-term complications such as keratoconus, emphasizing evidence-based approaches for both adult and pediatric patients.

SESSION 4: Industry Symposium 4- Real World Impact with Faricimab

Industry Symposium 4 "Real World Impact with Faricimab" was chaired by **Khalid Waheed**, co-chaired by **Khurram Azam Mirza,** and moderated by **Qasim Lateef.** The session featured presentations from **Rao Rashad Qamar**, **Abdul Sami Memon**, **M. Tariq Khan**, **Zia Ul Mazhary, Sohail Shahzad, Muhammad Rizwan, and Suhail Sarwar**, highlighting real-world clinical experiences with Faricimab (Vismoo) across diabetic macular edema (DME), wet age-related macular degeneration (AMD), and retinal vein occlusions (RVO) in Pakistan. **Shahzad Saeed** provided additional moderation, guiding discussions and Q&A. **Rao Rashad Qamar** presented initial case studies of chronic DME patients unresponsive to previous anti-VEGF therapy, demonstrating stabilization of visual acuity and anatomical improvement with three loading doses followed by monthly Faricimab injections**. Abdul Sami Memon** shared experiences with wet AMD, showing rapid regression of CNV, improved visual outcomes, and safe extension of injection intervals to three months in select patients. **M. Tariq Khan** presented challenging RVO and stubborn DME cases, emphasizing additive benefits of suprachoroidal corticosteroid therapy (PST/Kennecott) alongside Faricimab. **Zia Ul Mazhary, Sohail Shahzad, Muhammad Rizwan, and Suhail Sarwar** contributed longitudinal observations from approximately 300 injections, noting that half of patients were treatment-naive and half were switched from other anti-VEGF agents, with only three returning to prior therapies due to suboptimal response or mild inflammation. Across these cases, Faricimab demonstrated faster, stronger, and longer-lasting anatomical responses with lower incidence of RPE tears, fibrosis, ERM formation, and

retinal atrophy. Notable cases included chronic AMD with pigment epithelial detachment, recurrent AMD, and DME resistant to prior therapy, all showing stabilization or improvement in visual acuity. Monthly monitoring remained essential in some patients, especially those with chronic diseases. The symposium emphasized individualized treatment protocols, careful follow-up, and real-world strategies for optimizing Faricimab efficacy. The panel discussion, moderated by **Shahzad Saeed,** addressed practical challenges, dosing interval adjustments, and management of persistent or recurrent fluid. Overall, the session highlighted Faricimab as a promising anti-VEGF therapy for refractory, chronic, and primary retinal disease management, offering hope for improved anatomical and functional outcomes in real-world clinical practice.

SESSION 5: Industry Symposium 5- Hudson Pharma

Hudson Pharma symposium was chaired by **Muhammad Moin**, with **Soufia Farrukh** as Co-Chair and **Shahzad Saeed** serving as Moderator. The session focused on advances in ocular surface management and the evolving role of newer topical therapies in ophthalmology. **Muhammad Hamza Khan** opened the symposium with his presentation titled "Preservative-Free: Not a Luxury, a Necessity – Rethinking Long-Term Ocular Therapy," emphasizing the growing burden of ocular surface disease and the detrimental effects of preservatives, particularly benzalkonium chloride, on tear film stability and corneal health. He advocated for greater adoption of preservative-free formulations to improve patient comfort, compliance, and long-term ocular surface preservation. This was followed by **Shahab Ul Hasan Siddiqui,** who discussed "From Allergy to Tear Film Deficiency: Understanding the Overlap between Dry Eye and Allergies." He highlighted the complex interaction between allergic inflammation and tear film dysfunction, explaining how inflammatory mediators, goblet cell loss, and tear instability contribute to overlapping clinical presentations, thereby necessitating a comprehensive and targeted management strategy. **Soufia Farrukh** then introduced emerging pharmacological innovations in her talk, "The New Alpha Arrives – Smarter, Faster, Stronger!" where she outlined the potential advantages of new-generation ophthalmic therapeutics designed to enhance antimicrobial efficacy and improve ocular surface retention. Concluding the session, **Muhammad Hassaan Ali** presented "Pre- and Post-Cataract Uses of Besifloxacin," highlighting the role of this novel fluoroquinolone antibiotic in preventing and managing postoperative infections. He discussed its dual mechanism of action against bacterial DNA gyrase and topoisomerase IV, improved antimicrobial potency, and enhanced ocular bioavailability. The symposium provided valuable clinical insights into modern ocular therapeutics and reinforced the importance of integrating preservative-free strategies and newer antimicrobial agents into contemporary ophthalmic practice.

MEDICAL EDUCATION

SESSION 1: OSP OREF Education, Work Based Assessment

The session was chaired by **Zia Ul Islam** with co-chair **Mazhar Ishaq** and moderated by **Hamid Mahmood Butt**, focused on the integration of Work-Based Assessment (WBA) in ophthalmology training through the collaboration of OSP and CPSP. **Zia Ul Islam** opened the session by outlining the pivotal role of the Project Director in advancing medical education initiatives. **Mazhar Ishaq** elaborated on fostering linkages between the Ophthalmology Society of Pakistan (OSP) and CPSP to streamline competency-based training. **Hamid Mahmood Butt** presented an overview of WBA and introduced the OSCAR tool for assessing phacoemulsification skills. **Muhammad Moin** detailed DOPS (Direct Observation of Procedural Skills) and its role in formative assessment, while **Khawaja Khalid Shoaib** discussed OCEX (Ophthalmology Clinical Evaluation Exercise) as a structured tool to evaluate clinical encounters. Resident perspectives were provided by **Amna Abbas** on OCEX and **Sara Farooq** on DOPS, highlighting the importance of early feedback and reflective learning. Faculty insights included **Nasir Chaudhry** on OCEX supervision and **Hammad Ayub** on DOPS supervision, emphasizing structured observation, corrective guidance, and performance documentation. **Tayyaba Gul Malik** reviewed OSCAR for phacoemulsification from a supervisory perspective, complemented by student demonstration and reflection by **Chaudhry Abdul Fatir. Majeed Malik** presented OSCAR for ECCE, illustrating assessment of procedural proficiency. **Arooj Amjad** concluded with an analysis of student perceptions, emphasizing how Mini-CEX and DOPS assessments impact learning and clinical competency development. The session highlighted stepwise evaluation frameworks, combining formative feedback, summative assessment, and entrustable professional activities to enhance clinical skills, surgical competence, professionalism, and communication. Faculty and students alike highlighted the utility of WBA in bridging theoretical knowledge with real-life patient care. The structured approach promotes a culture of reflective learning, ensures longitudinal skill development, and aligns with international best practices in ophthalmology education. Overall, the session emphasized the collaborative efforts of faculty, residents, and the OSP-CPSP partnership in advancing competency-based ophthalmology training, with a focus on measurable outcomes and lifelong learning.

SESSION 2: AI and Teaching

The Medical Education session on AI and Teaching was chaired by **Hamid Mahmood Butt** and co-chaired by **Col Shahzad Saeed,** with moderation by **Sadia Imtiaz. Sadia Imtiaz** focused on the transformative role of artificial intelligence in ophthalmology education. **Muhammad Moin** opened the session with "AI as a Teaching Assistant," emphasizing AI's role in enhancing lecture design, delivery, and student engagement, positioning it as an augmentative tool for educators. **Muhammad Hassaan Ali** presented adaptive learning platforms for personalized ophthalmic education, highlighting AI-driven content tailoring, instant feedback, and simulation-based training for skill development in residents. **Col Shahzad Saeed** discussed AI in image-based learning, illustrating applications from fundus photography and OCT interpretation to virtual pathology labs, improving diagnostic accuracy and learning outcomes. **Sadia Imtiaz** and Hafiza explored conversational AI and virtual tutors, demonstrating interactive tools that enable self-directed learning, surgical simulation, case-based discussions, and research support with real-time feedback. **Hamid Mahmood Butt** addressed challenges and ethical dimensions of AI in teaching, emphasizing autonomy, beneficence, non-maleficence, justice, bias mitigation, transparency, and data privacy. The panel discussion and Q&A session engaged the audience on practical AI integration, limitations such as hallucinations, regulatory considerations, infrastructure, and cost. Speakers highlighted AI's ability to complement, not replace, human educators, enabling personalized, adaptive, and data-driven learning experiences. Key examples included virtual reality surgical simulators, fundus labeling AI, retinoscopy simulators, and optical surface analysis tools, supporting safe and effective skill acquisition. Ethical frameworks were emphasized to ensure responsible AI deployment while preserving critical thinking and clinical judgment. The session concluded that hybrid models combining AI, educators, and

simulators will optimize ophthalmology education, enhance engagement, and improve resident competence. The audience appreciated the practical demonstrations and future-oriented discussions, recognizing AI's potential to revolutionize teaching while maintaining human oversight and ethical practice. The session reinforced that AI is a tool for empowerment, not replacement, shaping the next generation of ophthalmologists.

SESSION 3: AI Assessment

The session "AI Assessment" was focused on the emerging role of artificial intelligence in medical education and ophthalmic training. The session was chaired by **Soufia Farrukh**, with **Abdul Hannan Pasha** as Co-Chair and **Muhammad Hassaan Ali** serving as the moderator. The session began with an introduction by **Soufia Farrukh**, who highlighted the increasing integration of AI technologies into assessment and training systems in medical education. The first presentation by **Muhammad Moin** discussed AI-powered simulation in ophthalmic skills training, emphasizing the use of virtual reality simulators, augmented reality platforms, and adaptive AI systems to enhance surgical training without risk to patients. He explained how simulators can provide real-time feedback, performance metrics, and scenario-based practice for complex surgical situations. Following this, Soufia Farrukh delivered a talk on objective competency assessment using machine learning analytics, demonstrating how generative AI tools can assist in the rapid development of high-quality MCQs and educational assessments through proper prompt design and structured blueprinting. She highlighted the importance of maintaining academic quality by combining AI tools with human critical thinking and educational expertise. The next presentation by **Hafiza Sadia Imtiaz** focused on natural language processing (NLP) for assessment of clinical reasoning, explaining how AI can analyze written or spoken responses from trainees to evaluate their diagnostic reasoning, decision-making processes, and treatment planning. She emphasized that NLP could enable scalable, objective, and real-time evaluation of clinical thinking while still requiring human oversight. Subsequently, **Muhammad Hassaan Ali** presented on bias, fairness, and transparency in AI assessment tools, discussing the risks of algorithmic bias due to limited or unrepresentative datasets, particularly when systems are trained mainly on Western data. He stressed the importance of diverse datasets, fairness-aware algorithms, and explainable AI models to ensure equitable and reliable outcomes in clinical decision support systems. Concluding the session, **Abdul Hannan Pasha** discussed future directions for integrating AI assessment into ophthalmic certification pathways, highlighting how AI-based analytics, automated surgical performance tracking, and digital competency portfolios could standardize assessment processes and reduce subjectivity in medical certification. Overall, the session emphasized that while AI offers powerful tools for improving medical education, simulation training, and assessment, its successful implementation requires careful oversight, ethical considerations, and continuous collaboration between technology developers and medical professionals.

RESEARCH SESSIONS

SESSION 1: Writing a Research – From Concept to Completion

The session titled "Writing a Research – From Concept to Completion" was conducted under the moderation of Tayyaba Gul Malik. The session was structured as a comprehensive workshop aimed at guiding participants through the complete process of developing a research study. Tayyaba Gul Malik began with an introduction that set the context for the importance of structured research in clinical practice, followed by a detailed explanation of the research proposal framework, emphasizing key components such as the title, objectives, literature review, and ethical considerations. She then elaborated on methodology and study design, discussing various research approaches, sampling techniques, and strategies to ensure validity and reliability. This was followed by a focused discussion on effective proposal writing, where practical tips were shared on clarity, coherence, and scientific rigor. An interactive activity allowed participants to critically review a sample proposal, helping them identify strengths and areas for improvement. The session concluded with an engaging question-and-answer segment and closing remarks, reinforcing the essential principles of transforming a research idea into a well-structured and executable study.

SESSION 2: Artificial Intelligence in Medical Research Writing

The session on Artificial Intelligence in Medical Research Writing was chaired by **Hammad Ayub** with **Uzma Hamza** serving as Co-Chair and moderated by Samreen Jamal. The session began with opening remarks from the moderator, who welcomed the participants and briefly outlined the objectives of the program. The first segment of the session was delivered by **Samreen Jamal**, who presented an overview of the basic structure of a scientific research paper. She explained the purpose of publishing scientific work and highlighted the importance of the IMRAD format—Introduction, Methods, Results, and Discussion—in organizing research manuscripts. The speaker discussed how to identify knowledge gaps, formulate research questions, and present results effectively through tables, figures, and statistical reporting. She also emphasized common mistakes in data presentation and provided practical guidance on writing clear and concise scientific sections.

The second segment was presented by **Muhammad Hassaan Ali,** who discussed the emerging role of artificial intelligence in medical research writing. He demonstrated how AI tools such as ChatGPT can assist researchers in generating research ideas, conducting literature searches, drafting manuscripts, and selecting suitable journals for publication. The speaker also addressed the limitations and ethical concerns associated with AI, including hallucinations, plagiarism detection, and responsible authorship. He highlighted the importance of effective prompt engineering and advised participants to critically evaluate AI-generated outputs. The session concluded with remarks from the chair, encouraging researchers to integrate AI responsibly while maintaining scientific integrity and ethical standards in medical research writing.

SESSION 3: PJO Editor's Choice

The PJO Editor's Choice session featured a series of research presentations highlighting recent advances and clinical experiences in ophthalmology. The session began with Sumeya Ali Khan, who presented a retrospective case series on the dermis-fat graft technique for orbital socket reconstruction in Pakistan, emphasizing its role in managing difficult anophthalmic sockets. This was followed by **Zubair Nazar**, who discussed the clinical impact of Trans-Photorefractive Keratectomy (Trans-PRK) versus Femtosecond LASIK in patients with myopia and astigmatism, comparing visual outcomes and refractive stability. **Mubashra Tariq** presented a randomized controlled trial on balance training exercises and mobility in children with visual impairments, highlighting the importance of rehabilitation strategies to improve functional independence. The next presentation by **Imran Ahmad** focused on the visual outcomes and complications of retro-pupillary iris claw intraocular lens implantation in patients with insufficient capsular or zonular support, demonstrating favorable postoperative visual results. **Waseem Sajjad** introduced emerging therapeutic possibilities by discussing the potential of the spliceosome inhibitor E7107 in treating SF3B1 mutant uveal melanoma, emphasizing its promise as a targeted therapy. The final presentation was delivered by **Zaheer Ullah Babar,** who shared his institutional

experience regarding the effectiveness of temporary keratoprosthesis in complex vitreoretinal surgeries, particularly in cases with severe corneal opacity and posterior segment pathology. The session provided an engaging platform for clinicians and researchers to exchange knowledge, discuss surgical innovations, and explore future directions in ophthalmic research and patient care.

SESSION 4: OSP OREF Research IC

The OSP–OREF Research instructional course was held under the chairmanship of **Zia Ul Islam**, with **Yousaf Jamal Mahsood** as Co-Chair and **M. Ajmal Ch.** as Moderator. The session began with **Nadeem Hafeez Butt**, who delivered an informative presentation on "How to Write a Scientific Paper," emphasizing structured scientific writing, clarity of research objectives, and appropriate presentation of results. This was followed by **Yousaf Jamal Mahsood**, who discussed the "Contributions of Pakistani Ophthalmologists to Quality Research," highlighting the current research landscape and the need to enhance Pakistan's representation in high-impact ophthalmology journals. **Tayyaba Gul Malik** then presented "Unveiling a Journey of Thousand Miles: Publication Trends in the Pakistan Journal of Ophthalmology (1995–2024)," illustrating the journal's growth, increasing submissions, and its progress toward international recognition. **Muhammad Hassaan Ali** delivered a timely talk on "How to Avoid Plagiarism," stressing ethical research practices, proper citation, and the responsible use of plagiarism-detection tools. Subsequently, **Jamshed Ahmed** presented the development and validation of the Objective Structured Assessment of Direct Ophthalmoscopy Skills (OSADOS) tool, designed to objectively evaluate medical students' clinical examination skills in ophthalmology. The session continued with **M. Ajmal Ch.**, who presented an analysis of the PMDC Undergraduate Medical Curriculum 2024, focusing on its implications for ophthalmology education and training. The session concluded with an interactive question-and-answer discussion moderated by **M. Ajmal Ch.**, allowing participants to engage with the speakers and discuss research development, academic integrity, and improvements in medical education.

FREE PAPERS

SESSION 1: Free Paper Session on Strabismus, Glaucoma and Medical Education

This session was held under the chairmanship of **Hanif Malik,** with **Saifullah Tareen** as Co-Chair and **Huzaifa Rehman** as Moderator. The session featured a series of diverse presentations spanning strabismus surgery, glaucoma management, ophthalmic education, and emerging regenerative therapies. **Hanif Malik** opened the session with a presentation on Inferior Oblique Inclusion Syndrome, highlighting the importance of careful identification of the inferior oblique muscle during lateral rectus surgery to prevent inadvertent inclusion and postoperative motility disturbances. **Usama Iqbal** shared his experience as an ICO Strabismus Fellow in 2024 and further presented his journey toward adopting Micro-Incision Squint Surgery, emphasizing minimally invasive approaches and improved surgical recovery. Saifullah Tareen discussed a challenging case of Cortical Visual Impairment in a pediatric patient with normal ocular and neuroimaging findings, highlighting the diagnostic complexities in such cases. **Iman Rashid** addressed the underutilization of gonioscopy in real-world glaucoma practice and stressed its critical role in accurate glaucoma diagnosis. Huzaifa Rehman presented the clinical effectiveness of Selective Laser Trabeculoplasty (SLT) in glaucoma management. **Umaira Liaqat** discussed Phacoemulsification in patients with functioning filtering blebs, emphasizing surgical precautions to preserve bleb function. **Fatima Akbar Shah** presented a comparative analysis of academic performance among medical students with eye diseases versus those with healthy eyes. **Amna Rizwan** evaluated the clinical skills and ophthalmic knowledge of undergraduate medical students, highlighting gaps in practical exposure. **Ahmed Usman Khalid** shared strategies for residents to overcome initial surgical challenges in ophthalmology through structured learning and mentorship. **Fatema Ali Lanewala** presented ocular complications observed in live-related renal transplant recipients, emphasizing the importance of multidisciplinary care. The session concluded with **Fridoon Jawad Ahmad**, who presented The Stem Cell Vision, highlighting the evolving role of regenerative medicine and stem cell therapy in future ophthalmic treatments. Overall, the session provided valuable insights into surgical innovation, glaucoma management, ophthalmic education, and emerging therapeutic frontiers in eye care.

SESSION 2: Resident Free Paper 1

This session was held under the chairmanship of **Tariq Shakoor** with **Arshad Mahmood** as Co-Chair and **Raza Ali Shah. Farah Zafar** presented a study titled "Retinal Capillary Hemangioblastoma: A Window to Von Hippel–Lindau Syndrome," highlighting the clinical relevance of retinal vascular tumors as an indicator of underlying systemic disease. Another presentation by **Farah Zafar** focused on a comparative analysis of intravitreal anti-VEGF agents, bevacizumab versus ranibizumab, in the management of retinopathy of prematurity, specifically evaluating their effectiveness and the requirement for rescue therapy. **Iqra Khalid** contributed a study examining the effect of pupillary parameters, suggesting a focus on functional or physiological ocular outcomes.

SESSION 3: Resident Free Paper 2

This session was chaired by **Tariq Shakoor**, **with Arshad Mahmood** as co-chair and **Raza Ali Shah** as moderator. The session includes presentations by Noor Ul Ain, who discussed patterns of RNFL damage in primary open-angle glaucoma using OCT; Rafia Tariq on deep corneal foreign body removal; **Samra Nasir** comparing pre-loaded EAZY IOL with Physicource 123 IOL; **Aqsa Baloch** on the effect of lenticular opacities on retinal nerve fiber layer and ganglion cell complex thickness; **Hareem Malik** presenting "pearly stones" of the eye**; Laiba Asif** discussing a safer approach to pediatric penetrating keratoplasty and also microspherakia management; **M Gulraiz Farrukh** on management of an intralenticular foreign body; Noor Fatima presenting a case of unilateral idiopathic orbital inflammatory disease; **M Abdullah Khalid Zafar** on outcomes of SAFE trabeculectomy; Hina Khalid on the efficacy of injection patisiran in ROP; and **Momina Malik** on the effect of ILM peeling on visual outcomes in simple diabetic vitrectomies, collectively reflecting a wide range of clinical and surgical ophthalmology research topics.

SESSION 4: Resident Free Paper 3

The session titled "Resident Free Paper 3" was conducted under the chairmanship of **Tariq Shakoor**, with **Arshad Mahmood** as co-chair and **Raza Ali Shah** as moderator. During the session, s of research presentations by residents. **M. Jawad Hussain** presented on visual outcomes after EDOF Lucidis 108M implantation, while **Muhammad Muslim** discussed the effects of trabeculectomy with mitomycin C on retinal nerve fiber layer and macular thickness in glaucoma patients. **Rehma Shanxe** presented "Unveiling the Great Masquerader," and **Sara Farooq** delivered two presentations on the impact of OT closure on resident skill development and the efficacy of 0.01% atropine in preventing myopia progression. **Wajeeha Rafi** also presented two studies focusing on ocular strain and stress among ophthalmologists and surgical outcomes of external dacryocystorhinostomy. **Sharmeen Shahid** discussed convergence insufficiency in Parkinson's disease, **Zainab Omer** presented a case titled "Iceberg Flipped," and **Fizza Zahid Hafiza** shared work on eyelid reconstruction using full-thickness skin grafts. **Nazish Mushtaq** reported a rare case of battery cell impaction in a child's eyelid, **Chakar Abbas** presented a clinical trial on povidone-iodine ophthalmic solution, and **Amna Muhammad** concluded with presentations on natamycin for fungal keratitis and a comparison of laser photocoagulation versus intravitreal ranibizumab for retinopathy of prematurity. Overall, the session highlighted a diverse range of clinical and surgical ophthalmology research by residents.

SESSION 5: Resident Free Paper 4

The session commenced with **M. Daniyal Monis** presenting a single-center prospective cohort study evaluating the effects of topical prostaglandin analogs on intraocular pressure reduction by selective laser trabeculoplasty (SLT). The study concluded that prior prostaglandin analog use does not significantly alter SLT efficacy, though hypertension and tobacco use may influence outcomes. **Shafaq Tanveer** followed with a comparative evaluation of residual silicon droplets in the vitreous cavity after silicone oil fluid exchange versus air-fluid exchange at Khyber Teaching Hospital, Peshawar, highlighting the procedural impact on postoperative residue. Vishal Rasool demonstrated the efficacy of diode laser cyclophotocoagulation in managing glaucoma following intravitreal silicone oil injection in complicated retinal detachment, achieving significant IOP reduction in 77.6% of patients.

Usama Tariq Farooqi delivered a concise PowerPoint presentation on ongoing ocular research. **Rida Fatima Aslam** presented a comparative literature review of LASIK versus SMILE for myopia correction, emphasizing SMILE's advantages in preserving corneal biomechanics and reducing dry eye complications. **Syed Muhammad Naqvi** discussed the effectiveness of topical insulin in treating dry eye disease, demonstrating improvement in ocular surface health**. Waqas Rahim Butt** reported on age-matched corneal endothelial cell counts in patients with pseudoexfoliation syndrome, noting age-related endothelial compromise.

Bakht Daniyal Khan addressed the psychosocial impact of Charles Bonnet syndrome, showing that one-quarter of visually impaired patients experience visual hallucinations, and that patient education significantly reduces distress. **Usman Tariq** compared keratometric readings on Galilei versus Pentacam corneal topography, highlighting minor but clinically relevant discrepancies. Khan further presented a familial case of von Hippel-Lindau syndrome, discussing multidisciplinary management strategies. **Shabir Khan** reviewed advanced imaging for central corneal thickness assessment, emphasizing precision in pachymetry. Finally, **Zainab Naeem Khan** demonstrated quadrant-wise retinal thickness assessment in type 2 diabetics without retinopathy using SD-OCT, identifying early subclinical changes.

The session successfully highlighted diverse ophthalmology research, ranging from glaucoma management and refractive surgery to corneal imaging and retinal evaluation, underscoring the importance of both clinical and psychosocial perspectives in patient care.

SESSION 6: Resident Free Paper 5

The Resident Free Paper 5 session was chaired by **Tariq Shakoor**, co-chaired by **Arshad Mahmood**, and moderated by **Raza Ali Shah**, highlighted diverse clinical and research work by residents from UBR Hospital, Karachi. **Asna Tahir** opened the session with a study on vision-related quality of life in patients with diabetic retinopathy, highlighting decreased scores in older patients and those with longer diabetes duration. **Anam Sirhandi** presented outcomes of early pars plana vitrectomy in dense vitreous hemorrhage secondary to

proliferative diabetic retinopathy, demonstrating significant postoperative visual improvement. **Zeeshan Hameed** discussed the comparison of machine muteness versus regular settings during pan-retinal photocoagulation, emphasizing improved patient compliance with reduced noise anxiety. **M. Asghar Rajani** reported on Nd:YAG laser vitreolysis for symptomatic floaters, showing substantial symptomatic relief in most patients with minimal complications.

Mirza Al-Tamish M. Baig assessed the psychosocial impact of visual impairment in Karachi, revealing decreased functional and emotional well-being and the need for enhanced social support. **Mian Hassan Ali** presented refractive outcomes of retinopathy of prematurity after laser photocoagulation and/or intravitreal anti-VEGF therapy, noting significantly lower post-treatment myopia in the anti-VEGF group. **Mudassir Hilal** discussed complex ptosis cases, highlighting surgical strategies for monocular elevation deficiency and pseudo-ptosis correction. **Asna Tahir** also reported a rare pediatric orbital hydatid cyst causing exophthalmos, emphasizing early diagnosis and surgical management. **Muhammad Bilal** presented supracoroidal triamcinolone injections for resistant diabetic macular edema, showing improved visual acuity and reduced central macular thickness.

Bakhtawer Raza shared findings from a keratoplasty audit at Nishtar Hospital Multan, highlighting postoperative improvements in patient independence, daily functioning, and overall quality of life. **Foha Ahmad** concluded with a discussion on optic neuritis, emphasizing early diagnosis and visual prognosis. Across the session, the residents demonstrated clinical expertise, innovative research methodologies, and a strong focus on patient-centered outcomes, contributing significantly to the advancement of ophthalmic care in tertiary settings.

SESSION 7: Grand Clinical Meeting

The Grand Clinical Meeting of free resident papers was chaired by **Muhammad Ramzan**, co-chaired by **Shamshad Ali**, and moderated by **Najam Iqbal**, highlighted a series of high-impact clinical presentations highlighting both surgical and systemic ophthalmology cases. **Muhammad Bilal** opened the session with a discussion on pituitary adenoma, emphasizing the importance of early detection and multidisciplinary management to prevent visual and hormonal complications. **Fatima Riaz** presented the management of complex orbital trauma, highlighting innovative surgical approaches and reconstructive techniques to optimize functional and cosmetic outcomes. **Ahmad Fauzan** discussed the surgical treatment of Von Hippel-Lindau (VHL) retinal angiomatosis, detailing pars plana vitrectomy, tumor excision, and post-operative care, while emphasizing the systemic implications of this multisystem disorder. **Gul Rahman** described bilateral congenital eyelid coloboma reconstruction using Cutler-Beard procedures, stressing early surgical intervention to prevent exposure keratopathy and amblyopia and achieve optimal cosmetic results. **Sara Farooq** presented a case of V-pattern exotropia, highlighting transformative strabismus surgery that restored ocular alignment, binocular vision, and psychosocial confidence in an adult patient. **Hafiz Aqib Ardalan** discussed Behçet's disease with ocular involvement, illustrating a multidisciplinary approach with systemic steroids and biologics to manage recurrent uveitis and prevent vision-threatening complications. The meeting emphasized the critical role of early recognition, accurate diagnosis, and timely surgical intervention in ophthalmology. Each speaker highlighted not only clinical techniques but also the broader systemic and psychosocial implications of ocular disease. Attendees gained insights into integrating theoretical knowledge, imaging, and surgical expertise for complex cases. The session also reinforced the importance of continuous follow-up, genetic counseling, and family screening for hereditary conditions. Interactive discussions addressed challenges in postoperative care, patient compliance, and the use of advanced pharmacotherapy. Collectively, the presentations highlighted the breadth of modern ophthalmic practice, combining surgical precision with systemic awareness. The session underscored the value of multidisciplinary collaboration in improving patient outcomes. Speakers provided illustrative case images, surgical videos, and pre- and post-operative comparisons, enhancing learning for all participants. The meeting served as a platform for knowledge sharing, professional development, and highlighting innovative approaches in ophthalmology. By integrating clinical experience, research, and patient-centered care, the session offered a comprehensive overview of current best practices. The discussions reinforced that early intervention, holistic evaluation, and individualized treatment plans are essential for achieving optimal visual and functional results. The Grand Clinical Meeting concluded with an emphasis on

lifelong learning, collaboration, and the ethical responsibility of ophthalmologists to improve patient quality of life.

WOMEN IN OPHTHALMOLOGY PAKISTAN (WIOP)

SESSION 1: WIOP Symposium- Keratoplasty – Past, Present, and Future

The session was chaired by **Seema Qayyum**, with **Huma Kayani** as Co-Chair and **Seemab Akbar** as Moderator. The symposium began with **Soufia Farrukh,** who presented "The Burden of Corneal Disease and Keratoplasty in Pakistan: A Nationwide Audit," highlighting the significant prevalence of corneal blindness in Pakistan and the urgent need for improved access to corneal transplantation services. **Danish Zafar** followed with his talk "Corneal Retrieval: The Challenges Behind the Process," emphasizing the critical shortage of donor corneal tissue, barriers related to public awareness, cultural misconceptions, and the necessity for establishing sustainable eye-banking systems and retrieval programs in the country. **Sofia Iqbal** then discussed "Penetrating Keratoplasty: Defining Anatomical and Functional Success," outlining surgical techniques, indications, postoperative management, and factors influencing both graft clarity and visual outcomes. **Rehan Moinuddin Shaikh** presented "DALK Mastery: Tips and Tricks for Better Outcomes," focusing on surgical strategies to improve results in deep anterior lamellar keratoplasty while preserving host endothelium. **Zaman Shah** delivered an insightful presentation on "The Evolution of Corneal Transplantation: From DSEK to DMEK and DRLT," reviewing advancements in lamellar techniques and introducing innovative approaches aimed at improving visual recovery and reducing complications. **Sidrah Latif** discussed "Predicting Success and Failure: Key Indicators for Corneal Grafts," highlighting clinical parameters that influence graft survival and long-term outcomes. **Mushtaq Khattak** presented "Boston Keratoprosthesis: A New Horizon for End-Stage Corneal Blindness in Pakistan," explaining its role in patients with multiple graft failures or severe ocular surface disease. **Huma Kayani** concluded the scientific talks with "The Future of Corneal Transplantation: What's Next?" where emerging technologies, evolving surgical techniques, and the potential of regenerative approaches were explored. The session concluded with an interactive question-and-answer discussion moderated by **Seemab Akbar**, allowing participants to engage with the panel on clinical challenges, innovations, and the future direction of keratoplasty in Pakistan.

SESSION 2: WIOP IC-Video Session

The session was held under the chairmanship of **Sofia Iqbal**, with **Shabana Chaudhry** as Co-Chair and **Sara Riaz** as Moderator. The session highlighted a series of short surgical videos highlighting innovative ophthalmic techniques across subspecialties. **Shama Khan** opened the session by demonstrating scleral patch grafting for scleral thinning, emphasizing meticulous tissue handling and graft positioning to restore scleral integrity. **Afshan Ali** followed with a video on phacoemulsification combined with goniosynechiolysis, illustrating the role of combined cataract and glaucoma procedures in managing angle-closure disease. **Sara Riaz** presented the triple procedure—corneal transplantation with phacoemulsification and intraocular lens implantation, highlighting strategies to maintain anterior chamber stability during surgery. **Aamna Jabran** demonstrated a cost-effective ptosis sling surgery, focusing on a simplified and accessible approach suitable for resource-limited settings. **Bakht Danyal Khan** discussed phakic intraocular lens implantation as an effective option for high refractive errors while preserving the natural crystalline lens. **Huma Kayani** presented a surgical video on simultaneous management of traumatic iridodialysis with cataract extraction, demonstrating repair and visual rehabilitation in a single sitting. **Shabana Chaudhry** shared practical insights on pediatric eye examination, emphasizing behavioral assessment techniques and strategies for evaluating uncooperative children. **Aleena Khan** illustrated stepwise lower eyelid reconstruction using Hughes flap combined with nasojugal flap, achieving both functional and cosmetic restoration following tumor excision. **Majeed Malik** presented sutureless pediatric cataract surgery, highlighting reduced surgical time and postoperative complications. **Syed Abdullah Mazhar** demonstrated lid tumor excision followed by Tenzel flap reconstruction, ensuring adequate eyelid margin restoration. **Irum Raza** presented a technique for scleral fixation of a dropped intraocular lens in a single surgical sitting, emphasizing prompt surgical intervention for visual rehabilitation. **Mehtab Mengal** shared a practical approach to pterygium surgery, focusing on conjunctival autograft techniques for reducing recurrence. Finally, **Mariya Nazish Memon**

discussed the management of anterior lenticonus with ruptured capsule, highlighting surgical considerations in complex cases often associated with systemic syndromes. The session concluded with an interactive question-and-answer segment moderated by **Sara Riaz**, allowing participants to discuss surgical challenges and share practical clinical insights. Overall, the session provided a valuable platform for exchanging innovative surgical techniques and practical solutions for complex ophthalmic conditions.

LEADERSHIP DEVELOPMENT PROGRAM (LDP)

SESSION 1: LDP 1- Leading with Confidence

The session was chaired by **Helena Prior Filipe**, co-chaired by **Col Shahzad Saeed**, and moderated by **Nazli Gul,** providing a comprehensive exploration of leadership, mentorship, team dynamics, and self-awareness. The session opened with **Muhammad Moin,** who presented "How Leadership Programs Work," emphasizing that leadership is defined by the ability to inspire, guide, and empower others rather than by position or title. He outlined the structure of effective leadership programs, including training, coaching, experiential learning, and feedback mechanisms, highlighting the importance of identifying blind spots and fostering emotional intelligence. Following this, **Helena Prior Filipe** discussed "Mentorship as the Engine of Professional Growth," demonstrating how mentorship shapes both personal and professional trajectories. She illustrated dyadic, group, speed, virtual, and peer mentoring formats, emphasizing competency-based medical education, goal alignment, and building trust within mentor-mentee relationships. **Nazli Gul** then presented "Building a Team," detailing stages of team development, including forming, storming, norming, performing, and adjourning. She highlighted practical exercises such as the helium stick, marshmallow tower, and human caterpillar to enhance collaboration, communication, and trust, emphasizing ongoing team development, recognition, and shared leadership. **Tayyaba Gul Malik**, in "White Coats, Bold Hearts: Leading with Purpose in Medicine," reflected on historical, philosophical, and modern perspectives of leadership, stressing purpose-driven action, accountability, integrity, and compassion in medical practice. **Col Shahzad Saeed,** in "Understanding Yourself," guided participants on self-awareness, balancing strengths and weaknesses, and aligning personal goals with organizational objectives. Finally, **Abdul Hannan Pasha** presented "Understanding Others," highlighting the importance of empathy, active listening, and appreciating diversity to foster effective collaboration and organizational harmony. Collectively, the session provided a holistic framework for developing confident leaders in medicine, integrating mentorship, team building, self-reflection, and ethical leadership. It underscored that leadership is an evolving skill that requires vision, adaptability, emotional intelligence, and a commitment to empowering others while fostering personal growth and organizational excellence. The session concluded with practical strategies, interactive examples, and reflections designed to equip participants with tools to lead effectively and inspire teams toward shared goals.

SESSION 2: LDP 2- Leading in Challenging Situations

The session was held under the chairmanship of **Helena Prior Filipe**, with **Hamid Mahmood Butt** as Co-Chair and **Muhammad Shaheer** as Moderator. The session began with **Muhammad Shaheer**, who delivered an insightful talk on Negotiation Skills, highlighting the importance of constructive dialogue, preparation, and effective communication to resolve conflicts and reach mutually beneficial solutions in clinical and professional settings. This was followed by **Helena Prior Filipe**, who presented "From Vision Correction to Vision Creation: Leading Ophthalmology's Future," emphasizing the evolving role of leadership in shaping healthcare systems, fostering teamwork, and preparing organizations to adapt to rapidly changing medical and technological landscapes. **Abdul Hannan Pasha** then spoke on "The Art of Influence," explaining how influence differs from authority and how credibility, emotional intelligence, and relationship-building enable professionals to inspire colleagues, trainees, and healthcare teams. The next presentation was delivered by **Nadeem Hafeez Butt** on "Communication with Confidence," where he stressed the importance of clear, empathetic, and effective communication in leadership, patient care, and academic collaboration. **Hamid Mahmood Butt** subsequently discussed "Leading in Complex Situations," introducing frameworks for decision-making and explaining how leaders must navigate clear, complicated, complex, and chaotic scenarios while maintaining composure and strategic thinking. The final presentation by **Mian M. Shafique** focused on the "10 Habits of Highly Successful People," highlighting key principles such as goal setting, discipline, lifelong learning, effective time management, networking, and continuous self-reflection as essential qualities for professional success and leadership development. Overall, the session provided a comprehensive exploration of leadership, negotiation, communication, and personal development, offering valuable insights for

ophthalmologists to enhance their leadership capacity, professional growth, and effectiveness in challenging healthcare environments.

PAKISTAN SOCIETY OF YOUNG OPHTHALMOLOGISTS (PSYO)

The session organized by the Pakistan Society of Young Ophthalmologists (PSYO) was chaired by **Aziz Jan Bashir** with **Abdul Hannan Pasha** serving as Co-Chair, while **Nauman Hashmani** moderated the discussion. The academic segment featured several presentations addressing key clinical and research issues in modern ophthalmology**. Salman Sohail** delivered a talk on "Anti-VEGF: When NOT to Use Them," emphasizing appropriate indications, contraindications, and the importance of clinical judgment in intravitreal therapy. **Aziz Jan Bashir** presented on the management of extra-large macular holes and discussed surgical approaches, decision making, and strategies to improve anatomical and visual outcomes. **Nauman Hashmani** highlighted the importance of academic growth in his talk titled "Overcoming Our Reluctance to Research," encouraging young ophthalmologists to engage in clinical research and evidence-based practice. **Waleed Ahmad** discussed clinical decision making in glaucoma, focusing on individualized patient management, risk assessment, and timely intervention to prevent optic nerve damage. **Rayyan Sabih** presented on the role of tear substitutes, guiding clinicians on selecting the most appropriate artificial tear formulations for several types of dry eye disease. The session concluded with **Faheem Ullah** delivering "A Beginner's Guide to Refractive Surgery," where he provided an overview of patient selection, basic surgical options, and evolving technologies in refractive correction. Overall, the session offered a comprehensive educational platform covering medical retina, cornea, glaucoma, ocular surface disease, refractive surgery, and academic development, providing valuable insights for young ophthalmologists and trainees. Key themes included defining clear treatment endpoints, minimizing overtreatment, ensuring patient safety through proper protocols, and addressing systemic challenges such as loss to follow-up. The session provided a comprehensive overview of contemporary ophthalmic practice, encouraging young ophthalmologists to integrate clinical expertise with research and innovation for improved patient care outcomes.

HOW TO ACE FRCOphth IN PAKISTAN

SESSION: Instructional Course

The "How to ACE FRCOphth in Pakistan" session, focused on strategies for successfully preparing for the FRCOphth exam. **Ahsan Mehmood** discussed the structure of the exam, highlighting Part 1 covering basic sciences and optics, and Part 2 involving oral and clinical stations such as short cases, long cases, refraction, cornea, posterior segment, ethics, and patient management. **Amash Aqil** emphasized the importance of structured exam preparation, including the use of specific keywords, scenario-based practice, and demonstrating empathy and communication.

Ahsan Mehmood presented practical clinical scenarios, including post-cataract complications and ethical dilemmas in pediatric ophthalmology, showing how to approach differential diagnoses and patient counseling. Amash Aqil covered portfolio development, advising trainees to document clinical experience, surgeries, audits, research, and conference participation. Both speakers discussed realistic career pathways, comparing opportunities in Pakistan, the GCC, and the UK, and highlighting the competitive nature of international training. Ahsan Mehmood stressed gaining substantial NHS or paid local clinical experience to improve eligibility for UK positions. Amash Aqil highlighted exam strategy, including mock exams, structured clinical reasoning, and preparation for oral stations. The session emphasized integrating knowledge, clinical skills, ethical reasoning, and communication to excel in FRCOphth. Trainees were advised to plan career progression strategically while continuously improving patient-centered care skills. The session concluded with a Q&A addressing exam difficulties, portfolio building, and international career guidance.

OPTOMETRY

SESSION 1: Optometry-Free Paper 1

The session was chaired by **M. Iqbal Javaid**, co-chaired by **Ayesha Sarfaraz**, and moderated by **Anwar Awan**. The session comprised a series of 5-minute presentations highlighting recent research in optometry and vision sciences. **Mumtaz Habib** presented on the Effect of Anisometropia on Binocularity, emphasizing how higher degrees of anisometropia reduce stereopsis and binocular vision. **Memoona Arshad** shared an educator's guide to Myopia Management, focusing on early detection and preventive strategies. **Maher Mustansar Ali Qasim** reviewed the Frequency of Types of Astigmatism and Their Relationship to Asthenopia, identifying compound myopic astigmatism as highly symptomatic. **Mahnoor Nawaz** discussed the Commencement of Color Vision Defects in Tuberculosis Patients receiving Ethambutol and Rifampicin, highlighting early detection within two months of therapy. **Nayyab Mahmood** presented on Macular Support with Saffron, demonstrating antioxidant-mediated retinal protection. Sidra Anwar reported a Comparative Analysis of RNFL Thickness and ONH Parameters on OCT in Migraineurs and Non-Migraineurs, revealing significant superior quadrant thinning in migraine patients. **Noor Irfan** discussed the Prevalence of Ocular Manifestations in Rheumatoid Arthritis, while **Rafay Athar** evaluated the Efficacy of Yellow Filters on Contrast Sensitivity in Cataract and Diabetic Patients. **Ravail Irfan** presented on the Association of Age-Related Macular Degeneration with Depression, and **Zainab Abdul Razzaq** discussed the Functional Visual Ability of Persons with Visual Impairment after Low Vision Rehabilitation, emphasizing independence over acuity improvement. **Rizwan Hassan** explored Changes in Axial Length and Anterior Chamber Depth after Filtration Surgery, and **Sana Shahid** examined the Prevalence of Diabetic Retinopathy in diabetic patients. **Sara Sonum** addressed the Impact of Prolonged Screen Time on Visual Functioning and Retinal Health in Young Adults, highlighting early retinal changes and digital eye strain. **Shiza Khalid**, **Sidra Anwar, Nayyab Mahmood, Yasir Hasanat, and Zunaira Zoha** presented studies on iris color distribution and its correlation with refractive errors in Gilgit-Baltistan, evidence-based myopia control strategies, evaluation of pediatric strabismus, postoperative complications of scleral tunnel versus phacoemulsification cataract surgery, and the association of corneal ulcers with substandard methods. The session concluded with a discussion emphasizing early detection, preventive strategies, and evidence-based interventions to improve visual health outcomes.

SESSION 2: Optometry-Free Paper 2

The Optometry Free Paper 2 session was chaired by **Imran Ahmed,** co-chaired **by Irfan Karamat**, and moderated by **Arif Hussain**. The session featured a diverse range of studies highlighting contemporary optometric research and clinical practice. **Agha Saad Khan** presented on the effect of extended screen use on corneal curvature and retinal thickness, emphasizing digital eye strain implications. **Aimen Munir** reported successful visual and orthoptic outcomes following refractive surgery in a patient with isometropic amblyopia and fully refractive accommodative esotropia. **Aimon Iftikhar** discussed visual functions and ocular health in children with Autism Spectrum Disorder, while **Aleena Nadeem** analyzed patterns of posterior capsular opacification after phacoemulsification using foldable acrylic IOLs. **Muhammad Ali** compared the efficacy of eye patching versus dichoptic polarizing film in amblyopia management, and **Asma Sultan** evaluated visual acuity outcomes after intravitreal bevacizumab in wet AMD and clinically significant macular edema. **Ulfat Anjum** presented a pilot study comparing chia seeds and omega-3 fatty acids for dry eye management, while **Ruhullah** assessed the association between headaches and refractive errors in screen users. **Saba Farooq** explored the prevalence of refractive errors across ABO blood groups, and **Zubair Nazar** assessed refractive errors among Lahore-based screen users. **Esha Arif** examined the correlation between inter-pupillary distance and convergence insufficiency, and **Iqra Zahid** compared near duochrome testing with age-related addition in presbyopes. **Isham, Javeria Mustafa, and Kabir Hussain** presented on the impact of refractive headaches on quality of life, evaluation of myopic progression in soft contact lens users, and low-dose atropine versus multifocal lenses for myopia management in children, respectively. **Khizra Munsab** addressed language barriers in ophthalmic practice and the role of interpreters, while **Maheen Faizan** studied corneal topographic parameters post-cessation in

refractive and non-refractive soft contact lens users. Finally, **Malaika Majeed** investigated the impact of blue light filters on spectacle users versus screen users, highlighting their role in reducing visual discomfort. Overall, the session provided a comprehensive overview of current clinical research, preventive strategies, and innovative management approaches in optometry.

SESSION 3: Optometry-Free Paper 3

The session "Optometry Free Paper 3" was chaired by **Imran Ahmed**, with **Irfan Karamat** as Co-Chair and **Arif Hussain** serving as Moderator. The session featured a series of short scientific presentations highlighting emerging research in optometry and vision sciences. **Amina Hashmi** opened the session with her study on the prevalence of myopia among computer users, emphasizing the increasing impact of prolonged digital screen exposure on refractive errors. **Daniyal Yousaf** followed with an analysis of the perception of optometrists in Pakistan regarding the integration of artificial intelligence in optometry, noting growing acceptance of AI for clinical decision-making and diagnostic support. **Sehrish Shahid** presented a comparison of axial ocular measurements using contact and non-contact biometry, highlighting implications for accurate refractive outcomes. **Iesha Saifullah** explored the willingness of visually impaired children studying in special education institutes to transition to mainstream schools, addressing important educational and social considerations. **Maryam Jabbar** discussed differences in the educational environment and prevalence of myopia between public and private schools, while **Ayza Nayab** evaluated the impact of over-the-counter cosmetic contact lenses among young individuals, emphasizing risks related to improper use and hygiene. **Aleesha Nadeem** compared central corneal thickness measurements using ultrasound pachymetry and non-contact biometry, demonstrating strong correlation between the techniques. **Ayesha Zaheer** presented research on fluctuations in intraocular pressure before and after screen usage, suggesting possible associations with prolonged digital device exposure**. Aliza Munir** compared software-based ocular testing with conventional standard methods, highlighting the potential of digital diagnostic tools. **Bushra Abbas** analyzed low vision rehabilitation outcomes in children and adults, while **Athar Habib** presented a study on retinal changes across varying degrees of myopia, focusing on macular volume and retinal nerve fiber layer thickness. **Iqra Khalil** reported on the prevalence and predictors of amblyopia in school-going children, and **Fiza Batool** discussed the prevalence of amblyopia and strabismus in anisometropic patients. **Fizza Ahmad** evaluated tear film characteristics in regular and occasional contact lens users, highlighting differences in ocular surface stability. **Fouzia Karim** reported on the frequency of ocular emergencies presenting to DHQ Hospital Layyah, while **Rabia Gulnaz** demonstrated the efficacy of low vision devices prescribed with and without training, showing improved outcomes with structured rehabilitation. **Iqra Khalil** also presented findings on students' perception of the learning environment at Munawwar Memorial Hospital and College of Optometry Chakwal, and the final presentation by **Kainat Meher** evaluated color vision and contrast sensitivity in patients receiving hydroxychloroquine therapy, emphasizing the need for regular ophthalmic monitoring. The session concluded with an engaging discussion, reflecting the growing contribution of optometric research to evidence-based eye care.

SESSION 4: Optometry-Free Paper 4

Optometry Free Paper 4 was chaired by **M. Iqbal Javaid**, with **Ayesha Sarfaraz** as Co-Chair and **Anwar Awan** as Moderator. The session featured a series of short scientific presentations highlighting contemporary research in optometry and visual science. **Malaika Iram** presented a study on the attitude of professionals toward low vision rehabilitation and referral practices, emphasizing the need for improved awareness and referral pathways among eye care providers. **Mariam Sana Ullah** discussed the association of refractive error and diabetic retinopathy in patients with type 1 and type 2 diabetes, highlighting the importance of refractive status in diabetic eye care. **Mawra Riaz** explored the effect of yoga ocular exercises on eye fatigue, suggesting potential benefits of non-pharmacological interventions for digital eye strain. **Arfa Ahsan** presented research on awareness, perception, and preferred modalities for refractive error correction, reflecting patient preferences for spectacles, contact lenses, and refractive surgery. **M. Hasan Awais** evaluated the effect of full-day work on refractive status among goldsmiths and watchmakers, demonstrating the impact of prolonged near work on transient refractive changes. **Nabeel Yaseen** compared asthenopic symptoms among ametropic and emmetropic screen

users, highlighting the increasing burden of digital eye strain. **Nuqba Shahid** presented a review on the prevalence of myopia among individuals aged 5–20 years in Pakistan, emphasizing the rising trend of myopia in younger populations. **Ayesha Tariq** discussed obstacles in the utilization of low vision devices, identifying financial limitations, lack of awareness, and social barriers as major challenges. **Asad Ullah** evaluated the impact of sleeping position on corneal tomographic parameters in keratoconus, suggesting that mechanical factors during sleep may influence disease asymmetry. **Saleem Khan** presented findings on myopia and its associated risk factors, underscoring the role of lifestyle and environmental factors. Additional presentations included **Kashif Ullah** on changes in higher-order ocular aberrations after near work in myopic and myopic astigmatic university students, **Maryam Faiz** on the prevalence of myopia among rural and urban children in Chakwal under the PEEK project, and **Saba Ghalib** who discussed the relationship between accommodative insufficiency, screen time, and asthenopia in young adults. Further contributions included **Zuha Navid** on comparative intraocular pressure in diabetic and non-diabetic patients, **Asad Ullah** on the effect of corneal astigmatism on retinal nerve fiber layer thickness using OCT, **Faisal Rasheed** on changes in central macular thickness after pan-retinal photocoagulation, and **Fiza Batool** who concluded with a presentation on the complexity of coexistence of ocular conditions. The session provided a comprehensive overview of emerging optometric research, focusing on refractive errors, digital eye strain, myopia epidemiology, and diagnostic imaging.

SESSION 5: Optometry-IC-Contact Lenses

The Optometry Instructional Course on Contact Lenses was held under the chairmanship of **Beenish Latif,** with **Ayesha Saleem** as Co-Chair and **Anwar Awan** as Moderator. The session focused on enhancing clinicians' understanding of contact lens practice and its clinical applications. **Beenish Latif** opened the session with a presentation on the introduction and types of contact lenses, explaining their role as optical devices placed on the corneal surface for the correction of refractive errors as well as therapeutic and cosmetic purposes. She discussed various categories including soft lenses, rigid gas permeable lenses, scleral lenses, toric lenses, and multifocal lenses, highlighting their clinical indications. The second presentation by **Ayesha Saleem** addressed contact lens materials, describing the evolution from traditional PMMA lenses to modern hydrogel and silicone hydrogel materials that improve oxygen permeability, comfort, and patient compliance. **Anwar Awan** then delivered a talk on preliminary examination before contact lens fitting, emphasizing the importance of patient history, ocular health evaluation, keratometry, tear film assessment, and slit-lamp examination to determine patient suitability for lens wear. The following presentation by **Ayesha Saleem** covered insertion and removal of contact lenses, providing practical guidelines for safe handling, patient education, and infection prevention. **Anwar Awan** further discussed special purpose contact lenses, particularly their role in managing conditions such as keratoconus and aphakia, where specialized designs like scleral or rigid gas permeable lenses can significantly improve visual outcomes. In the final presentation, **Beenish Latif** elaborated on contact lens indications, contraindications, and care, explaining clinical situations where lenses are beneficial, such as refractive error correction, therapeutic protection of the cornea, and cosmetic rehabilitation, while also highlighting contraindications including active ocular infections, allergies, and poor patient compliance. She emphasized proper hygiene practices including hand washing, lens cleaning, rinsing, disinfection, and appropriate storage to minimize complications. The session concluded with an interactive question and answer segment, allowing participants to clarify practical aspects of contact lens fitting and management. Overall, the course provided a comprehensive overview of contact lens science and clinical practice, reinforcing the importance of proper patient assessment, appropriate lens selection, and adherence to care protocols to ensure safe and effective contact lens use.

SESSION 6: Optometry-Low Vision

Optometry IC – Low Vision, was moderated by **Ayesha Saleem,** with key contributions from **Madiha Nazly.** The session began with an introduction to the concept of low vision, highlighting the global burden of irreversible visual impairment and the evolving role of optometrists in low vision care**. Ayesha Saleem** emphasized that low vision management focuses on maximizing residual vision rather than restoring lost sight. The discussion then explored the "journey from patient to person," stressing the importance of holistic care that addresses functional, educational, and

psychosocial needs of visually impaired individuals. **Madiha Nazly** elaborated on the principles of comprehensive low vision assessment, including detailed history taking, evaluation of visual acuity and visual fields, and assessment of functional vision. The speakers highlighted that specialized logMAR-based charts and tailored refraction remain essential components of evaluation, even in irreversible vision loss. Rehabilitation strategies were discussed with particular focus on eccentric fixation training, where patients learn to utilize healthier retinal areas to enhance functional vision. Practical approaches to low vision rehabilitation, including magnification techniques and the use of optical and electronic devices, were also outlined. The session further included a hands-on practice segment that allowed participants to familiarize themselves with low vision assessment tools and magnification devices used in clinical settings. This interactive component enhanced participants' understanding of real-world application of low vision rehabilitation techniques. The session concluded with an engaging question-and-answer discussion, during which participants addressed clinical challenges, patient counseling strategies, and the integration of rehabilitation services in optometric practice. Overall, the workshop reinforced the significance of structured low vision assessment and rehabilitation in improving functional independence and quality of life for visually impaired patients.

QUIZ COMPETETITION

The 22nd Annual Quiz Competition opened with a warm welcome from the organizing panel, chaired by **Amir Ahmad**, co-chaired by **Khalid Shwe,** and supported by executive members **Tayyaba Gul, Kashif Jangeer, Sara Riaz, Andaleeb Zara, Kutsi Adar, Hamza Ali Tayyab, and Usman Rashid.** Gratitude was extended to all participants and faculty for ensuring the smooth execution of the event. The competition featured 19 teams representing various institutions. Segment One consisted of seven preliminary rounds with multiple-choice questions, where all teams participated without elimination or negative marking, recording answers on bubble sheets, with one point per correct response. The top ten teams advanced to Segment Two, the buzzer round, featuring 40 questions with negative marking (−1 for incorrect, +1 for correct), requiring immediate answers upon pressing the buzzer.

In this segment, Team Seven led with 45 points, followed by Team Twelve with 44 points, while Teams Five and Six scored 43 points and Teams One and Two scored 41 points, reflecting a highly competitive environment. Key performers included LGH Team, Mughal Team, and KTX Team, who consistently answered correctly, while penalties maintained fairness.

Segment Three, the Video Round, required teams to interpret visual scenarios and answer concisely, with +5 points for correct and −5 for incorrect answers, testing analytical skills and rapid comprehension. Immediate responses were strictly enforced throughout.

The competition emphasized punctuality, adherence to format, and accuracy in scoring. Organizers ensured integrity, fair evaluation, and smooth transitions between rounds. The event fostered teamwork, critical thinking, and healthy competition.

Top-performing teams were recognized, and participants were thanked for their dedication. Safe travel wishes were extended to all attendees. The quiz upheld a long-standing tradition since 2002, providing a stimulating and rewarding experience for participants, faculty, and observers alike, promoting excellence and intellectual engagement in a collaborative environment.

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