

# YO TiMES

Official Publication of the Young Ophthalmologists Society of India | Issue 19, April 2024

## OCULOPLASTICS TRAINING SPECIAL ISSUE



**In-depth interview:  
Richard Allen**

**Oculoplastics Training  
Opportunities: How to  
Maximise Them**

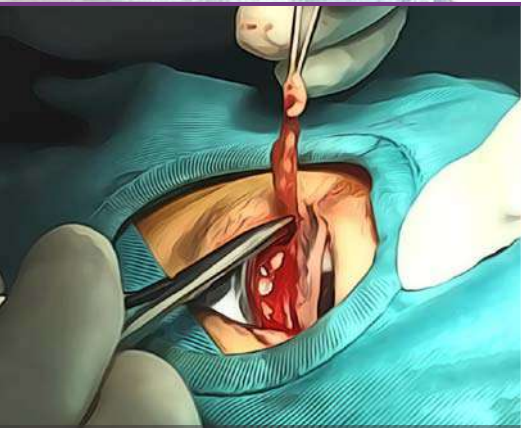
**Peek into Different  
Practice Settings**

### MENTORS CONTRIBUTED TO THIS ISSUE

- Dr Ashok Grover
- Dr Lakshmi Mahesh
- Dr Santosh Honavar

- Dr Milind Naik
- Dr Usha Kim
- Dr Usha Singh

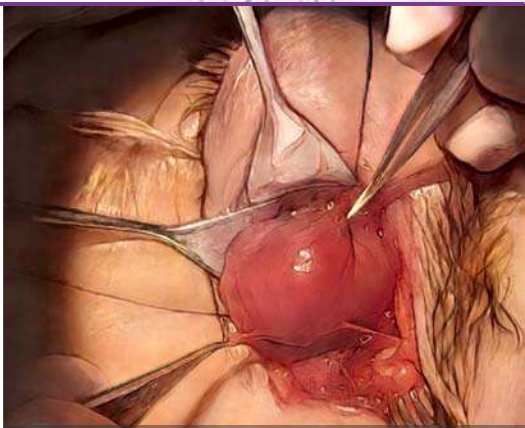
- Dr Kasturi Bhattacharjee
- Dr Shubhra Goel
- And many more...



**Upskilling Yourself:  
Hands on Courses to Look  
Out For**



**Extra Edge:  
Documentation & Photography,  
Imaging, Histopathology, Prosthesis**



**BeYOND:  
Work Life Balance, Fun Fritters  
(Quiz etc.) Creative Corner**

COVER PAGE IMAGE:

It is said that don't judge a book by its cover. The Editorial Team YO Times 19th Issue refutes this claim!

**Beauty of Oculoplasty in the Eyes and Hands of the Beholder**

Dear YO's, It gives the Editorial Team immense pleasure and happiness to bring to you the mesmerizingly amalgamated Cover Image of this issue.

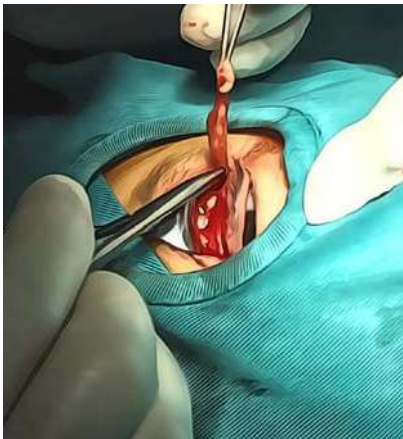
Center Artwork: 'Pandora's Box of Oculoplasty'



The painting presents orbit as the Pandoras box. It shows the tear from lacrimal gland flowing down as a river, which splits into two streams (representing canaliculi), of which the lower one is thinned or (canalicular stenosis). The left hand side corner of the lid of the box, which looks like sunset represents a hot lesion on PET CT. Left handside lower end of the lid also shows a lesion similar to malignant melanoma. The broken part of the lid represents eyelid coloboma. In the river is a salmon colored fish representing salmon patch in lymphoma. Inside the box are different lesions like a hemangioma , a conjunctival nevus with microvesicles, a OSSN with a feeder vessel etc. The margin (right hand side) of the box also shows two lesions representing marginal nevus and a sebaceous gland carcinoma (yellowish). The plant like structure is for mucormycosis (represents all orbital infections). Watching all this is a man sitting on a proposed globe.

Image Credits: **Dr Jhalaksreemol KV**  
Fellow, Narayana Nethralaya, Bangalore

**BOTTOM PANEL LEFT TO RIGHT**



A posterised version of an upper eyelid Ptosis correction surgery in an Asian child. The step shown here is the excision of the pre-aponeurotic fat. In certain cases, excision of the fat is essential because it prevents the bunching of the fat pads, orbital septum, and reduces the bulky appearance of the eyelid after Ptosis correction



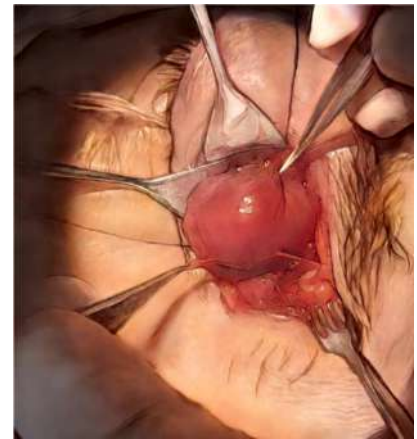
Surgeon: **Dr Akshay Nair**  
Image: **Dr Raghuraj Hegde**



A posterised version of still image from a DCR surgery. This surgery is possibly the most common oculoplastic procedure performed in the Indian subcontinent. The image depicts the most crucial step, which is creating the bony ostium without damaging the nasal mucosa.



Surgeon: **Dr Akshay Nair**  
(still image captured from surgical video)



A posterised version of a still image from an Orbitotomy surgery. This picture shows tumor delivery of a retrobulbar, intraconal mass abutting the optic nerve. Anterior orbitotomy being done through a sub-brow incision in this case.



Picture Credits: **Dr Puneet Jain**

# YOSI: Dawn in the Life of YOs in India

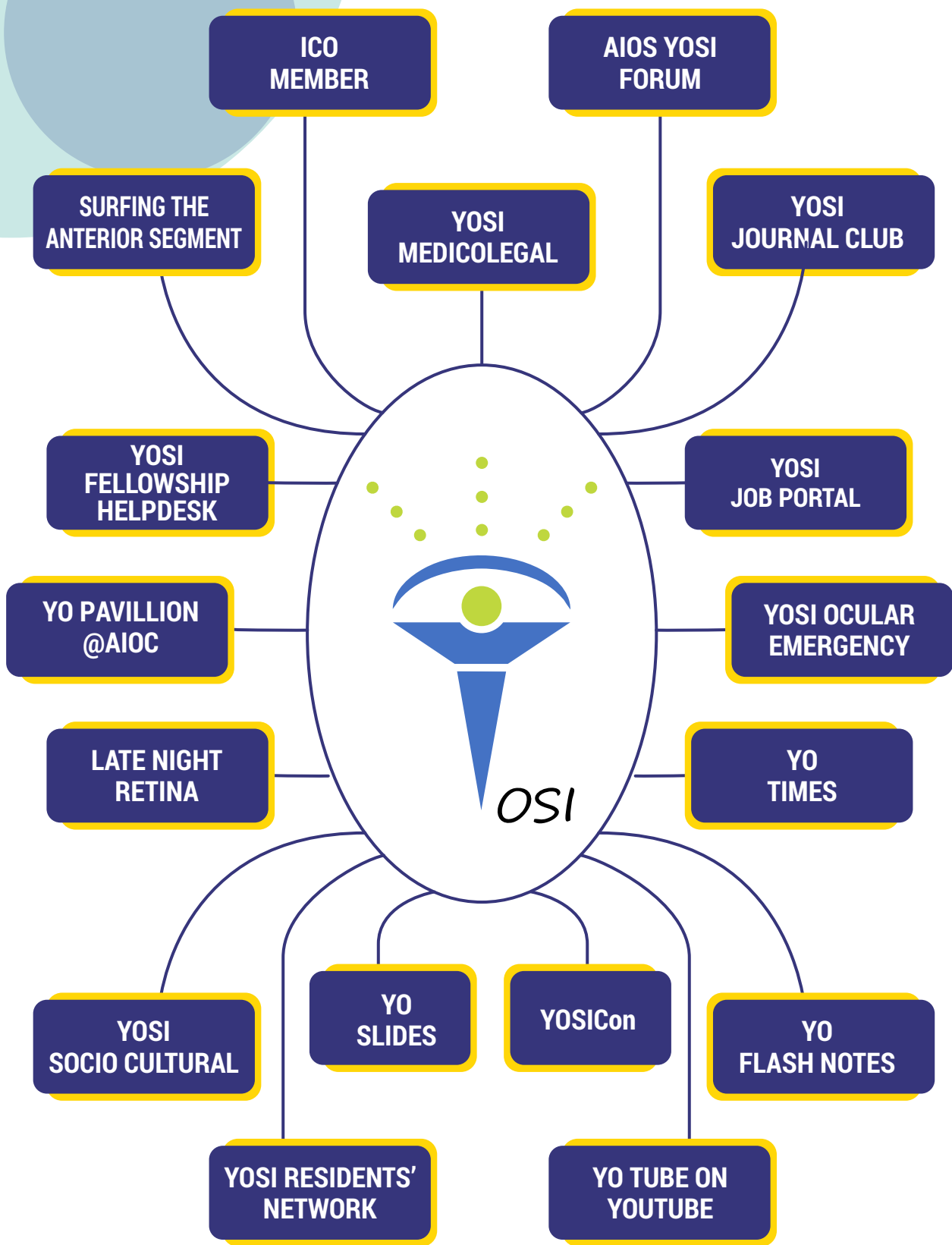


YOSI (Young Ophthalmologists Society of India) was created by the young ophthalmologists of India on 1st January 2014. It has created a platform for YOs to voice their concerns and to guide them for a successful and balanced future.

In a very short time the community had many members with rich and diverse career backgrounds. It is a community which comprises of residents, fellows and practitioners less than 40 years of age and is open to discussion on any career related issues that are challenging YOs. YO TIMES is their 3 quarterly magazine which encourages the research aptitude of YOs apart from career guiding articles.

For all that is sizeable today has come of miniscule origins, the YOSI with its enthusiastic members will hopefully one day be a strong guiding force in life of every YO across India and abroad. We hope that it will encourage further international collaboration among the YOs, transferring ideas and enhancing friendships.

Visit [yosi.org.in](http://yosi.org.in) for updates on current activities of the society.



# President's Message



## Dr Sonal Kalia

MS Gold Medalist Associate Professor  
Upgraded Department of Ophthalmology,  
S.M.S. Medical College, Jaipur

**President, YOSI** (Young Ophthalmologists  
Society Of India) & Executive Member ROS  
(Rajasthan Ophthalmological Society)  
sonalkalia21@gmail.com

Dear YO friends

It's a matter of pride and honour to write a message to all of you via the **YO Times 19<sup>th</sup> Issue – Oculoplasty Training Special.**

YO times teams have had themed working style in last few years and I have contributed to all issues from its inception. My first article was in the first YO Times issue in 2014 when YOSI was at its Inception stage. I was part of so many YO Times issues as part of editorial team, as contributor, and later as special editor. I am proud that YO Times has completed 10 years in 2024. I am reminiscing about each issue before penning down my thoughts for this issue. After having mixed bag of articles

the team of YO Times started working on single themes beginning with the Vitreoretina issue. We had issues focused on paediatric ophthalmology, international opportunities for YOs, and sociocultural themes recently.

*Dr Nupur Goel* has done a stellar job with this issue and she has received tremendous support from *Dr Akshay Nair G, Dr Puneet Jain, Dr Rwitija Thomas Grover* and *Dr Ayushi*. I wish to express my gratitude wholeheartedly for their industrious approach for completing this issue of YO times.

This niche branch of oculoplasty is almost like a road less travelled" in ophthalmology. I believe that this issue will push more YOs to look at oculoplasty more seriously. Most general ophthalmologists refer oculoplasty cases and it is definitely a branch which requires highest level of expertise. This issue has words of wisdom from pillars of oculoplasty like *Dr Richard Allen Dr Lakshmi Mahesh Dr Ashok Grover, Dr Milind Naik Dr Mukesh Sharma Dr Usha Kim, Dr Kasturi Bhattacharjee Dr Usha Singh & none other than AIOS Secy Dr Santosh Honavar.*

Topics like Evolution of Oculoplasty Over the years will give an overview of its historical landmarks to the uninitiated. International Oculoplasty Fellowship Opportunities & FAICO exam tips will provide adequate career guidance for those who have just completed some part of their training. The section on Maximising training & Training opportunities in India will guide the freshly minted PGs after MS exams. The article on Documentation & Photography in Oculoplasty along with article on educational resources & clinical sciences will be useful for both residents and those training in ophthalmology. Prosthesis and histopathology section are useful for general ophthalmologists as well as dedicated oculoplasty experts. Practice management and marketing mantras will be immensely useful for those starting their journey.

I congratulate all the contributors who made efforts for this issue of YO Times and I hope it benefits to shape future oculoplasty experts of India.

# Secretary & Chief Editor's Message



## Dr Karan Bhatia

Secretary, YOSI

MBBS, DOMS, DNB, MNAMS, FCPRS  
General Secretary, YOSI (Young Ophthalmologists Society of India)  
Chief Editor, YO Times  
Editor in Chief – YO Tube (Official YO Tube Channel of YOSI)  
Chairman – ISMSICS YO Chapter  
Cornea, Cataract, Anterior Segment & Refractive Surgeon  
Manaktala Eye & Maternity Home,  
Meerut, UP, India  
Drishti Eye Foundation, Meerut, UP, India  
Ph +91-8940565078  
Email - drkaranbhatia@gmail.com / secretariat@yosi.in

The idea of having a sub-speciality YO Times focused on Oculoplasty came to me about 1.5 to 2 years back. I had just taken over as Secretary of YOSI (Young Ophthalmologists Society of India). The inspiration for this was the Vitreo-Retinal issue of YO Times, which had received global appreciation, a project of *Dr. Diva Kant Misra* (current Vice President of YOSI), when he himself was a fellow in training.

So, I got on the phone with *Dr. Nupur Goel* (an extremely talented Oculoplasty Surgeon), to form a team for it and be the Special Editor for this issue. The idea was to have everything on it, which would benefit an aspiring oculoplasty surgeon. *Dr. Goel* and her team (*Dr. Akshay Nair, Dr. Rwituja Thomas Grover, Dr. Ayushi Agarwal, Dr. Puneet Jain*) have done a marvelous job in making my dream come true.

This issue not only focusses on training opportunities (national and international), but, also, how to maximize them. It deals with different types of practice models for an oculoplasty surgeon, along with, skill enhancement through some short term courses. It deals with passion which is required to have in this different subset of ophthalmology.

As a cherry topping, it gives words of advise/wisdom from the legends of the field.

It also gives a list of various conferences to attend. It brings out the creativity of ophthalmologists, where the cover page, back page, cross word, fun fitters, quiz, and poems are all written by other surgeons of the same field. And much much more...

I would again congratulate *Dr. Goel* and her team for this splendid piece of literature, which will guide future oculoplasty surgeons.

# Special Editorial In Charge Message



## Dr Nupur Goel

MBBS, MS, FLVPEI (Comprehensive & Oculoplasty)  
Consultant - Anterior Segment & Oculoplasty,  
ICARE Eye Hospital & PG Institute, Noida  
nupurgoel.ms@gmail.com

*“With Hard Work and Dedication, Anything is Possible”*

These are my exact thoughts and feelings as I proudly present to YO(u) the YO Times 19th Issue – Oculoplastics Training Special.

At the outset I would like to extend a sincere thanks to the entire YOSI Governing Council and YOSI Executive Team. My heartfelt gratitude to President *Dr Sonal Kalia*. During her tenure she formed many presidential working groups. It has been an honor and privilege for me to be working and learning under her dynamic leadership as In charge of YOSI Journal Club and YOSI Socio Cultural Group. I also had the opportunity of working with her on the previous YO Times 17th and 18th Issues which was an extremely fruitful learning experi-

ence for me. A special word of gratitude to the dynamic YOSI General Secretary and YO Times Chief Editor *Dr Karan Bhatia* for giving me and the editorial team the opportunity to work on this issue, showing immense faith in us and giving us all the support needed to release the issue.

The concept of YO Times focussing on a sub specialty started with YO Times 15th Issue that dealt with Vitreo Retina Training. The fabulous work put in by YOSI Vice President and Immediate Past Secretary *Dr Diva Kant Misra* and his editorial team in that issue set a benchmark for the future issues to come and paved a way for releasing other sub specialty training issues.

Oculoplasty is a very intriguing sub specialty of Ophthalmology that probably residents get very limited exposure to during their training. The issue has been very thoughtfully crafted which has something to offer for every YO in different stages of their Oculoplasty career.

The initial section starts with an amalgamation of experiences Words of Wisdom From Seniors and Mentors in Oculoplasty & Mapping the Minds of Training Heads of major fellowship institutes and to those in training or just completed training on topics that will help YOs choosing Oculoplasty as future career to know what's in store for them during training.

Oculoplasty fellowship Training Opportunities in India compilation and overseas along with personal anecdotes from YOs who have pursued it will give a wonderful insight to making a choice and choosing the best fit for one's career.

Life of a YO doesn't end just with training, the real struggle and burning questions starts as one actually steps out in the field. Keeping this in mind the section of 'Out in the Field - Whats Next!' with its subsections on Peek into different Practice Patterns and Upskilling

Courses is going to be an excellent resource to those who have just or are about to move beyond the umbrella of training.

"Human mind is ever evolving and is constantly seeking newer horizons". The section on Passion Driven Practice in Niche Subspecialty explores the endeavours and journey of Experts in Aesthetics Lacrimal, Orbit, Socket Practice and the future that these hold for YOs.

Oculoplasty is an all encompassing branch in which besides just clinical diagnoses and surgical skills one must be adept at a lot of allied skills as well. The 'Extra Edge' has been included to arm YOs with respect to such skills - Photography, Histopathology, prosthesis, Imaging etc.

"All work and no play make YOs dull" Keeping this in mind we have also included a BeYOND section which has creative art work, memes to tickle the funny bones of all readers along with some interesting crosswords and quizzes. I am especially thankful to *Dr Varshitha Hemanth* and *Dr Kavya Bejjanki Madhuri* for helping and contributing to this section.

"Alone we can do so little, Together we can do so much"

and TOGETHER WE DID IT !! am indebted to the Editorial team members of YO Times 19th Issue *Dr Akshay Nair, Dr Rwituja Thomas, Dr Ayushi Agarwal* and *Dr Puneet Jain* without whom the issue would not have been possible. This team has worked relentlessly to get this issue out, the cherry on the cake being the bond that has strengthened amongst us. Numerous zoom calls, constant buzzing of WhatsApp messages, impeccable team work is in front of YO(u) in the form of this very special YO Times 19th Issue. Now that the issue is released I am seriously going to miss this camaraderie with this team the most.

Last but not the least - I would like to express a sincere gratitude from the bottom of my heart to all Seniors, Colleagues and Juniors who have contributed to this issue on a tight deadline and bared their heart and soul to make each and every write up as useful, informative and as interesting as possible for all readers.

Hope everyone enjoys reading this as much as all Authors and Editorial team enjoyed putting up this issue for you.

*Feel free to share your feedback with us at [yotimes19@gmail.com](mailto:yotimes19@gmail.com).*



# YO TIMES 19th Issue Editorial Team



# Editorial Comments



## Dr Akshay Gopinathan Nair

Consultant, Ophthalmic Plastic Surgery and Ocular Oncology Services  
Dr Agarwals' Group of Eye Hospitals, Mumbai  
R J Sankara Eye Hospital, Navi Mumbai  
Sir H N Reliance Hospital, Mumbai  
akshay@drakshaynair.com

## Visionary Verse: Ode to YO Times

In the pages where dreams take flight,  
In YOSI's realm, bathed in light,  
YO Times stands as a beacon bright,  
Guiding us through day and night.

Nupur, our captain, with wisdom's grace,  
Steered our ship through every space,  
With her guidance, we found our way,  
Towards the dawn of a brighter day.

Ayushi, Rwituja, Puneet, Akshay,  
In their words, our spirits sway,  
Crafting tales of ophthalmic lore,  
For YO Times, forevermore.

Through interviews and commis-  
sioned art,  
We painted scenes that touch the heart,  
Each article, a masterpiece told,  
In the pages of YOSI, they unfold.

In texts and Zoom, our meetings held,  
In every pixel, every word spelled,  
We shaped the vision, clear and true,  
For YO Times, and all it drew.

Images chosen, memes in jest,  
Cover photos put to the test,  
In every detail, our passion shown,  
In YO Times, our love is known.

Through challenges faced and trials  
endured,  
YO Times, our triumph secured,  
A testament to unity's might,  
In the world of ophthalmic light.

In the echoes of Nupur's call,  
Her reminders echoed through the  
hall,  
With gentle nudges, and words so  
kind,  
She sparked the fire within our mind.

Through texts that buzzed and calls  
that rang,  
In every message, her voice sang,  
Urging us forward, never to stall,  
Toward the finish line, beyond the wall.

So here's to YOSI and to our crew,  
To YOSI's vision, forever true,  
In YO Times, our voices rise,  
A symphony beneath the skies.



## Dr Puneet Jain

MD (AIIMS, New Delhi), FCFS,  
Fellow NYECC (NY, USA)  
Consultant In-charge,  
Ophthalmic Plastic Surgery and  
Ocular Oncology Services, Sharp  
Sight Eye Hospitals, India  
pjain@eyecancer.com

*"Learning never exhausts the mind"* – Leonardo da Vinci

It has been an amazing learning experience being a part of this wonderful editorial team for the 19<sup>th</sup> issue of YO Times on Oculoplasty. Our captain, *Dr. Nupur Goel*, chief editor of this issue, has really steered the ship on a very tight timeline. Her leadership skills coupled with her energy levels and extreme patience have really brought the best out of this team. She fit the role perfectly and her meticulous planning has been inspiring. The team – *Dr. Akshay Nair, Dr. Rwituja Thomas Grover, Dr. Ayushi Agarwal*, all are gifted creative individuals who are fun to work with. It was indeed a pleasure working alongside them.

This YO Times issue is a knowledge-bank and touches upon a very wide spectrum of oculoplasty related topics- it's the VIBGYOR of oculoplasty. We have been fortunate in this journey, in that a lot of well-accomplished, senior oculoplasty surgeons have spared their valuable time with their write-ups and taken this issue to a whole new level.

We hope that our editorial team's zeal shines through in this dedicated oculoplasty issue and helps ignite a spark or fuel the passion of aspiring/budding oculoplasty surgeons globally!

Let the magic happen.

They say ABRA-CA-DABRA,  
well I would say NAPRA-CA-DABRA!!

PS- NAPRA (*Nupur-Akshay-Puneet-Rwituja-Ayushi*)

# Editorial Comments



## Dr Rwituja Thomas

MBBS, DNB, FICO, FNN (Oculoplastics),  
MRCS (Ophth)- Edinburgh  
Consultant Ophthalmic Plastics, Orbit,  
Ocular Oncology and Oculofacial  
Aesthetics Services  
Vision Eye Centres, New Delhi  
thomas.rwituja@gmail.com

It has truly been an honor and a pleasure to have been roped in, to create and collate for the YO Times Oculoplastics issue 2024! The YOSI executive has done a great job in appointing *Dr. Nupur* as the lead editor for this issue, as she has tirelessly conducted meetings, drawn up timelines, made individual task sheets and overall ensured that the issue gets compiled in time for the annual conference of YOSI.

I have had a lovely time personally interacting with our co-editors *Dr. Akshay*, *Dr. Puneet* and *Dr. Ayushi*, who were always just a text away to brainstorm or make any decisions regarding topics to be included and who to approach. The issue that this team has put together is a gold-mine of knowledge, advice and very personalised content written by each and every contributor whom we have approached and requested to give us their best.

The issue also showcases the creativity and talent of all our young oculoplastic surgeons and should be unveiled with a lot of pride. We have been lucky to be able to get so many skilled and famous Oculoplastic surgeons, young and old(er), to give us their valuable time and pearls for this masterpiece. We hope our YOs learn and gain some wisdom from this labor of love and that people refer to it for guidance and direction for many years to come!



## Dr Ayushi Agarwal

MBBS, MS (GNEC, MAMC), MRCSEd (UK),  
FICO, FAICO (Oculoplastic Surgery)  
Fellow, Ophthalmic Plastic Surgery and  
Ocular Oncology,  
Chief Clinical Research Fellow,  
L. V. Prasad Eye Institute, Hyderabad  
ayushiagarwal.2110@gmail.com

Being a part of the editorial board of YO Times for the specialty I am extremely passionate about, is a dream come true. I want to express my sincerest gratitude to *Dr. Nupur Goel*, the Editor – in – Chief of the Oculoplasty issue of YO Times, for giving me this wonderful opportunity. Her tireless efforts and excellent leadership skills have been the power fuel that drove this project to its current shape, and I believe nobody else could have done it better. The journey of witnessing this excellent source of wisdom grow into its final form has been nothing short of amazing. I am deeply grateful to my teammates, *Dr. Akshay Nair*, *Dr. Rwituja Thomas Grover*, and *Dr. Puneet Jain*, for their expertise, enthusiasm, and innovative thinking. And not to forget, their selfless help and ready availability in the times of need. It has been my honor to work alongside such driven individuals.

This issue is wholesome as it brings in the entire Oculoplasty community together, wherein each member has something valuable to take home. This edition serves as an excellent source of knowledge as it integrates training opportunities, tips and tricks to maximize learning, pragmatic aspects and wisdom from stalwarts, significance of clinical research, pearls and pitfalls of varying practice patterns, and beyond. I believe every Oculoplasty surgeon, regardless of their professional standing, will immensely benefit from this issue.

My heartfelt gratitude extends to YOSI and all those who contributed their precious time for this issue. Our contributors' collaborative efforts have further propelled us to pursue excellence. And lastly to our enthusiastic readers, *we are, because you are!*

# YOSI Governing Council



**Dr Sonal Kalia**  
President

Assistant Professor, Upgraded  
Department of Ophthalmology,  
S.M.S. Medical College, Jaipur  
[dr\\_sonal21@yahoo.co.in](mailto:dr_sonal21@yahoo.co.in)  
0091-9571721727



**Dr Digvijay Singh**  
Immediate Past President

Director Noble Eye Care, Gurgaon &  
Medanta Medicity  
[drsingh.digvijay@gmail.com](mailto:drsingh.digvijay@gmail.com)  
+91 98116 64647



**Dr Diva Kant Misra**  
Immediate Past Secretary  
Vice President

Director, Swarn Jyoti Eye Hospital,  
Aliganj, Lucknow  
Head, Retina Services,  
Swarn Jyoti Eye Hospital, Aliganj, Lucknow  
[divakant@gmail.com](mailto:divakant@gmail.com)  
+91 9670964875 / +91 7002180323



**Dr Karan Bhatia**  
Secretary

Manaktala Eye and Maternity Home,  
Meerut, UP, India  
Drishti Eye Foundation, Meerut, UP  
[drkaranbhatia@gmail.com](mailto:drkaranbhatia@gmail.com)  
+91 89405 65078



**Dr Awaneesh Upadhyay**  
Treasurer

Consultant Vitreo-retina, EyeQ  
Super Speciality Hospitals, Gurgaon  
[drawaneesh9@gmail.com](mailto:drawaneesh9@gmail.com)  
+91 90820 65170



**Dr Nilesh Kumar**  
Joint Secretary

Consultant, Madhavi Netralaya,  
Ara, Bihar  
[n.nilesh.kumar@gmail.com](mailto:n.nilesh.kumar@gmail.com)  
+91 95824 36815

# EXECUTIVE MEMBERS



**Dr Aditya Sethi**  
Gurgaon



**Dr Ankita Aishwarya**  
Lucknow



**Dr Anuj Kodnani**  
Vadodara



**Dr Anujeet Paul**  
Kolkata



**Dr Ashish Ahuja**  
Mumbai



**Dr Aswini Kumar Behera**  
Berhampur



**Dr Bhavik Panchal**  
Visakhapatnam



**Dr Deepanshu Agrawal**  
Indore



**Dr Gunjan Budhiraja**  
New Delhi



**Dr Gunjan Saluja**  
Bhilai



**Dr Hirika Vipul Gosalia**  
Coimbatore



**Dr Isha Acharya**  
Bangalore



**Dr Karthikeyan M**  
New Delhi



**Dr Krati Gupta**  
Thane



**Dr Madanagopalan V G**  
Salem



**Dr Nupur Goel**  
Noida



**Dr Prasanna Venkatesh Ramesh**  
Trichy



**Dr Sagnik Sen Agrawal**  
London



**Dr Saurabh Deshmukh**  
Bhopal



**Dr Zain Khatib**  
Mumbai

In Diabetes Retinopathy, Accommodation Insufficiency, Asthenopia\*

New **I-site Plus**    
Astaxanthin, DHA, Antioxidants, Minerals and Vitamin Tablet



- ➔ Prevents the initiation of retinal angiogenesis in Diabetic Retinopathy Patients<sup>1</sup>
- ➔ Protects the retina by reducing oxidative stress<sup>2</sup>
- ➔ Improves symptoms of Asthenopia<sup>3</sup>
- ➔ Improves Visual Acuity<sup>4</sup>
- ➔ Prevents structural disorganisation of retina<sup>#5</sup>

# CONTENTS

YO Times – Vol. 19 April, 2024

I.	<b>Foreward</b>	<i>Dr Lakshmi Mahesh</i>	17
II.	<b>Guest Editorial</b> Evolution of Oculoplasty Over the Years	<i>Dr Ashok Grover</i>	19
III.	<b>This is Richard Allen</b>		23
IV.	<b>Words Of Wisdom (WOW) From Mentors</b>		
1.	Two Decades, Many Lessons	<i>Dr Santosh G Honavar, Dr Rolika Bansal</i>	30
2.	Everyday Sukoon with Oculoplasty!	<i>Dr Milind Naik</i>	33
3.	The Oculoplastics Association of India: Empowering Ophthalmologists through Education, Collaboration, Innovation and outreach	<i>Dr Mukesh Sharma</i>	35
4.	Surgical Finesse in Oculoplasty – Tips for your skilful fingers	<i>Dr Roshmi Gupta</i>	37
5.	10 Things I Would Tell My Younger Student Self ! – Then And Now	<i>Dr Savari Desai</i>	39
6.	Ophthalmology-Oncology: Breaking Bad News! Lessons Learnt	<i>Dr Usha Singh, Dr Kavita Poonia</i>	41
7.	Mapping Mentors’Minds:	<i>Dr Swathi Kaliki, Dr Kasturi Bhattacharjee, Dr Usha Kim, Dr Shahid Alam, Dr Sima Das</i>	44
V.	<b>Training Right – Opportunities Bright !</b>		
1.	Oculoplasty Fellowships in India – What, Where and How?	<i>Dr Akshay G Nair</i>	50
2.	<b>Overseas Oculoplasty Fellowship Opportunities</b>		
■	International fellowships in Oculoplastics: An Overview	<i>Dr Aditi Mehta, Dr Rwituja Thomas</i>	52
■	<b>Flying Fellows’ Fables</b>		
–	My International Fellowship Experience – USA	<i>Dr Pallavi Singh</i>	55
–	My experience of International fellowship in Oculoplastics & Orbital Surgery – Canada	<i>Dr Namrata Adulkar</i>	57
–	My International Fellowship Experience in Singapore	<i>Dr Raghuraj Hegde</i>	60
–	Training in “the beyond” – UK Experience	<i>Dr Oshin Bansal</i>	63
–	International Fellowship In Sydney Eye Hospital – Australia	<i>Dr Manju Meena</i>	65
VI.	<b>Maximising Training</b>		
1.	The Snowball Effect: Embracing the extended world of mentors	<i>Dr Rolika Bansal</i>	68
2.	Maximizing Fellowship: Doing it right	<i>Dr Nandini Bothra, Ayushi Agarwal Dr Sumer Doctor</i>	70
3.	Senior Residency: Acing a parallel route	<i>Dr Samreen Khanam</i>	72
4.	Decoding the Art Of Writing an Original Article	<i>Dr Manpreet Singh, Dr Khushdeep Abhaypal</i>	74
5.	Unlocking the Power of Scientific Presentations & Conferences	<i>Dr Akruti Desai</i>	77
6.	Navigating Conferences: Save the Date !	<i>Dr Ayushi Agarwal</i>	81
7.	Exploring Comprehensive Educational Resources in Oculoplasty	<i>Dr Sumeet Lahane</i>	83
8.	Elevating Expertise: The FAICO Certification	<i>Dr Shaifali Chahar</i>	87

## VII. Out in the Field after Training : What Next ?

1.	Fresh from Fellowship, Out into The Ocean	<i>Dr Richa Dharap Wagh</i>	92
2.	<b>Peek Into Different Practice Settings</b>		
	■ Freedom in Practice: The Freelancing Way!	<i>Dr Saurabh Kamal, Dr Akshay G Nair</i>	96
	■ Practice Type: Institutional Practice	<i>Dr Suryasnata Rath</i>	98
	■ Private Practice – My Oasis in Professional life	<i>Dr Anuradha Ayyar</i>	100
	■ The Corporate World of Oculoplasty-Ocular Oncology	<i>Dr Puneet Jain</i>	103
	■ Oculoplastics Practice: Government Medical College	<i>Dr Maya Hada</i>	105
3.	<b>Upskilling Yourself: Hands on Courses to Look Out For</b>		
	■ Upgrading your skills in periorcular aesthetic rejuvenation – the IMMAST way	<i>Dr Akshay G Nair</i>	108
	■ Kolhapur Cadaver Course (KCC): A golden opportunity to learn and refresh the oculoplasty surgical skills	<i>Dr Aditi Watve</i>	110
4.	My 10 Pearls on Harnessing the Power of Social Media in Oculoplastic Surgery	<i>Dr Akshay G Nair</i>	113

## VIII. Passion Driven Practice in Niche Subspecialty

1.	Lacrimonal	<i>Prof Dr Mohammad Javed Ali</i>	117
2.	Oncology	<i>Dr Fairouz PM</i>	119
3.	Aesthetics	<i>Dr Shubhra Goel</i>	120
4.	Socket	<i>Dr Tarjani Dave</i>	121
5.	Orbit	<i>Dr Gangadhara Sundar</i>	122

## IX. Extra Edge

1.	The lens in Precision: Photographic Documentation in Oculoplasty	<i>Dr Sanjana M, Dr Kavya M Bejjanki Dr Anasua Ganguly Kapoor</i>	125
2.	Imaging in Oculoplasty: Q n A with Dr. Ravi Varma	<i>Dr Ravi Verma, Dr Prerna Sinha</i>	132
3.	Ophthalmic pathology: Present and the Future	<i>Dr Arpan Gandhi</i>	134
4.	Frequently Asked Questions on Ocular Prosthesis	<i>Sachin Gupta</i>	137
5.	Back to the Basics: Tete-a-tete with a clinician-scientist	<i>Dr Swati Singh</i>	140

## X. BeYOND

1.	Work life balance in a female surgeon's life – Is it achievable?	<i>Dr Svati Bansal</i>	143
2.	<b>Bran Chow</b>		
	■ Unscramble: Mnteisntur – Instrument	<i>Dr Aditya Suresh Dutt Sharma</i>	36
	■ Crossword	<i>Dr Aditya Suresh Dutt Sharma</i>	47
	■ Crossword (Ptosis)	<i>Dr Kavya M Bejjanki</i>	56
	■ Crossword (Oculoplasty Instruments)	<i>Dr Kavya M Bejjanki</i>	69
	■ The TED Crossword	<i>Dr Varshitha Hemanth Vasanthapuram</i>	95
3.	Fun Fritters	<i>Dr Neha Ghose, Dr Jhalaksreemol KV Dr Renuka Ajit Kukreja, Dr Bhavya Gokani Dr Akshay G Nair</i>	145
4.	Bran Chow – Answers		148
5.	Know About Ptosis (TRIVIA)	<i>Dr Kavya M Bejjanki</i>	150
6.	Creative Corner	<i>Dr Milind Naik, Dr Devi Karthya, Dr Neha Ghose, Dr Aditya Suresh Dutt Sharma, Dr. Ayushi Agarwal</i>	151
7.	Oculo – YO-Art	<i>Dr Rinal Pandit, Dr Anoop Kumar Singh Dr Gajashree S, Dr Prasanna V Ramesh Dr Surya D, Dr Richa Dharap Wagh Dr Sandeep Pal, Dr Sruthi R.S Dr Sumer Doctor, Dr Faiza Ibrahim</i>	154



# Foreword



## Dr Lakshmi Mahesh

Consultant Orbit and Oculoplasty Surgeon  
Sakra World Hospital and  
Nethradhama Superspecialty Eye Hospital,  
Bangalore  
lakshnimahesh1@gmail.com

It is a pleasure to write the foreword for a subject which is my passion, so very close to my heart. It was the year 1990 when I was attending the post graduate interview at Sankara Nethralaya, Chennai when my Guru Dr SS Badrinath asked me why I was interested in Ophthalmology. I indicated that my interest was only Plastic Surgery and as the road to becoming one was an uphill task at that time due to limited seats and reservations, I decided that this being a surgical field would give me some fulfillment. My joy knew no bounds when I came to know that *Prof Nirmala Subramanian* who would later be my dear mentor and still to this day is, was a visiting Oculoplasty Consultant and I could realize my dream of Plastic Surgery by pursuing this subspecialty after my post graduate training.

After my daily posting in other departments, I used to quietly sneak into her OPD and help her in the work up and disposal of patients. Fitting stock eyes was one of my favorite pastime.

I used to admire her handling of the patients, detailed evaluation and explanation to the patients. I was also lucky to be posted with her later. The joy in work up of both our patients, assisting and performing surgeries – so many procedures and so many different techniques was such a delight. The art of fine tissue dissection and handling was something I imbibed from her and to this day I am grateful.

After one year of postgraduation, *Dr Badrinath* asked me to be a full-time consultant in the Orbit and Oculoplasty Department but also had to continue with cataracts and medical retina as per institutional demands. Setting up a full-fledged department was quite challenging with the work load and family.

By 1997, we were offering part time fellowships and by 1999 we started the 2 Year fellowship program. It was a wonderful experience to help organize the 11th Annual Meeting of OPAI in Chennai by the end of 1999 and that was my first OPAI meeting too.

The above lines are to emphasize the value of good mentorship – having one and trying to emulate them for further teaching and training of youngsters is a must.

Helping the youngsters at each and every stage of their training goes a long way in making them leaders rather than mere followers. They should be encouraged to work up and scrub for each and every case which I believe is one of the main pillars of learning.

I greatly appreciate the efforts taken by *Dr Akshay Nair* who has brought in so many to contribute for this book. The initial set of topics are by doyens in the field and

the latter are all bright and upcoming youngsters who never stop to inspire us and keep our grey cells working. It is because of all the efforts of the seniors and specially the juniors that our OPAI has grown from strength to strength and is still growing.

Oculoplasty as such is so vast and encompassing that the learning curve is fairly steep and even after putting a technique to use and familiarize, we realize that there are so many other ways of improvising on it.

Today, many in our group have given up cataract surgery to solely work and pursue their interest in this subspecialty which is truly credible. I did this 19 years back – remuneration may take a beating initially but we have to do this to give full justice to our work in the present day scenario.

Hopefully in the next few years we should have a uniform mode of training so that the youngsters are exposed to all kinds of surgeries. We have to make provision for short term observerships in other institutes as part of their fellowship training under the broad banner of the OPAI. This will be a dream come true for many of us. They must also be posted in Cornea and

Neurophthalmology Departments to get exposure to allied specialities.

This book will be adding extra momentum for us in this Sub specialty. I would like to congratulate each and every one who has contributed to the book and seek the Almighty's blessings for making our members to soar greater heights in their practice.

Meticulous history taking, clinical evaluation, decision making, intra operative and post operative care go a very long way and the value of these in our practice cannot be overemphasized. Since Orbit and Oculoplasty is a hybrid subspeciality constant interaction with ENT, Neurology, Neurosurgery, Plastic Surgery, Rheumatology, Radiology, Pathology etc., is a must for a complete holistic care of the patient. If one is working or attached to general hospitals its easier for this. In private practice also a group can be created with such specialists to achieve the same. This book is intended to cater all these aspects and will be a huge motivation to improve our patient care.

I thank everyone and specially *Dr Akshay Nair* for this opportunity to share my thoughts.

Guest Editorial

# Evolution of Oculoplastic Surgery



## Dr. (Prof) A.K. Grover

*MD, MNAMS, FRCS (Glas), FICO, FAICO*

**Awarded Padma Shri by  
the President of India**

Chairman Vision Eye Centres  
*Chairman*, Department of Ophthalmology, Sir Ganga Ram  
Hospital, New Delhi

President, Oculoplastics Society of South Asia (OPSSA)  
*President*, Ocular Trauma Society of India  
*Councillor at Large*, Asia Pacific Academy of Ophth (APAO)  
Board member, Afro Asian Council of Ophth (AACO)

*Past President*, Asia Pacific Society of Ophthalmic Plastic  
& Reconstructive Surgery (APSOPRS)  
*Past President*, All India Ophthalmological Society (AIOS)  
*Past President*, Oculoplastics Association of India

Vision Eye Centre, 19, Siri Fort Road. New Delhi-110049  
Ph: 01126267611

Vision Eye Centre, 12 / 27, West Patel Nagar, New Delhi.  
Ph: 01125882129, 01125887228.

Sir Ganga Ram Hospital, Room F-76, Rajinder Nagar,  
New Delhi-110060.

Ph: 01142254000  
akgrover55@yahoo.com

The current exalted status of oculoplastic surgery owes its existence to several generations of progress made in the specialties of plastic surgery, ophthalmology, maxillofacial surgery, radiology, and more.

We will touch upon the development of the specialty globally. However, the emphasis will be on the evolution and progress of the specialty in India, which I have witnessed in my career spanning almost equally the two millennia over the last 46 years.

## Global Scenario

Though the origins of surgery in the specialty can be traced back to the era of the King of Babylon (Circa 2250 B.C.), Susruta (Eyelid + nose reconstruction 5th century B.C.), and Celsus (25 B.C. - 50 A.D.), the first modern medicine description can be attributed to Jaques Daviel in 1755. The progress continued through the pioneering work of Fricke, Landolt, Tripier, Dieffenbach (described as the father of plastic surgery by Hughes), and many more. The work has been carried forward with many current-generation greats in the United States, Europe, and Asia, by names that we are more familiar with. The American Society of Ophthalmic Plastic and Reconstructive Surgery (ASOPRS) was founded in 1969, possibly the first specialty natural society. The development of Oculofacial aesthetics and surgery and its rapid rise has been one of the more recent seismic events in the evolution of oculoplastics. Ocular Oncology, with its close limits with oculoplastic surgery, has made unprecedented strides.

## Oculoplastics in India

### The Initial Years:

We may attribute the initial years of development of the specialty to the 1960s and 1970s when many pioneers in India began the practice of the specialty. The stalwarts were Prof. Y. Dayal (Fig. 1) in AIIMS, New Delhi;



**Fig.2: Intubation with stylets of hypodermic needle as support for silicon tubes and silicone blocks cut to produce orbit floor plates**

Prof Nirmala Subhramaniam in Shankar Netralaya, Madras; Prof K. Nath in Aligarh; Prof P.K. Agrawal in Lucknow; Prof K.R. Murthy in Bangalore; and Prof. D.B. Chandra in Allahabad, and Air Marshal Boparai in the Armed Services.

**The Handicaps**

The Oculoplastic surgery in India laboured under several handicaps. There was little by way of equipment, instruments, and consumables. There were no implants, intubation sets, Jones tubes, or even swaged needles. We only read of them in the textbooks. We used silicon tubes imported with great difficulty with inner stylets of stainless steel hypodermic needles to carry out intubation. (Fig. 2) We flamed polyethylene tubes from an intravenous butterfly to improvise Jones tube. (Fig. 3) We cut silicon blocks with No. 11 or No. 15 blades to create orbital floor implants. There were no fascia lata strippers or Wright's fascia lata needles, so techniques had to be improvised to do without them.

We were able to do a number of these procedures for the first time in the country and the developing world with virtually no instrumentation - Fascia lata sling surgery, conjunctival DCR with Jones tube intubation, transnasal wiring for blepharophimosis syndrome, or-



**Fig. 1: Prof. Y. Dayal**

bital fracture repair with implantation, Marcus Gunn ptosis by a one-stage levator excision and sling, and many more.

There were few diagnostic tools – virtually no imaging (No CT scans- only plain X-rays; even ultrasonography was introduced in the seventies). The diagnosis of orbital tumors and their location, intraconal vs. extraconal, was made based on venography – carried out by injecting a radio-opaque dye into the veins of the face to distort the shape of venous channels in the orbit.

There were no fellowship programmes for training; the residency under the doyens being the only means of training. The books and journals were scarce, expensive and hard to get. There were no videos available to learn surgical techniques, certainly no internet or YouTube. Newer surgical techniques had to be learnt by reading the textbook descriptions repeatedly. The documentation was difficult. The SLR cameras were bulky, expensive and hard to carry around. The photographic reels and developing of the reels, to get prints or slides was expensive. This was even more true for reels which gave colour slides (the 'Chrome' reels). Video recording was generally not available and where it was – the editing of 'VHS Cassettes' was extremely

**Fig.3: Flaming of polyethylene tube to create a Jone's tube.**

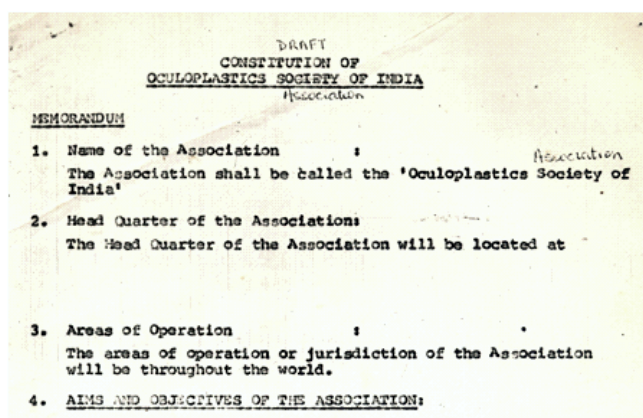




**Fig.4: The modes of documentation in 70's and 80's. Audio cassettes, VCR player, video camera, typewriter, VHS Cassettes and bulky cameras.**

cumbersome and needed to be done for long hours in studios, generally in the late night and midnight sojourns. Audio dubbing needed 'specialised studios'. (Fig. 4) Writing of a paper was a massive exercise with typing to be done by professional typist and no corrections were possible without taking it to them repeatedly. Collecting literature was a nightmare, with repeated visits to the libraries, where often just the issue or just the pages you wanted were often found missing, as someone else had found them very attractive. Presentations were very difficult, typing and giving the material to a professional photographer to prepare slides and mounting them in paper or plastic frames, getting carousels or slide projectors and putting them 'reversed' in correct order was a herculean task. Publication, reviews and proofreading – less talked about the better.

Communications were slow and cumbersome. Inviting a guest speaker from another city – what to talk of another country – was a herculean task – waiting for an expensive 'Aerogramme' to reach a foreign destination

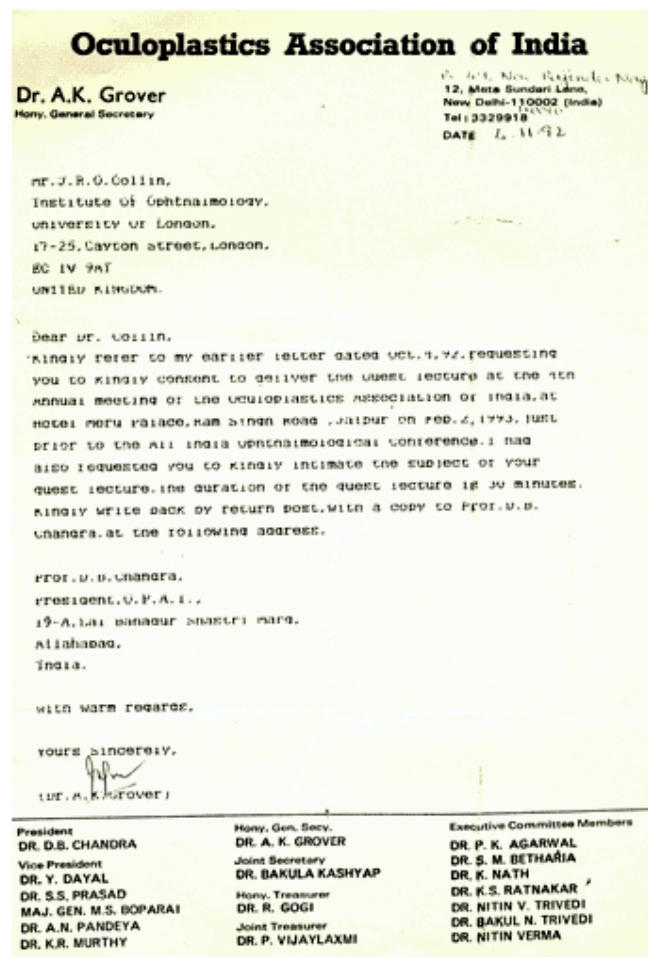


**Fig.5: Draft constitution of OPAI**

and getting a reply was like a lottery. Travelling abroad was a huge luxury.

### **Beginning of Oculoplastics Association of India**

It was not until 1989 that the Oculoplastic surgeons of the country gathered together to create the 'Oculoplastics Association Of India'. I had the privilege to be a part of the initiative and be the founding 'honorary secretary' with Prof. D.B. Chandra from Allahabad being the founder president. For many years – 6 to 7, the meetings were held a day prior to the AIOS meeting as a half-day session (Original draft constitution of OPAI (Fig.5). We often invited a foreign faculty (the invitation letter to legendary Dr JRO Collin as guest faculty (Fig.6) with a lot of effort. Dr. Mustarde was another one of our great speakers. We gradually shifted to full-day separate meetings when AIOS banned satellite meetings and slowly evolved to 2-day meetings under the presidency



**Fig.6: Letter of the invitation to Dr. J.R.O. Collin to the 4th annual meeting of OPAI at Jaipur on OPAI letterhead.**

and stewardship of leaders like Dr. Boparai, Dr. P.K Agrawal, Dr S.S. Prasad and others.

### **The oculoplastic services and teaching**

Fellowship programs gradually came up in Shankar Netralaya, Aravind Eye Hospitals, L.V.P. Eye institute. These supplemented the senior residency training in institutions like RP Center AIIMS and Guru Nanak Eye Center, Maulana Azad Medical college (where I had the privilege to start the oculoplastic services in 1984). Today there are many Fellowship programs spread across the country with standards to match the best in the world.

### **Indian Oculoplastics in the Global scenario**

As the oculoplastics in the country grew, the economic situation improved to allow some travel abroad, Indian Oculoplastics began to be recognized internationally. The Asia Pacific society of Oculoplastics and reconstructive surgery was started in the year 2000 by the initiative of Prof. J.M. Javate in Manila and Dr S.S Prasad became the first Indian Vice President. I had the privilege to be the first Indian to be elected president of the prestigious organization in 2012 and host the first-ever meeting of the association in India at New Delhi in 2014. Dr Kasturi has been elected to take over as the president of APSOPRS in 2026. The world society of Oculoplastic surgery was launched with the inaugural meeting being held in Dubai in 2023 with participation

of over 30 International societies and faculty and delegates from nearby 90 countries. In great recognition to the oculoplastics community of India, I was privileged to be the chairman, scientific program committee for the inaugural meeting of WSOPRAS in 2023 and took over as the founding honorary secretary of the prestigious organization.

Indian Oculoplastics has been carried to greater heights by the present-day stalwarts heading the leading organizations in different parts of the country and successive presidents of the OPAI. The present young generation of oculoplastic surgeon has shown great initiative in scientific publications and presentation all over the globe. Oculoplastics surgeons are now practicing only oculoplastic surgery in many medical colleges and several parts of the country taking the expertise even to the smaller cities across the country. These are surgeons specializing in their individual subspecialties and excelling. Dr Javed is a prime example practicing only lacrimal surgery, has built an unparalleled reputation across the globe. Many stalwarts from the institutions of excellence have created an 'International and National reputation with excellence in leadership qualities of work and the training and mentorship provided by them.

The future of oculoplastics in India is bright with much to look forward to.

# 'This is Richard Allen'



**Dr Richard Allen, MD, PhD**  
TOC Eye and Face, Austin Texas  
richardcutlerallen@gmail.com

An insightful interview with Dr. Richard Allen, past president of the American Society of Ophthalmic Plastic and Reconstructive Surgeons and Editor-in-Chief of the journal Orbit. In a free-wheeling discussion with Dr. Akshay Nair, he discusses his journey, his love for teaching, his thoughts on handling complications and how he manages to make time for everything dear to him despite his packed schedule.

**Akshay Nair:** So, Welcome Richard. This is the YO (Young Ophthalmologists) Times and the handbook for this quarter is focusing on oculoplastics. We thought who better to interview as an idol for young oculoplastic surgeons than you! So we would want to know you a little better – understanding what makes you tick, what motivates you and so we're going to take it from there. My first question is this and I think we spoke about this

at length, when we met last time, about your background before you went into oculoplastics. Can you tell us a little bit about that?

**Richard Allen:** I've had a long path. I always say I finished my fellowship at the age of 40 – your age! So I had a long path for that and in the US, you go through college - I went to Duke University in the United States. You usually finish college around the age of 21 or 22. And then I went and did an MD and a PhD program. So it was eight years total after undergraduate university and I did my PhD in molecular genetics, it had nothing to do with ophthalmology at the time.

**Akshay Nair:** That's completely different from ophthalmology – How was it like in genetics in the 90s and 2000s ?

**Richard Allen:** I was in a great place, though, you know, sort of 'right place, right time' at Baylor College of Medicine for my MD and my PhD in genetics at Baylor and it was great back then as well. This was right at the time of the Genome Project. So basically, you just identified the disease that you were interested in or that you had resources for and then you went and tried to clone the gene - you tried to find a gene responsible and that's what people did for their PhD. So, I did my PhD on 'X-linked immunodeficiencies' so, you're right - I had nothing to do with ophthalmology. These are basically kids that are born, boys usually that are born with bad immune systems and mine were in particular ones that affected B-cell development. Two diseases that we found the genes on were 'X-linked Agammaglobulinemia' and 'X-linked hyper-IgM' which interestingly, after dealing a lot with cancer patients, doing a lot with molecularly targeted agents – monoclonal antibodies and small molecule inhibitors – we run into these medications that are based on some of the work that we did!



For example, ibrutinib is an inhibitor of Bruton's tyrosine kinase, which was the gene that we found for X-linked agammaglobulinemia. So, you know, these drug companies are making billions of dollars off of these discoveries that we did – and (laughs) I got nothing!

**Akshay Nair:** You should have Richard syndrome or Allen syndrome.

**Richard Allen:** Ha! This is this is a recurring theme in my life, you know – we were just doing it just for either education or science and not you know, trying to make money which is probably a mistake, but you know, it is what it is! It's funny because the other disease is based on defects in the CD 40 ligand and now people are very interested in CD 40 ligand for thyroid eye disease! Anyway, went through my PhD and then, finished medical school and then went to the University of New Mexico for internship and then went to the University of Iowa for residency.

**Akshay Nair:** Who were the people who helped shape this journey?

**Richard Allen:** The main reason I went to Iowa was that there's a really good retina genetics guy there Edwin Stone, and he was also a Baylor College of Medicine graduate, so I went up there, and really wanted to get back into genetics and worked a lot with Ed. He was a great mentor and still a great mentor. And then even after residency, I stayed there for six months and did a postdoc with Dr. Stone, and then also did a little bit with Tom Oetting, who is a comprehensive ophthalmologist there, who a lot of people know because of videos and his (contribution to) education. And so, that's sort of how I got into it at that time. And then, in addition, at Iowa, you have Lee Alward who is the author of gonioscopy.org, which does a lot of Gonioscopy videos. And so, even though a lot of what I did with videos later on, a lot of it is based upon these guys. I actually did comprehensive

ophthalmology for four years before I would enter fellowship. I did two years in Houston at the public hospital, I ran the public hospital service - Ben Taub General Hospital in Houston. And then I went back to New Mexico because I thought I wanted to do oculoplastics and I knew that they had no oculoplastic surgeon there in New Mexico. So, I said, I'm going to do oculoplastics and see what it's like. I thought I was well trained in my residency, so I went, and I did a lot of eyelid even a little bit of lacrimal. And then when I tried to do orbit, I realised I need to get appropriately trained. And so that's when I went back to Iowa.

**Akshay Nair:** So who were the people who trained you there and what sort of an impression did they leave?

**Richard Allen:** I got to train with Jeff Nerad and Keith Carter. Again, really two fantastic teachers. Jeff is an incredible surgeon and fantastic teacher; and Keith is a real role model for me with regards to how much he does administratively. He's been president of the American Academy of ophthalmology. He's the chairman of the department there and he has sort of done it all with regards to leadership positions. He was a really good mentor for me for that. And after fellowship, I went back to New Mexico to work in a big private practice. So a corporate private practice, and I also did a little part time job- one day a week, over at the university. After doing it for a couple years, I decided that this wasn't right for me. And so at that time, Jeff Nerad left Iowa, and I decided to go back to Iowa to take his position.

**Akshay Nair:** How did your video atlas of surgical procedures come about?

**Richard Allen:** So, I went back to Iowa, that was in 2009. And at that time, they had really been working on their video production there. So they had great resources, I think it's always something to remember when you are in an institution, the idea more than anything else is to



take advantage of the resources that are available there. Every place has good resources for something and, the idea more than anything else is to identify those resources and take advantage of them, rather than trying to start something from scratch. And we had really good video production capabilities and I just started videoing all my surgeries. That was back in 2009 and then after doing that, for about five years, I had this big bank of videos and I realised I have to get to work! And it's a strange story, but my wife and children wanted to move back to Houston and my son had gotten into a school in Houston that was good for him. He is a musician although he doesn't play much music now. Both my kids were really musical. So, they said, 'Hey, we're going back to Houston – you can either come with us or you can stay here.' So I started looking for a job in Houston, but, you know, I stayed in Iowa for about a year while I was looking for a job planning my move back to Houston. And during that year, that's when I said, I got to do all these videos. So I would come home every night and work for a couple hours on these videos.

**Akshay Nair:** So, that is the story 'This is Richard Allen from the University of Iowa'!

**Richard Allen:** Yeah! This's Richard Allen from the University of Iowa. That's, how it all started. That's how I did it. But I have a lot of people to credit - Tom Oetting, who really recognized how powerful social media would be for education, and then Lee Alward. These were people who weren't trying to make money from education. And this is sort of an 'Iowa' thing! Iowa is in the center of the country; a lot of Scandinavians, lot of Northern Europeans that went there, they are a bit socialist. And, you know, in many ways, they really did believe that – 'we're not here to make money'. Again, this may

be a mistake, I'm not saying that this is the right thing, because – now - this is why I still have to go to work for a living! (laughs)

**Akshay Nair:** Yes! You really should've monetized those videos! (Both laugh)

**Richard Allen:** Haha! No, but I mean, truly, they taught me, they really did. These people are very ethical individuals with really good morals. Lee Alward said 'If I can save one kid from going blind in the world, that's worth more than my making tens of thousands of dollars off of my videos' and I feel the way the same way - if I can educate people and have them take care of patients in the world, it's all worth it! I think realistically, you don't make that much money off education – you have written a book, Akshay and think about the amount of time you spent on that book and the amount of royalties you get! So, if you're going to go into education - don't go into education to make money; Go into education to make the world a better place. That's always sort of my thing - my goal in life is to have the greatest positive impact in the world that I can have.

**Akshay Nair:** So you mentioned about how your passion for education comes. In India, we often have like, an equivalent saying that 'When one lamp lights another, it only brightens the other lamp, your brightness doesn't reduce.' So that's exactly what you're doing - helping brighten another lamp. You mentioned how pediatric ophthalmology is dear to you, because you're helping, that impact is so much more. So what what's the one particular surgery that you enjoy doing the most?

**Richard Allen:** I always say, I mean, truly, I always say the hardest thing I do is congenital ptosis. I mean, and I always tell my fellows, "If you can't tolerate failure,



don't do congenital ptosis." But it's probably the most rewarding and the most challenging for me. Congenital ptosis is incredibly difficult, but it's something that I've really enjoyed doing. But I also love taking out dermoid cysts - it's always sort of a challenge - not letting that dermoid rupture. I always try to do it through an eyelid crease incision. And it can be really challenging when they're relatively high, or relatively lateral, and you're trying to stretch this eyelid crease incision all the way over. I also like fractures in kids, just because it's so important. One just has to see a few kids that didn't get fixed fast enough and see that they're going to have diplopia for the rest of their lives. And, if you can get those fractures fixed within a reasonable amount of time, you're a hero! So, I like doing fractures - they're just fun.

**Akshay Nair:** Yeah, I love that line, and I'm going borrow it sometimes: "If you're not comfortable with failure, don't do congenital ptosis". So I think that's a great lead into my next question- which I like to ask teachers and

people who had fellows. We do get our shares of failures under corrections and unexpected results. So the first thing is, how do you deal with that on a personal level? And how do you communicate that or, you know, try to figure out a way with the patient?

**Richard Allen:** Right. I think it's a great question. Early in your career - you take failure a lot harder than you do later in your career. What I mean by that is that, even when I was a resident, the first time you drop a lens or you hit vitreous - you think about it for the next week, and as time goes on, complications affect you much less, which is probably a good thing.

But the other strange thing is that we remember our failures many more times than our successes. When you think about it, what cases do you remember? Or what outcomes do you remember the most? You don't remember the happy patient that comes in after you did their ptosis, or their blepharoplasty, or their ectropion



repair or lacrimal surgery - you remember your complications, and it is sort of sad that we, as physicians have that in us.

So when we do have failures, I think first and foremost, **you should own it**. This is the message I always give to my trainees is that *'When you do have a complication, you should go and you should discuss it, you should talk about it, because you should own the message about your complication. Otherwise, someone else might.'* If you had a complication during residency in the US, all the other residents would be whispering about it, and that kind of thing. But you shouldn't, you should wear it on your sleeve, you should say – Yes, I had a complication, I'd like to discuss it. Admit it and own it, own the message of your complication, rather than letting someone else have that ownership.

But when that failure, or that complication occurs, there is a personal cost to it. But the more important thing is that there's a cost to your patient. And I think, being truthful; having open lines of communication are so important. It's uncomfortable when you have a complication, and you have to discuss that with your patient, because your patient has come to you because they have confidence in you and in your skills. It's true, everybody has complications, and the only people that don't have complications are people that don't operate. I always say is – If I don't have a complication - that either means I am not operating, or I am not challenging my skills. As we progress in our career, we do more and more; we expand our, our field of technical skills and range of procedures. If you didn't, you would just be doing the same thing you did when you came out of training. And I think that as surgeons, I think many of us sort of enjoy the ability to innovate as we go. And in order to innovate, you're going to fail periodically.

But getting back to your patient, I think it's really, really important to be honest, and have open lines of communication, because I think that patients appreciate that. Usually, patients want to like their doctors, believe it or not! And I think that, if you're honest with them, and you make sure that they know that you're going to take care of them, you're going to do everything you can to make things as good as possible - they appreciate that and you'll be you'll be fine.

But on the flip side, sometimes you will see complications from another doctor and I think it's really important, never to bad-mouth another doctor first and foremost. You weren't there during that surgery; you don't know

what happened; you don't know what the environment was; you have no idea – so you simply shouldn't judge!

Secondly, if you do that the only person you really are serving is yourself! And what I mean by that is that when you bad mouth another doctor, it doesn't make the patient feel better. They don't want to hear that someone didn't do a good surgery on them. And if anything, whenever you see another doctor's surgery, you should find something to compliment about it. I always say that, surgeons' surgeries are sort of like their babies. If you see your friend's new baby, even if they have a deformity, there's always something good - you say they have beautiful eyes. So when you see another surgeon's surgery - find something good to say about their surgery, because, if you criticize the surgery, you are just trying to make yourself feel good by doing that and you're not helping the patient and you're definitely not making friends in the community.

So, complications are tough- everybody has them. If you don't have complications, then you're not operating (enough).

**Akshay Nair:** You have played a lot of roles: you have been the president of the American Society of Ophthalmic Plastic and Reconstructive Surgery; you're currently serving as the editor-in-chief of Orbit, which is one of the two biggest journals in the sphere of oculoplastics. How do you manage your time? What motivated you to go get into an administrative position at the society level?

**Richard Allen:** In the American Society of Ophthalmic Plastic and Reconstructive Surgery (ASOPRS), a lot of it is just being there and being involved. People always ask me how do I move towards potentially leadership within the society and a lot of it is just being involved - getting yourself in there and volunteer. In the end, it's all volunteer work. That's sort of the frightening part, for the society. It's all volunteer work, and so we don't get paid at all for any of that. And a lot of it from my standpoint is that I really enjoyed the organization. I believe in the mission, and I really liked the people that are in the other positions and so we get along well together. And I think the goal more than anything else is always to make it better when you leave than what it was before he came. So, that's really why I got into it more than anything else.

**Akshay Nair:** You handle your practice, your YouTube channel, leadership positions – how do you manage to extract so much out of the 24 hours you have?

**Richard Allen:** With regards to time management, I'm

a compulsive list maker. Every night before I go to bed, I make a list of things I need to do the next day and it helps me relax. Because I have all these things that I think I need to do and I have it written down - I don't have to worry about what the next day is like. I truly am a compulsive list maker - I don't necessarily think it's a good thing (laughs)! But I am a slave to my list. It keeps me organized and allows me to get these tasks done that need to be done.

**Akshay Nair:** It has been great speaking to you and learning so much, and I think also, people should know you outside of oculoplastics - you've been a pretty active and a well trained athlete, I remember watching you

swim. When we were in Bali, I was holding on to my life jacket with my dear life, and here you were throwing your life jacket away, going all the way snorkelling right down to the coral reef floor and coming back.

**Richard Allen:** That was wonderful time. Thank you.

**Akshay Nair:** Thank you so much. It was it was amazing getting to know you a little bit more. And I'm sure all our viewers and readers are going really really appreciate the insights and the little bits and especially those catchy catch-phrases that you keep using. Thanks a lot. I know it's a little late for you. Thank you for your time.

**Richard Allen:** My pleasure.

# IV Words Of Wisdom (WOW) From Mentors

1. Two Decades, Many Lessons  
*Dr Santosh G Honavar, Dr Rolika Bansal*
2. Everyday Sukoon with Oculoplasty!  
*Dr Milind Naik*
3. The Oculoplastics Association of India:  
Empowering Ophthalmologists through Education,  
Collaboration, Innovation and outreach  
*Dr Mukesh Sharma*
4. Surgical Finesse in Oculoplasty – Tips for your skilful fingers  
*Dr Roshmi Gupta*
5. 10 Things I Would Tell My Younger Student Self !  
– Then And Now  
*Dr Savari Desai*
6. Ophthalmology-Oncology: Breaking Bad News!  
Lessons Learnt:  
*Dr Usha Singh, Dr Kavita Poonia*
7. Mapping Mentors’ Minds:  
*Dr Swathi Kaliki, Dr Kasturi , Bhattacharjee, Dr Usha Kim,  
Dr Shahid Alam, Dr Sima Das*

# Two Decades, Many Lessons



**Dr Santosh G Honavar (SH)**  
MD, FACS, FRCOphth,  
Director, Ophthalmic Plastic Surgery,  
Orbit and Ocular Oncology,  
Centre for Sight, Hyderabad,  
e-mail: santosh.honavar@gmail.com



*Interviewed by*  
**Dr Rolika Bansal (RB)**  
MD, Oncology Fellow,  
Wills Eye Hospital,  
Philadelphia, PA, USA,  
e-mail: rolikabansal@gmail.com

Two decades of training has been a lifelong dream,  
When I see my fellows succeed my eyes gleam.  
They come in all shapes and sizes,  
Every year I am blessed with new surprises.

All of them, I say are tumors though,  
Some benign and some not so.  
Some grow slow, some grow quick,  
They all grow, there is no trick.

All are full of zeal, never short of zest,  
During their training, they give me no rest.  
They all metastasize leaving the primary site,  
But some of them continue to bite.

I have seen them struggle in the operating room,  
And I have seen them evolve and beautifully bloom.  
It's a process and in their journey profound,  
My blessings and support will always be around.

Cheers to the fellows as I have grown while training them,  
They are tiny buds arising from the same stem.  
Destined to flourish, destined to nourish,  
For life, every moment spent with them I will cherish.

**RB: Sir, to begin with, has the journey over the decades of mentoring been any different?**

**SH:** Yes, indeed. The initial phase was a bit of experimentation for me as I was also learning to teach and mentor. Add to that the initial struggle to build the subspecialty department right from scratch. Over the years, I have learned my way around. By now I can understand what each fellow exactly needs. Based on their attitude and aptitude, the approach to training and mentoring can be very much customized. It's not unusual for mentees to be unaware of their full potential, making it essential to help them recognize the heights they are destined to reach.

**RB: What were your challenges with mentoring in the initial phase with minimal direction and subspecialty infrastructure?**

**SH:** I would say the initial phase was a wonderful adventure and I enjoyed every bit of it. My mentors Prof NN Sood, Drs Jerry and Carol Shields, and Dr GN Rao played a very important role in providing direction. I incorporated the best aspects of their excellent training models with my own preferred modifications. I am certain that the initial fellows recall the days when we struggled together to create protocols and draft a structured system for providing optimal training. The evolution of infrastructure has been interesting and I would say it has only gotten better over the years.

**RB: I am sure you must have struggled a lot to establish Oculoplasty and later Ocular Oncology as stand-alone specialties, competing with much-established cataract, cornea, glaucoma, retina, etc. How was that experience?**

**SH:** The experience of developing an Oculoplasty and Ocular Oncology service at LVPEI was amazing. It fulfilled an important lacuna in the field in India and the region. The arduous journey from a stage of a handful and basic surgeries with scissors and forceps as the

only tools of the trade, to a state-of-the-science facility established mostly with grant money, is what I am justifiably proud of. There were major challenges though – the first was the mindset – even ophthalmologists often failed to understand the unique requirements of the subspecialty – right from the need for trained staff to assist complex surgeries to optimal anesthesia support. Hesitation to invest in the infrastructure was a major bugbear, leaving with no other option but to spend a lot of time and energy in writing grants to get the much-needed finances to buy the equipment and support training of young faculty to establish then nascent subspecialties such as aesthetics, dacryology, and oculoplasty. Parallely, the fellowship training evolved to reach the highest standards of training and mentorship. I am indebted to LVPEI forever for the unique opportunity bestowed on me to plant a seed and nurture it into a useful tree that everyone now enjoys the fruits of. In my journey of over 17 years at LVPEI, I always kept the Institute's missions, success, and needs ahead of my personal and academic aspirations.

**RB: Was it a setback to re-establish the department and fellowship training in the setting of a corporate hospital after 17 years of working in a not-for-profit academic institute?**

**SH:** Yes, I had to restart everything, re-establish referral channels, and reinitiate the training program. The full-fledged department was up and running in less than a month and the first fellow was in training in less than 3 months. I must acknowledge the unwavering support of Dr Mahipal S Sachdev in this endeavor. The loss of precious data spanning 17 years, however, was an inconsolable setback. It requires fortitude to witness publications emerging from your data, without even an acknowledgment. Reinitiating clinical research and publications was another challenge that took time to overcome.

**RB: When someone chooses a fellowship, should he/she go by the reputation of the Institute, the quality and commitment of the mentor, or simply by the surgical opportunity?**

**SH:** Hmm – that is a difficult question to answer. Speaking for myself, I would rather go for the mentor. Reputed institutes provide branding while the mentor imparts quality. Ultimately, fellowship is all about shortening the learning curve. The greater the mentor's experience, the broader the range of clinical material, and the longer the exposure time to that mentor, the more accelerated and comprehensive the learning. I would say 6 to 12 months of concentrated time with an expert mentor is much more valuable than 2 or 3 years spent with several faculty. This is specifically so for oculoplasty and oncology, where the decision-making and application of surgical and oncological principles have a greater impact on the outcome

than the surgical skills alone. Keen observation of the surgical steps of the mentor and assisting in surgeries provide much deeper and more experiential learning opportunities than doing independent surgeries. All my fellows have done extremely well surgically – they can easily replicate the well-inculcated surgical steps as a matter of habit, and over some time they bring in their improvisations and innovations to own those surgeries. They all evolve beautifully well.

**RB: What is your preferred teaching/training methodology? Do you give it all, or do you hold back knowledge and skills?**

**SH:** I have a graded approach. Every fellow goes through several pre-meditated phases. Initial observation, then tag-on, followed by hands-on. Senior fellows guide their juniors and so on. I let them work up cases from scratch and encourage them to commit to the diagnosis and treatment plan. I see the patient in front of them and iron out the details, narrow down the diagnosis, and counsel the patient. Then they review the radiology of the patient, watch or assist the surgery, review histopathology, participate in the histopathology-guided adjuvant treatment, and finally see the patient on follow-up through their training. This 360-degree process rounds up the specific case for them. Add to that their own reading on the case – I encourage them to read one entity each clinic day and about one surgery each OR day. I speak constantly while operating, vocalizing every surgical step in detail, asking questions, and letting them explore the answers. Surgeries and the commentary are recorded at will for future access and revision. I strongly believe in giving everything and I hold back nothing.

**RB: How have the mentees evolved over the two decades? Have there been any changes in the training requirements of a mentee over time?**

**SH:** “*Change is the only constant.*” Of course, there has been a significant difference in the personalities of fellows, but it is difficult to categorize if the change has been good or bad. It is just different, and each generation has a novel approach to learning and training. The first



few sets of fellows were eager to absorb knowledge like a sponge, the way it is offered and with utmost dedication. They liked the broad-based training but did have a focus of passion and interest. They did a good bit of everything – clinical work, academics, and publications in varying proportions. They would stop and listen, and follow the path outlined by the mentor. The newer fellows tend to focus exactly on what they want to learn and branch out early, rather than patiently imbibing everything that the fellowship holistically offers. They are more adventurous and are a bit less amenable to suggestions; they are technologically savvy, faster in learning, excellent in language and presentation skills, and are more communicative. I do, however, have this lingering feeling that they may be a bit short-sighted in their approach, and don't always fully utilize their exceptional qualities for their own good. They would rather do a podium presentation with their clinical research work and be done with it, and not take the trouble of writing it up. The one quality that has not changed over the years is their enthusiasm and dedication to learn and grow, and I am proud of all of them.

**RB: Has technological evolution affected the training of mentees and how?**

**SH:** *“Technology evolves not just to change the world, but to transform the way we perceive and interact with it.”* We have gone from building a structure for paper-based medical records to digital data and now incorporating artificial intelligence. I am a strong believer in changing with the changing times and I am appreciative of how the fellows over the years have adopted the changes in technology and have accepted my encouragement with sheer enthusiasm. The archival of physical slides was a big hassle. Now the digital images of every patient can be coded and archived for immediate retrieval. I remember the struggle in making a video film in the early years but now it probably takes less than a tenth of the time to produce a better product. Accessibility of tools of electronic teaching resources has created a level learning field – curated knowledge is available to everyone who seeks it. The incorporation of technological advances in training saves time and resources and makes it much easier to gain knowledge with minimal logistic effort.

**RB: Has dedication and drive towards work changed over time amongst the mentees?**

**SH:** I am proud to say that all my fellows, over the last two decades, have had one common trait – dedication. It has not changed over the years and that's exactly what I look for when I choose my mentees. It's not about your knowledge, it's about that fire in the belly, the hunger for knowledge, the resolve to be better, the urge to do more – the attitude.

**RB: How do you decide which direction a particular mentee should go in? Do you ever impose a limit on their growth?**

**SH:** Every fellow is different in terms of the training requirements. It is based on their baseline knowledge, aptitude (oncology vs core oculoplasty), the final intended goal, and prospective workplace upon completion of training. Most need a bit of unlearning and a lot of learning, but all need a drastic change in work culture. They all resist the change initially but by the end of the fellowship, they realize what the journey was all about. The ultimate direction for all of them is the same – higher and higher in life. How high they go, depends on them, their hunger, and their appetite for success. What makes me sad is when a mentee does not realize his/her potential, drifts from the path, and gets lost. I generally don't give up on anyone and will do my very best to assist them and bring them back to the chartered path.

I have never imposed, nor will ever impose a limit on anyone's growth. I would only guide my mentees to invest on strong fundamentals, develop deeper roots first, and then grow limitlessly big, broad, and tall. As is said, *“Trees with deeper roots stand the storm and survive the famine.”* Like any other mentor, I take immense pride in the achievements of my mentees. Mentees are the perennial professional legacy that one leaves behind.

**RB: Do you advocate individual decision making or do you have career counseling sessions with them?**

**SH:** I encourage one-to-one career counseling sessions for my fellows. However, I do want them to invest some time and energy and come up with options for themselves. I have my unique way of showing them the direction that I feel is useful for them, some adopt it and some don't, but I think they all ultimately make the right choice.

**RB: How do you ensure that your mentees one day will be great mentors in the future?**

**SH:** *“All good men and women must take responsibility to create legacies that will take the next generation to a level we could only imagine.”* – Jim Rohn

My mentors have put in the best of their efforts in training me and have invested their time in making sure I can stand up to their expectations. It would be a sin not to pass the baton on to the next generation. I consider it a responsibility not only towards my mentors and mentees but also towards our patients. It is our collective responsibility to propagate the knowledge and teach and train many honest and caring fellows in our specialty and I expect my mentees to do the needful, and I am certain that they will!



# Everyday Sukoon with Oculoplasty!



## **Dr Milind Naik, MD**

Consultant, Ophthalmic Plastic Surgery Service,  
LV Prasad Eye Institute, Hyderabad, India  
Email: milind@drmilindnaik.com  
Mobile: +918897876245 | Fax: +91 (40)23548271

### **How did I land up in Oculoplasty?**

My interest in Oculoplasty spiked while I was a resident at the Christian Medical College, Vellore in the years 1999-2000. The excellent team of teachers at CMC taught me Ophthalmology, and I noticed that eyelid and orbit excited me the most. My interest in it must have been obvious, since Late Prof Ravi Thomas sensed it, and asked me to contact his good friend Dr G Chandrasekhar at LV Prasad Eye Institute. Dr GC along with Dr Santosh Honavar had commenced a fellowship program in Oculoplasty, to which I got selected as their first National fellow!

Since then, there has been no looking back, and post-fellowship, I joined as faculty at LVPEI. Within Oculoplasty, I soon realized my inclination towards cosmetic surgery, and I had the honour to pursue my Orbito-Facial aesthetic surgery fellowship at UCLA with Bob Goldberg (2006-07).

Twenty-four years since my first fellowship at LVPEI, my journey within Oculoplasty has been a living dream on a daily basis, and I continue to be a student of this fascinating subject!

### **How Did I metamorphose from being a mentee to a Mentor?**

The credit goes entirely to the mentors I had in my life. The biggest example was late Prof Ravi Thomas, who was an epitome of mentorship. Thereafter it was G Chandrasekhar, Dr Honavar, and Dr Goldberg. I was fortunate to spend quality time with each, learning not just the subject, but their approach to life, and towards teaching. LV Prasad Eye Institute gave me an excellent platform that promoted and valued teaching. Throughout my career, Dr GN Rao, founder chairman of LVPEI encouraged us to be exemplary teachers.

### **What does Mentorship mean for you?**

For me, being a mentor does not limit me to the act of 'teaching a procedure'. It is a lifetime relationship, just like any other. Right from understanding the student's previous training background, bringing them to the international standards of clinical oculoplasty, sharing and teaching surgical expertise with tips that are personalized, their presentation and publications as well as their establishment as a successful Oculoplastic surgeon is what I focus on. Knowing their personal struggles beyond the subject, is also an important part of my responsibility as a mentor. Over the years, I have been fortunate to have several mentees from across the country and abroad, and I draw immense pride in admiring their growth into successful Oculoplastic surgeons!

### **Do you have a Fixed Formula to guide your mentee?**

No. It is "customised" for every mentee. Each student is different, and their starting point varies. Neither do I focus on their current state of knowledge, nor do I compare any two students. I work with their future image in my



mind. That allows me to imagine them in a position they themselves cannot. While in the clinics and OR, I encourage them to question my clinical and surgical decisions, and I also leave some 'gaps' or 'lacunae' in the discussion. This allows them to think about it, read up the missing links, and even come up with out of the box ideas without feeling intimidated. While it is important to be methodical and firm when training, I also believe that the learning atmosphere has to be a complete package that includes joy, fun and creation of lifetime memories, to make it special. This "freedom of thought" is very important to be cultivated within the mentees.

### How Do you Deal with Difficult patients?

In my mind, 'difficult patients' are of two types: pseudo-difficult, and the true ones. The pseudo ones simply appear difficult, but they are just more inquisitive, well read, and doubt everything in you. They can become easy, if we share enough treatment details with them and we don't judge them. Placing all cards on the table, and having more than one consultation before a surgical procedure is my preference. I always consider the patient as my family member, and then provide my advice. That perspective gives a lot of clarity and simplicity to my advice.

The 'real difficult ones are either the unreasonable, or the body dysmorphic ones. In Oculoplasty, it is not un-

common to encounter patients with body dysmorphism, and they have to be identified, and kept away from your operation room. As I always tell my students, the mere presence of a suitable diagnosis isn't enough to operate someone. You also need to know the patient's persona, and be convinced that they understand what is being planned. They should be willing to accept reasonable inaccuracies of medical science. Truly unrealistic patients are best left alone, in exchange for a good night's sleep!

### How do you handle surgical failures or unexpected outcomes?

Step one is to accept that this will happen, as you move forward in your field. Dealing with a surgical failure begins with complete honesty, and acceptance of the unfavourable outcome. Hand holding, and extra care, with honest sharing of all your efforts in reversing the catastrophe is important. But most importantly, your pre-operative counselling has to be detailed. In most cases, I am able to begin that difficult conversation with them somewhat this way: "Unfortunately, one of the complication that I had discussed with you about has occurred..."

### What future does Oculoplasty offer to the YO's?!

It undoubtedly is the most versatile, artistic and multi-faceted specialty within Ophthalmology! On one side it allows you to work with various other fields in Medicine,

and opens you to the challenging field of Aesthetic surgery. With the hard-earned precision of eye surgeries, the young Oculoplastic Surgeons can make a unique mark in this exciting field! I encourage more YO's to choose Oculoplasty, and it would be an honour to have them visit us, to share and learn!



# The Oculoplastics Association of India: Empowering Ophthalmologists through Education, Collaboration, Innovation and outreach



## Dr Mukesh Sharma

M.D.(AIIMS), DNB, MNAMS  
Medical Director  
Centre for Sight, Jaipur  
Chairman Scientific Committee  
Oculoplastics Association of India  
drmukesheye@gmail.com

Entering the specialized field of oculoplastics requires dedication, rigorous training, and a passion for both ophthalmology and plastic surgery. Aspiring oculoplastic surgeons embark on a journey that involves advanced education, hands-on experience, and a commitment to lifelong learning. It also opens doors to a rewarding career dedicated to enhancing the vision and appearance of patients with periocular conditions. Oculoplastic surgeons play a vital role in restoring function, improving aesthetics, and transforming lives along with saving sight and some time even saving life. With a commitment to lifelong learning and a passion for innovation, the future of oculoplastics shines bright with possibilities.

The Oculoplastics Association of India having 800 plus members, stands as a driving force in the advancement of oculoplastics, embodying a commitment to excellence, innovation, and collaboration. As it continues to evolve and expand its reach, the OPAI is poised to shape the future of oculoplastics in India and make a lasting impact on the field worldwide.

The roots of the Oculoplastics Association of India can be traced back to 1989 when a group of visionary ophthalmologists recognized the need for a dedicated platform to promote the subspecialty of oculoplastics in the country. The OPAI was officially established with the mission of fostering excellence in the diagnosis and management of eyelid, orbital, and lacrimal disorders through education, research, and advocacy.

The OPAI is serving as a vital platform for ophthalmologists across India to enhance their skills, exchange knowledge, and foster professional growth. OPAI plays a pivotal role in the present landscape, particularly focusing on its annual and midterm conferences, webinars and the opportunities it offers for young ophthalmologists.

### **The Role of the OPAI:**

**a. Education and Training:** The OPAI is committed to providing continuous education and training opportunities for ophthalmologists interested in oculoplastics. Through workshops, seminars, webinars, and hands-on training sessions, the society equips its members with the latest advancements, surgical techniques, and best practices in the field.

**b. Advocacy and Awareness:** The OPAI serves as a voice for oculoplastics within the broader ophthalmic community and beyond. It advocates for the recognition of oculoplastics as a distinct subspecialty and raises awareness about the importance of periocular health

through public outreach campaigns, educational materials, and collaborative initiatives with healthcare stakeholders. OPAI interacts and engages with important national & international organisations like AIOS, ASOPRS, APSOPRS, ICOO, BOPPS and has its foot prints on all major scientific activities nationally & internationally .

**c. Research and Innovation:** Facilitating research and innovation is a cornerstone of the OPAI's mission. The society encourages its members to engage in scholarly activities, collaborate on research projects, and contribute to the advancement of knowledge in oculoplastics through publications, presentations, and scientific forums. A classical example is IJO-OPAI collaborative multicentric study on COVID 19 associated mucormycosis with 2826 patients from 102 centres spanning 22 states . It was highlighted as one of the pathbreaking publication of the year 2021 by the American Academy of ophthalmology in their 2021 symposium . It was hailed as inspirational model in collaborative efforts .

**d. Annual and Midterm Conferences:** The OPAI organizes an annual conference that serves as a premier gathering for ophthalmologists, oculoplastic surgeons, residents, fellows, and allied healthcare professionals. The conference features keynote lectures, panel discussions, symposia, paper presentations, and poster sessions covering a wide range of topics in oculo-plastics. It provides a platform for participants to exchange ideas, showcase their research, and network with peers and experts in the field.

Midterm Conference: In addition to the annual confer-

ence, the OPAI hosts a midterm conference, typically held halfway between the annual meetings. The midterm conference offers a more focused and intimate setting for in-depth discussions and case-based learning sessions.

**f. Opportunities for Young Ophthalmologists:**

*Various awards:* The OPAI offers few awards along with cash reward for the Young Ophthalmologist- Best paper in Orbit , Eye Lids, Best Poster, Best Video etc .These awards give recognition and encouragement to aspiring professionals .

*Networking Opportunities:* The OPAI facilitates networking opportunities for young ophthalmologists to connect with experienced practitioners, researchers, and industry leaders. These interactions enable them to forge professional relationships, seek guidance, and explore collaboration opportunities.

**Conclusion:**

The Oculoplastics Association of India stands as a driving force in the advancement of oculoplastics, embodying a commitment to excellence, innovation, and collaboration. As it continues to evolve and expand its reach, the OPAI is poised to shape the future of oculoplastics in India and make a lasting impact on the field worldwide. We invite all interested young Ophthalmologist to become the member of our vibrant society & enter into the arena of immense possibilities. The OPAI continues to foster a vibrant community of practitioners dedicated to advancing periocular health and enhancing patient care across India and beyond.

**Brain Chow-1**

**Unscramble : Mnteisntur – Instrument**



**Dr Aditya Suresh Dutt Sharma**  
Oculoplasty Fellow  
LV Prasad Eye Institute

- |   |             |
|---|-------------|
| 1. While I retract, can you spell me correct?               | SESEMRRDA   |
| 2. I'll hold the needle tight, kindly spell me right        | ROVACOSEIJT |
| 3. I dilate, kindly correlate                               | HIPLETETNS  |
| 4. Dear please shift, I have to lift                        | REFER       |
| 5. Keep calm and clamp                                      | MARBLET     |
| 6. Hold me please, otherwise I will bleed (who is holding?) | THEALDAS    |
| 7. You hear the crunch, while I punch                       | RERIKNOS    |
| 8. Wow man!! Let's probe                                    | WOMANB      |
| 9. I am so SLIM, who am I ?                                 | SLIM        |

See Answers on Page 148

# Surgical Finesse in Oculoplasty – Tips for Your Skilful Fingers



## Dr Roshmi Gupta

Consultant, Ophthalmic Plastics, Orbital Surgery and Ocular Oncology, Bangalore India  
roshmi\_gupta@yahoo.com

Well, hello, Young Ophthalmologist! Let us start with a fair warning - if you are one of those rare few who can nail a perfect surgical outcome every time, this bit of writing is not for you. Since you are an ophthalmologist, I will presume that you have better than average manual dexterity and eye-hand coordination. And if you are a typical surgeon, you will be driven by the need to do more surgeries and get better outcomes: please read on.

Oculoplastic surgery is quite different from other ophthalmic surgeries. There is rather more blood seen, for one! There is an extraordinary range of procedures. The field of interest is wider, and every little nuance of the surgery is visible to your patient. Even a minute irregularity of your incision line is going to draw attention. Your knowledge of anatomy and physiology, pathology and internal medicine will necessarily have to extend further than the average ophthalmologist's.

### Preparing yourself:

You can compare surgery to high intensity sports. Start off with a good level of physical fitness, make sure you take care of your back, shoulder and neck muscles. Inculcate the habit of a relaxed, healthy posture during surgery. Get adequate rest before a day in the operating room.

Hone the basic skills needed in a surgery; I used to make my residents practice suturing on a kitchen wipe sponge. At least a thousand sutures needed to be done correctly before I would let them put a single suture on a patient. The practice has to be done with attention to detail - the edges of the incision just everted, the sutures placed with correct tension, at correct intervals and correct lengths. (You do know about compression zones of sutures, right?). Learn to hold an endoscope steady, and observe a hundred nasal cavities. Learn to use both hands, and all your fingers. Your dominant hand holds the scalpel/ scissor. The non dominant hand holds the forceps in the first two or three fingers, and the other fingers stretch and stabilize the tissue.

Learn to use magnification- (whether the microscope or a surgical loupe) and use it for every procedure.

### Studying for surgery:

Studying to be a surgeon is rather different from theoretical studying. It includes reading anatomy till you can visualize the eyelid, adnexa and orbit in three dimensions. You should be able to anticipate an anatomical structure merely by the location and depth of the tip of your surgical instrument. Observe a sufficient number of surgeries to be able to distinguish between normal and abnormal tissue at any particular location.

Read the working principles and settings of your electro-surgical units, drill, suction machine (and the size of the cannula). Learn the use of the aids to hemostasis, such as bone wax and surgical. If you are one of the lucky

people who get to buy their own surgical light, do be aware of how many lux will give you the illumination you want.

Learn how to set an operating trolley, the requirements for each surgery. learn how to position a patient for a particular procedure. Learn about different suture materials and needle designs, to choose the correct one.

### **Pre-operative preparation:**

Assess the patient in detail before surgery: for instance, the cicatricial entropion in ocular cicatricial pemphigoid may appear very similar to an involucional lower lid entropion; the procedure., though, will be very different. Write down measurements and observations beforehand, from levator action to contour asymmetry to excess skin fold. Look at the orbital imaging multiple times so that you can visualize the exact location of the tumor, and rehearse the approach in your mind. Bring the pre-operative photographs into the operating room for a quick revision. The lower lid fat prolapse would have flattened when the patient lay down.

### **Learning surgery:**

There is a belief among trainee surgeons, that hundreds of surgeries are needed during training. I agree that one cannot become a surgeon just by reading about it. However, a well-supervised surgery can teach more than multiple unsupervised ones. Ask for feedback on your own work, and work on the feedback. Take your time, identify each structure. Respect layers of tissues - when you are dissecting at a particular plane, stay on it, don't make haphazard cuts. While you concentrate on your surgical area, please be aware of the rest of the eye- is the cornea exposed, is the retractor held by your assistant pressing on the eye too hard? Be paranoid about hemostasis - cauterize every bleeding point just as it is starting. Be meticulous - pick out each bit of uveal tissue when you are doing an evisceration. Any tissue left behind sets up an inflamed socket. At the end of surgery, leave it as good as you possibly can. If you need to go back and recheck on the DCR flap, so be it. There is no fairy godmother, and surgeries left unsatisfactory will not magically correct themselves.

Observe your mentor closely - the positioning of fingers, the choice of instruments at a particular point. Question your mentor about the end point of a step, for example, how tight was the suture placed? You will finally have to refine your own end point, but this is good place to start off. For example, I was trained on Berke's rules for correction of congenital ptosis. When I started practice, I found that a millimetre extra correction does better in my hands.

Watch as many videos of surgical procedures as you can - a treasure trove is available online nowadays! If you are planning to pick up new procedures, do consider attending cadaver dissection courses, and doing the procedure on a cadaver before actually operating on the patient.

### **Post operative follow up:**

A major difference between oculoplastic surgery and other ophthalmic surgeries is that a lot of the complications are not evident on table. (This leads to the unfortunate misconception, that oculoplastic surgery is easy!) However, inadequate post operative care can mar your surgical results. Be generous in advising ice packs to reduce the chance of hematoma, and oral steroids to reduce post operative edema. Repeat cleaning instructions ad infinitum - a crusted, infected suture line will ruin your results. Neglected sutures or a stent which was not removed, will cause granulomas. Missing a traction suture can leave you disappointed in the outcome of a lid retraction correction.

Take post operative measurements, and post operative photographs. 'Good correction of ptosis' tells you very little. Note the exact measurement, comment on the lid crease, comment on the cornea, the lagophthalmos, the contour symmetry. Go back and look at your post operative photographs - and be ruthless, these are for your eyes only. Under-correction and over-correction will happen; the trick is to learn from them.

### **Dealing with complications:**

All of us encounter complications in surgery. We agonize over each step we could have done differently, we stay awake at night visualizing the surgery. Deal gently with the patient, be with them each step of the way, explain the best you can. You would have explained the potential complications before the surgery, but even then, it is a shock to them. If you can tackle the condition yourself, do so. Otherwise don't hesitate to ask a colleague for help.

Learn from the complication, and move on. Learn your limitations, and what you can realistically do. But don't let these undermine your confidence, otherwise you will be doing other patients a disservice. We are all human, and sometimes fail even after putting in our best efforts. Be kind to yourself, and don't beat yourself up.

At the end of the day, we never stop learning. Even as we practice as oculoplastic surgeons, even after years, we strive to do better still. Here's wishing you good luck for the journey!

# 10 Things I Would Tell My Younger Student Self – Then And Now!



## Dr Savari Desai

DOMS, DNB, FLVPEI  
Dvaah Eye Centre, Worli  
P D Hinduja Hospital, Mahim, Mumbai  
savaridesai@gmail.com

At first you are an apprehensive resident! Although, soon you become a bold, confident senior. In this journey of training – as you go from being a resident, to maybe a fellow – the student themselves becomes the teacher.

It has been over a decade since I finished my fellowship and I became an official DNB guide and examiner. In this time, the tools for teaching and the vast access of medical information has undergone a sea of change.

While change is inevitable, our growth is optional!

As I was writing this article – I found myself thinking- what is that I would like to tell my student/fellowship self then, and what is it, that would I like to tell it now if I were doing my residency or fellowship in the 2020s

## 1. Your education/fellowship is your lifeline!

An underpar training program, a ‘catarctless’ residency, a resourceless postgraduation- Such scenarios still exist in our country’s education system- yet what you chose to do post this phase is what really matters. Home grown Indian institutes have a brilliant training programs and exemplary teachers.

IF (Intermittent fasting) is the new weight loss trends. Are you doing 16:8 or 20:6 ration? Not everyone can do it.. Similarly, if you know you can’t commit to doing those long hours and hectic schedules don’t walk down those corridors. Not only will you be miserable, so will your mentor! Research it, and decipher which one you are best suited for and choose wisely, but remember the age old saying – there is really no substitute for hard work.

## 2. Document everything!

Don’t take documentation lightly! Write dates, follow ups (especially for cancer patients), surgical notes and above all take consent! Consent for a botulinum injection, to a major surgery to taking pictures. It may not absolve you of any trouble but it will surely protect you for the future. Just as the saying goes -Lend your money, lose your friends, There is are no friendship when taking a consents! A procedure is a procedure ! Full stop!

Consumer court, medical negligence- it is no longer a thing of the past, the beast has only gotten a bigger bite

## 3. Uski kameez mere kameez se safed kaise?

For the gen z, and the alpha- this very famous line comes from an ad in the 80s. Who knew a washing powders tag line, would end up expressing a sentiment! Yet it resonates even today among us, in the form of memes. One more cataract, one less pterygium, one more ptosis, two less eviscerations....sometimes the whining is not justified. It is every students right to get to operate the sur-

geries they have chosen to excel in- but please stop counting in ones and twos and look at the larger pictures. You will be given a skill set when you finish a fellowship/ post graduation and you will be able to build on it, so don't judge your talent by anyone's else. At the end of your fellowship, the real test begins – clinical practise.

#### **4. Dr GOOGLE for doctors?**

When I ask a student, where did you read this from. Often the answer is Dr Google! Why judge a student? I know many teachers who ask Dr Google. (lets not talk about the patients, that's another article all together). Google, Bing – are all legit search engines, and often pick up great stuff to read. But you cannot quote them. You can use references to read, please refrain from quoting google – if you don't, be assured the purists in your exams will through a googly at you when answering.

#### **5. Less is more ?**

So much material- let me keep collecting PDFs of books and horde them!

Emedicine, free articles, youtube videos on everything under the sun, google, ChatGPT and now AI. Its like the multiple choice question we love to get - 'choose- all of the above'! That's the kind of free, unlimited access we have to information. Who doesn't love the freebees? Having more doesn't always mean having the right information. As we move to the less is more mantra in all aspects of surgery, let this too apply to education. Its good to have it at your fingertips, but be choosy in what you read. Try reading the classics - Kanski, Krachmer, Rootman, Shields and build on it with articles and material written by people in their speciality.

#### **6. Publish or perish Persist !**

Someone once said, there is a book in all of us waiting to be written. True, I feel that all the time. Similarly- there are articles in all of us waiting to be published. Many of us come from institutes where publishing was not on the teaching agenda, however that is all changing. We are far more exposed to how to publish now. Once we publish, we learn so much more on the subject while writing the articles. Publishing means -we remain in print for a lifetime, and we leave behind a legacy for generations of students. So take the time out to learn how to publish and how to sift through articles and assess them. Currently, online courses hand hold you through the process!

Yet, don't give yourself grief if you haven't got the knack for it or if you have not got it in all one go- figure out what is your way of being abreast with current knowledge and chose that path!

#### **7. FOMO – its raining conferences!**

Online, offline, hybrid!

Case presentations/ bedside/ off side/ hands on

Special talks/master classes/ one on one....

Now that's what we call the menu of all menus!

We have so many options, and as a student, often I would try to be here and there and everywhere. Not possible. When we commit to a conference presentation, we commit to doing it well. Don't say yes and then dish out PPTs which fail to deliver the goods. Today's students are way ahead of what I was. The presentations are better than most international ones, and the material is fabulous. But make it a point to have a few presentations to your resume. If you have a fear of presenting, start small. Present to your teachers. Presentation is like a performance, only practise will make it perfect.

#### **8. Social media – boon or bane!**

Love it, hate it, fear it, embrace it. It is here to stay!

I use to have such mixed feelings about social media. You don't have to be obsessive about it, but you need to know it. You need to learn about it and use it to build your brand and your USP. That why it is considered versatile. IT is what you make of it.

#### **9. Keep your eyes and ears open**

Student grants, research fellowships, international exams. These are versatile resources to know and attempt. At present the world has shrunk, and you can take your education and use it to work in different parts of the world. Do not wait for people to come and tell you about these things , instead help yourself Explore, talk to your teachers, ask about the various opportunities. They say opportunity knocks only once. I don't agree, if you miss it, go out and find another door.

#### **10. Apna time aayega**

Enjoy your education. It is the only time you get to be honest, fearless and you get so much freedom – all under the "Chatra Chaya" of someone else. There is tremendous pressure now, yes, but you still have the freedom. Most of the current gen, is quite chill and casual. Thats great- don't be so casual as to allow your training and fellowships to breeze through.

Create everything- document your own pre and post surgeries photos, make your own videos , make your presentations and be creative. Your training years truly never come back.

Carpe diem! – seize the day!



# Ophthalmology-Oncology: Breaking Bad News! Lessons Learnt



**Dr Usha Singh**  
Professor of Ophthalmology  
Advanced Eye Center,  
PGIMER, Chandigarh  
Email: drushasingh@gmail.com



**Dr Kavita Poonia**  
Senior Resident  
Advanced Eye Center,  
PGIMER, Chandigarh  
Email: kavita\_poonia161@gmail.com

Bad news in healthcare scenario has been described as any bad, sad or significant information that can present a profound and life-changing experience, which impacts negatively a person's views or expectations of their present or future.<sup>1</sup> It relates to a feeling of helplessness, fewer choices, threat to a person's physical or mental well-being, and upsetting of an established lifestyle. Breaking bad news about a cancer diagnosis in any field including ophthalmology and supporting patients, their attendants as they progress through the illness is arguably one of the most challenging processes.<sup>2</sup> Receiving bad news about cancer, whether it takes the form of a diagnosis, prognosis, recurrence, ending active treatment or transition to palliative care is a challenging moment for patients and family members.

In a clinical setting, focussing on communication of bad news, can overlook the patient family structure and their relatives' readiness to provide support. This can fundamentally shape the experience of a cancer diagnosis in the home environment. The clinical setting of cancer patients in developing countries including India is much more complex, multifactorial and a conundrum of, geo-cultural and socio-economic aspects.<sup>3,4</sup>

## Goals of the Bad News Interview

Counselling the patient and their attendants/care givers about the diagnosis, treatment and prognosis of the disease in oncology has the purpose of achieving four purposes. The first is gathering information from the patient. This allows the clinician to determine the patient's knowledge and expectations and readiness to hear the bad news. In a typical setting, many presenting to a tertiary care centre would be already having a vague idea about the cancer diagnosis, however they may not be aware of the long-term implications, financial and social impact, prognosis based on their education, experience, background and intelligence levels. Once that baseline information is gained, the second goal is to provide intelligible information in accordance with the patient's needs and desires in a language they understand. The third goal is to support the patient by employing skills to reduce the emotional impact and isolation experienced by the recipient of bad news and the final goal is to develop a strategy in the form of a treatment plan with the input and cooperation of the patient.

The authors of several recent papers have advised that interviews about breaking bad news should include a number of key communication techniques. Many protocols have elucidated communicating bad news having minor changes, and various components of the communication process such as SPIKES<sup>5</sup>, ABCDE proto-

col<sup>6</sup>, Kayes's ten step model<sup>7</sup>, Pewter model<sup>8</sup> and the SUNBURN protocol<sup>9</sup>.

SPIKES protocol, was developed by Baile et al.<sup>5</sup> in 2000 as a communication tool for breaking bad news specifically to patients with cancer. SPIKES is an acronym for the six phases of a stepwise approach to sharing information that may upset patients. It is a specialized form of skill training in physician-patient communication, which is employed in teaching communication skills in other medical settings. These key skills are an important basis for effective communication.

### **The Six Steps of SPIKES. Step 1: Setting up the Interview**

The set-up of the meeting is important. Choose a quiet, consultation room which is a separate from a typically busy examination outpatient clinic. If the patient wants family or close friends to be there in support, make sure that these people are included as well. Sit at eye level with the patient and attendant, and make sure that they are listening attentively. Once the bad news has been conveyed, sufficient time should be given to the patient and her family to grasp the implication of the diagnosis

*Our take: However, in an Indian scenario, we need to keep in mind the attitude of in-laws or parent of a patient. Prime importance should be given to the wishes of the patient or prime caregiver on a long-term basis, e.g. parents of a child. The surgeon also has to assess the mental makeup of the attendants and their relation with the patient, regarding the positive support they can give to the patient. At times it is not prudent to include difficult relations as it could lead to social and family problems. Exercise caution if we are declaring any one parent a carrier of the disease in front of in-laws. Parents and attendant attitude may also vary if it is a girl child with cancer.<sup>11</sup> Counselling can be done in a clinical setting when the rush is over and exclusive time can be given to the patient for discussion related to bad news and treatment options and plans.*

**Step 2 (Perception):** Assessing the Patient's perception. Steps 2 and 3 of SPIKES are points in the interview where we implement the axiom "before you tell, ask." Perception refers to the patient's current level of knowledge about their medical issue and their thoughts about their status on the road to recovery. So, we have to ask the patient that what does he know about their disease and oncology history up to this point? Recap their disease and any previous treatment before we explain the results or a new treatment plan. Based on

this information we can correct misinformation and tailor the bad news to what the patient understands.

*Our take: This is very true as patient's attendant likely have visited more than one hospital when unable to come to terms with bad news and /or are looking for second opinion, conservative, less destructive management. This is the time to clear all misconceptions in a gentle and professional manner. They should be encouraged to voice their queries and doubts.*

**Step 3 (Invitation):** Obtaining the Patient's invitation. While a majority of patients express a desire for full information about their diagnosis, prognosis, and details of their illness, some patients do not. So, it is essential to ask the patient that how much and what kind of information they prefer to receive.

*Our take: Majority prefer to hear the nature of treatment modality. It is essential to describe the purpose, effects, side-effects and expected outcome of each treatment type in percentages in a simple language relevant to his background and education level. Patient information sheets are useful if given in the local language understood by them.*

**Step 4 (Knowledge):** Giving knowledge and Information to the patient. Again, it's important to ask the patient how much they understand and meet them there. Give the news in small, easily digestible chunks using words that fit the patient's level of comprehension. Allow them to process what we told them before we present more information. Avoid using medical terminology or jargon and phrases that promote helplessness, such as, "There's nothing more that we can do".

*Our Take: Using words such as good report or bad report makes it easier for patients to understand. Positive aspects of the treatment should be emphasized.*

**Step 5: Emotions and empathy:** Responding to the patient's emotions is one of the most difficult challenges of breaking bad news.<sup>3,4</sup> Patients' emotional reactions may vary from silence to disbelief, crying, denial, or anger. Observe their emotions. Identify the emotions. Identify the reason for the emotions (usually the bad news). Tell the patient that we understand the emotions, such as, "I know this is not the news you were expecting today" or "I can see this information is upsetting to you."

*Our Take: In an Indian scenario, majority of patients face financial hardships and get overwhelmed at the cost of the treatment. A surgeon should never take a*

financial decision for the patient. Rather financial concerns should be enquired and addressed by providing information about Govt. cancer treatment schemes, supporting NGO's and informal funding groups.

At times we may encounter, even the most educated of parent who refuse to take in whatever information has been given to them. This is not due to lack of trust but because of being highly emotional. Money is not their concern but believe cure can be achieved irrespective of the advanced disease. It is best to counsel another calm member of the family and tackle treatment goals one at a time. Multiple counselling sessions may be required. Counselling by younger colleague familiar with treatment can be useful in dissipating the stressful situation.

**Step 6: Strategy and summary:** Before discussing a treatment plan or recommendations, make sure that the patient is ready. This takes some time and the due time needs to be given to them (it may vary from one patient to another) to come to terms with reality and be ready to hear course of action. Give clear and precise information about the next steps or available options. If no further treatment options are available or the patient chooses to decline any further therapy, discuss referral to palliative care or hospice. Patients have less anxiety when they know all their options, are involved in decision making, and have a clear plan in place.

Authors from developing countries Narayanan, Bista, Koshy from India and Nepal developed the BREAKS protocol method in 2010<sup>8</sup> making it relevant. It is an alternative process for sharing difficult news consisting of six steps.

- 1) **Background:** We should make sure the patient's situation – not only their diagnosis and outlook but also their socio-economic and educational status as well as their support system.
- 2) **Rapport:** This step is sometimes easier said than done, but with practice, it can become second nature. As a physician, you'll be the face a patient associates with their diagnosis and recovery.
- 3) **Explore:** Start with what the patient knows and explore from there. Sometimes, the patient will be well-informed, but others may be misinformed and need more guidance.
- 4) **Announce:** The exploration stage should set you up for the right way to announce the news. If the patient is already emotional, mirror their emotions and proceed with empathy.

5) **Kindle:** Either way, at the end of the announcement, we should confirm that the patient understands what we have told them. This happens in the "kindling" step.

6) **Summarize:** Use the summarization stage to revisit the main points of the meeting as well as the formation of a plan to move forward.

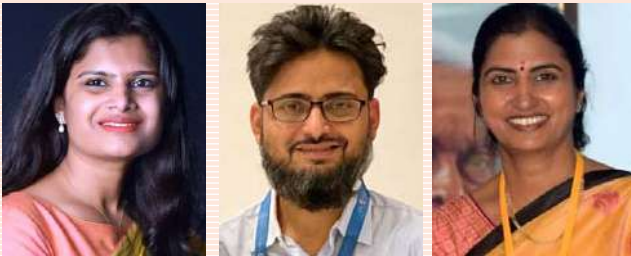
Bad news is always bad however well it is said. Breaking bad news is an art to be learnt through training. In a study aimed at assessing ophthalmologist's interpersonal skill in delivering bad news, it was found that formal training in breaking bad news was associated with better self-perceived ability score.<sup>12</sup> This has implications towards changing education framework to improve the practise of breaking bad news. It is clear that this art can be learned with practice towards patient care. Interacting with such patients and effectively communicating is essential for nursing community too as they commonly encounter conditions in breaking bad news which requires patience, empathy and refined communication skills using patient-centred communication techniques.<sup>13</sup> In conclusion, a skilful delivery of bad news can provide comfort for the patient and family.

## References:

1. Fallowfield, L., & Jenkins, V. Communicating sad, bad and difficult news in medicine. *Lancet*. 2004;363:312–319.
2. Gorniewicz J, Floyd M, Krishnan K, Bishop TW, Tudiver F, Lang FJPe, et al. Breaking bad news to patients with cancer: a randomized control trial of a brief communication skills training module incorporating the stories and preferences of actual patients. *Patient Educ Couns*. 2017;100(4):655–666.
3. Gautam S, Nijhawan M. Communicating with cancer patients. *Br J Psychiatry*. 1987;150:760–4.
4. Kumar V, Sarkhel S. Clinical Practice Guidelines on Breaking Bad News. *Indian J Psychiatry*. 2023 Feb;65(2):238-244. doi: 10.4103/indianjpsychiatry.indianjpsychiatry\_498\_22. Epub 2023 Jan 30.
5. Baile, W.F., Buckman, R., Lenzi, R., Glober, G., Beale, E.A. and Kudelka, A.P. SPIKES – A Six-Step Protocol for Delivering Bad News: Application to the Patient with Cancer. *The Oncologist*. 2000; 5: 302-311.
6. Rabow MW, McPhee SJ. Beyond breaking bad news: How to help patients who suffer. *West J Med*. 1999;171:260–3
7. Kaye P. *Breaking Bad News: A 10 Step Approach*. Northampton, MA: EPL Publications; 1995.
8. Nardi TJ, Keefe-Cooperman K. Communicating bad news: A model for emergency mental health helpers. *Int J Emerg Ment Health*. 2006;8:203–7
9. Velez D, Geberding A, Ahmeti M. SUNBURN: A protocol for delivering bad news in trauma and acute care surgery. *Trauma Surg Acute Care Open*. 2022;7:e000851. doi:10.1136/tsaco-2021-000851
10. Narayanan V, Bista B, Koshy C. 'BREAKS' Protocol for Breaking Bad News. *Indian J Palliat Care*. 2010;16(2):61-5. doi:10.4103/0973-1075.68401.
11. Bhatia KP, Ganguly S, Sasi A, Kumar V, Deo S, Agarwala S, Radhakrishnan V, Swaminathan R, Kapoor G, Manoharan N, Malhotra S, Pushpam D, Bakhshi S. Sex disparity in childhood cancer in India: a multi-centre, individual patient data analysis. *Lancet Oncol*. 2023 Jan;24(1):54-63. doi: 10.1016/S1470-2045(22)00688-X.
12. Nicole M Fuerst, Jessica S Watson, Nicole A Langelier et al. Breaking Bad: An Assessment of Ophthalmologists' Interpersonal Skills and Training on Delivering Bad News. *J Acad Ophthalmol* 2018;10:e83–e91.
13. Rosenzweig MQ. Breaking bad news: a guide for effective and empathetic communication. *Nurse Pract*. 2012;12;37(2):1-4. doi: 10.1097/01. NPR. 0000408626.24599.9e.

# Mapping Mentors' Minds

## MENTORS ON PANEL



Dr Swathi Kaliki (SWK) Dr Shahid Alam (SA) Dr Usha Kim (UK)



Dr Sima Das (SD) Dr Kasturi Bhattacharjee (KB)

1. **Swathi Kaliki**, Head, OEU Institute for Eye Cancer, Head, Hariram Motumal Nasta & Renu Hariram Nasta Ophthalmic Plastic Surgery Center, LV Prasad Eye Institute, India.
2. **Dr. Shahid Alam**, Academic Director, Senior Consultant, Orbit, Oculoplasty, Reconstructive & Aesthetic Services, Sankara Nethralaya, Kolkata
3. **Dr. Usha Kim**, Head, Department of Orbit, Oculoplasty, Ocular Oncology and Ocular Prosthetics at Aravind Eye Hospitals, Madurai.
4. **Dr Sima Das**, Director, Oculoplasty and Ocular Oncology and Medical Education, Dr Shroff's Charity Eye Hospital, New Delhi.
5. **Dr. Kasturi Bhattacharjee**, Director (Clinicals and Academics), Sri Sankaradeva Nethralaya Group Of Institutions, Guwahati, India.

## Q1. What do you look for a prospective fellow in a candidate during fellowship interview ?

**SWK** - The most important necessity for any prospective candidate for the fellowship program is willingness to learn and qualities of being a team player. These qualities make an individual a perfect student who can be moulded into an empathetic and skilled oculoplastic surgeon

**SA** -The trainee should have a keen interest in oculoplastics and not select the specialty as a backup choice. They should have sound knowledge of general ophthalmology and basic knowledge of oculoplasty – especially anatomy and broad treatment principles of common conditions. Some surgical experience is always desirable – mainly of simple procedures like lid laceration repair or eversion

**UK** -Academic excellence is not the priority.

It is the attitude which is very important and the ability to convert the knowledge into wisdom. In a nutshell, common-sense is what I look for first ,since a lot is to do with interpretation

**SD** -Passion and learning attitude are the two most important attributes. Skill can be taught as long as the attitude and desire to learn is in place. Oculoplasty and paediatric ophthalmology are often not the speciality which yields quick and gratifying results or even financial remuneration. Often, extreme patience is needed to see the impact of the ones work and unless the individual is passionate about the subject, it can be boring. Oculoplasty often needs collaboration with various other specialities and Team work and communication skill are often useful attributes for a Oculoplasty fellow. Understanding the career goals and how they align with the

choice of speciality are also important considerations while selecting a candidate for fellowship training.

**KB** -During fellowship interviews, I look for candidates who demonstrate a strong passion for the field, excellent communication skills, a commitment to lifelong learning, and the ability to work well in a team.

### **Q2. Fellowship can be stressful - What is your advice to the candidates while going through the grill?**

**SWK** - A fellow should join a fellowship program after understanding its requirements. Its a starting point to a great journey and a promising future. They should trust in the process and give their 200% to the program. Joining the fellowship program with a commitment and dedication will make the journey smoother. A good rapport with colleagues and seniors will make the journey easier and enjoyable

**SA** -One must enjoy every moment of your fellowship. Just think that you have devoted two years of your life to Oculoplasty and blocked out all other unnecessary distractions. There are bits of happiness spread all throughout, like a paper getting accepted for presentation, or doing some steps in surgery, learning a new procedure, performing an independent case, a publication in a journal. Each of these small achievements should be cherished and one must enjoy every bit of these - soon there won't be any stress. Stress comes from mismanagement of time, lack of knowledge and unable to multitask – but if you keep distractions out and fall in love with the subject, under a good mentor, there will be no stress.

**UK** - We have three days observation session for the candidates. I allow them to look at all the aspects of the fellowship program, ask them to interact with our own existing fellows and discuss with the other sub-speciality Fellows as well.

I will ask them to define what they are looking for actually.

Create a plan on the very First day and allow them to understand the same.

Unless they know what they are getting into they will not enjoy, they feel stressed out every day.

**SD** - Oculoplasty has a vast spectrum and for a new fellow the initial acclimatization period could be quiet overwhelming. Having a good rapport with colleagues and senior fellows often helps in tiding over the initial phase. Often, the expectations from a fellow are not limited to clinical performance but also involves contri-

butions in research, publications, presentations as well teaching responsibilities. It's important to be disciplined and stick to timelines and not let work pile over and become a reason for stress. Work is not often the cause of stress if one enjoys doing it. Celebrating small achievements, get together and short hangouts with colleagues, investing personal time (whatever is available!) in hobbies or with family are absolutely essential to ensure a smooth sailing.

**KB** - Fellowship can indeed be stressful, but my advice to candidates is to stay focused, maintain a healthy work-life balance, seek support from mentors and colleagues, and remember to take breaks to recharge in the form of attending conferences, leadership workshops and skill transfer courses.

### **Q3. How important it is to also focus on the research aspect during the fellowship?**

**SWK** - Research is an important component of any education program. Unfortunately, it is never stressed upon during medical college or residency in India. For most fellows, exposure to research starts during fellowship. Having a strong mentor to help them through the process of research is very helpful. Research keeps you engaged with the subject and makes it more interesting. It is a way to connect with colleagues around the world and propel science in the right direction

**SA** - Fellowship is a time where you can genuinely nurture your research interest since most of us don't get that opportunity during our post-graduation. All these institutes offering fellowships have heaps of data and it is up to the fellow to utilize it. Working on various projects during the fellowship not only increases your visibility when it gets published but your depth of knowledge increases while working on it since you get to read a lot.

**UK** - It is very important that they have the inquisitiveness.

It is not just about publishing, It is about being curious, analytical and the extrapolation which will sharpen their thought process.

**SD** - Research is an integral part of any fellowship program. While residency introduces one to the basic concepts of research, the true application of those concepts can be done during fellowship. Residency prepares the base of the cake, fellowship often is the icing on the cake! Research aptitude and outcomes are an essential ingredient of the icing bringing out the true flavour of the fellowship program. Research, presentations and publications are also essential for gaining recognitions

among the peer group which is important if the candidate aspires to pursue an academic career.

**KB** - It absolutely is! But the question you need to ask is, is intense research worth it, and that answer would also be a resounding yes! Think about research during your fellowship as akin to a bootcamp. In a bootcamp, you undergo an extreme amount of physically intense, high-intensity workouts for 50 minutes, building physical endurance for weeks and months to come. Similarly, in my fellowship program, you're building the mental muscles necessary for conducting research that will endure for years and decades to come. Diving deep into research during your fellowship builds those mental muscles that keep you ahead of the game, not just today, but also 20 years down the line. It's about laying the groundwork for a career where you're not just keeping up with advancements but driving them forward. So, yes, it's intense, but trust me, the gains are worth it, both now and in the decades to come.

#### **Q4. What according to you are 3 qualities for a good fellow ?**

**SWK** - Willingness to learn, Hardworking, and Sincere

**SA** - A. Punctual, B. Sincere C. Honest. Rest everything will follow automatically

**UK** - a. Right Attitude, b. Willingness to be a Team Player, inclusive practise leaving behind the I know it all attitude, and, c. willing to learn and adapt

**SD** - Discipline, empathy and ability to take initiatives are the important attributes each doctor needs to have. In the day-to-day grill of clinical work, humans tends to get converted to patients and eventually lands up being a case and part of logbook entry. An empathetic attitude is essential to ensure that the 'human touch' is not lost while dealing with disease and patients. While skill can cure a disease, empathy can help in healing and this I believe is the most important quality of a 'good fellow' and a good doctor!

**KB** - Three qualities for a good fellow include dedication to patient care, a thirst for knowledge and innovation, and the ability to collaborate effectively with ur peers

#### **Q5. How can a fellow work towards refining his/her surgical skills?**

**SWK** - There is no greater skill than keen observation. Ability to perform a fine surgery is not directly proportional to the number of surgeries performed. Rather, it is directly proportional to the fellow's observation skills. You have to be a great surgical assistant to be a great

surgeon. Refinement of surgery is a continuous process and happens throughout the career

**SA** - Oculoplasty is quite different from other specialties owing to a variety of cases. No fellow can get hands on for all types of cases during the fellowship. Observing while assisting your senior is the key to improve your surgical skill. Never say no to any surgical opportunity. The fellow can apply for an adjunct post in the institute to get more surgical experience.

**UK** - Observe your seniors, not just one surgeon , observe multiple surgeons .

Observe available videos and then record your own surgery, observe them and look at each step closely and discuss with your mentor .

**SD** - A plethora of options are available these days to help a fellow refine his/her surgical skills. Wet lab practice, simulators can help in rehearsing and refining the techniques before one start operating on real patients. Excellent video resources are available on online platforms these days which are helpful for beginner surgeons. The traditional concept of 'see one and do one' still holds good for any surgical training and a lot can be gained just by assisting a surgery. Assisting a surgery is 'half doing' it, hence any opportunity to scrub and assist should always be looked for rather than just observing passively from a distance. It helps in getting not only a physical feel of handling tissues and instruments but more importantly ensures one is mentally focussed on the surgery. At the end of the day, surgical practice happens not only in wet lab and OR but in our mind. Visualization and rehearsing the steps of the surgery in our mind helps immensely in anticipating the steps and possible complication in real patients and can help immensely in reducing apprehension and anxiety , especially for beginner surgeons.

**KB** - Fellows can refine their surgical skills by seeking mentorship from experienced surgeons, attending workshops and conferences, practicing on simulators and cadavers, and continuously seeking feedback and self-assessment.

#### **Q6. What is your advice / message to YO's planning to pursue Oculoplasty as a career?**

**SWK** - Oculoplasty is a great choice for fellowship and career. Give your best to the fellowship program to have a great future ahead

**SA** - To be very honest, the prospect of Oculoplasty today is quite different as it used to be few years ago. While pursuing your dream is understandable, one

should also be aware of the demands in the market and right now there is lot of struggle especially in the metros. One needs to understand that the number of cases in oculoplasty are quite limited as compared to other specialties.

My advise would be, and again this is my own view and people can disagree, not to leave out cataract surgery from the picture. Surviving just on Oculoplasty may be very difficult and one will need to do a lot of free-lancing. So while you are doing Oculoplasty, dont forget your cataract skills!

**UK** - Orbit & Oculoplasty is a field which is full of surprises and adventures. Be prepared to think out of box.

Hard work is the only option to succeed .

Clarify all your queries because this is your practice ground

**SD** - Oculoplasty is a beautiful speciality, it blends artistry with science and the vast scope, and the challenging nature of the specialty provides immense opportunity to make a beautiful difference in the lives of the

patients. However, it can be fulfilling and gratifying when one tends to savour it as a main course and not like a side dish!

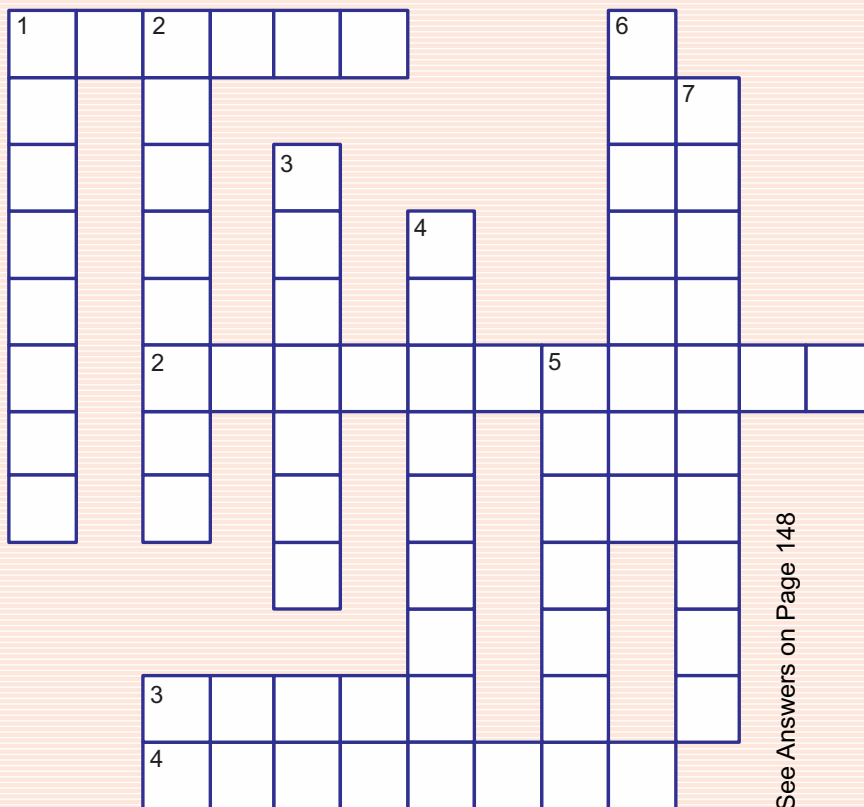
**KB** - To YOs planning to pursue Oculoplasty as a career, I advise gaining diverse clinical experiences, seeking mentorship from experts in the field, actively participating in research, and staying updated on the latest advancements in technology and techniques.

The field is changing not every year but in every couple of months. You need to be abreast with the latest tech. I would like to give a suggestion to the YO, is that when you try to pick a fellowship prog, you need to give time to understand the institutional culture and attitude towards recent advancements, technology. I would strongly suggest to take time to understand how the institution and faculty keep up with the latest developments and progress in the field. This is what I want to stress on.

And finally remember that always we have to constantly develop our communication skills and foster a compassionate clinical manner for success in this rewarding specialty.

## Brain Chow-2

# CROSSWORD



See Answers on Page 148



**Dr Aditya Suresh Dutt Sharma**  
Oculoplasty Fellow  
LV Prasad Eye Institute

### ACROSS

- 1 Muscle sandwiched between conjunctiva and aponeurosis
- 2 Subspeciality of Ophthalmology
- 3 Oromandibular dystonia+blepharospasm
- 4 Bicanalicular Stent

### DOWN

- 1 Rotational flap
- 2 Ligament
- 3 Classification of contracted socket
- 4 Septa around orbital fat
- 5 Upper lid elevator
- 6 Tubercle and ligament
- 7 Nobel laureate ophthalmologist

Researches highlight that addition of

# Trehalose to HA

provide better Symptomatic relief in patients with moderate to severe Dry Eye



In the management of moderate to severe Dry Eye<sup>§</sup>

R<sub>x</sub>

# Soha Liquigel

Sodium Hyaluronate 0.18% w/v sterile eye drops

Natural Protection<sup>#</sup> that Lasts Long<sup>1</sup>

With Triple Advantage of

Trehalose

Sodium Hyaluronate

Carbomer

Preserved with  
SOC<sup>®</sup>



Available in 5 ml & 10 ml



# V. Training Right – Opportunities Bright !

1. Oculoplasty Fellowships in India – What, Where and How?  
*Dr Akshay G Nair*
2. **Overseas Oculoplasty Fellowship Opportunities**
  - **Flying Fellows’ Fables**
    - International fellowships in Oculoplastics: An Overview  
*Dr Aditi Mehta, Dr Rwituja Thomas*
    - My International Fellowship Experience – USA  
*Dr Pallavi Singh*
    - My experience of International fellowship in Oculoplastics & Orbital Surgery – Canada  
*Dr Namrata Adulkar*
    - My International Fellowship Experience in Singapore  
*Dr Raghuraj Hegde*
    - Training in “the beyond” – UK Experience  
*Dr Oshin Bansal*
    - International Fellowship In Sydney Eye Hospital – Australia  
*Dr Manju Meena*

# Long-term Ophthalmic Plastic Surgery Fellowship Institutes in India



Compiled By

## **Dr Akshay G Nair**

DNB, FACS

Consultant, Department of Oculoplastic Surgery & Ocular Oncology:

Mumbai Units of Dr. Agarwal's Eye Hospital

\* Aditya Jyot Eye Hospital, Wadala, Mumbai

\* Advanced Eye Hospital & Institute, Navi Mumbai

\* Aayush Eye Centre, Chembur Mumbai

Sankara Eye Hospital, Panvel, Navi Mumbai

Honorary Faculty: Lokmanya Tilak Municipal Gen-

eral Hospital & Medical College, Sion, Mumbai

[www.drakshaynair.com](http://www.drakshaynair.com)

## **Khan Bahadur Haji Bachooali Ophthalmic and ENT Hospital, Mumbai**

*Preceptor:* Dr Prithesh Shetty

*Faculty Members:* 01 - Dr Prithesh Shetty

*Total intake per session:* 1 per session

*Sessions per year:* Every March and August interview

*Duration of Fellowship:* 18 months

*Month of commencement:* April / September, every year

*Contact (email):* [kbhb.hospital@gmail.com](mailto:kbhb.hospital@gmail.com),

[pritheshbshetty@gmail.com](mailto:pritheshbshetty@gmail.com)

## **Sri Sankaradeva Nethralaya, Guwahati, Assam**

*Preceptors :* Dr Kasturi Bhattacharjee, Dr Ganesh Ch Kuri, Dr Shyam Sundar Mahapatra

*Total intake :* 2 per session

*Sessions per year:* Two

*Duration of fellowship:* 24 months– 30 months

*Contact (email):* [kasturibhattacharjee44@hotmail.com](mailto:kasturibhattacharjee44@hotmail.com)

## **Center for Sight, Banjara Hills, Hyderabad**

*Perceptor:* Dr. Santosh Honavar

*Faculty Members:* 3

*Total intake per session:* 2

*Sessions per year:* 2

*Duration of Fellowship:* 18 months + 6 months (International)

*Month of commencement:* January, July

*Contact (email):* [education@centreforsight.net](mailto:education@centreforsight.net)

## **Shri Ganapati Netralaya, Jalna, Maharashtra**

*Perceptor:* Dr Mangesh Dhobekar

*Faculty members:* 1

*Total intake:* 1 per session

*Sessions per year:* 1

*Duration of Fellowship:* 18 months

*Month of commencement:* July

*Contact:* [admin@netralaya.org](mailto:admin@netralaya.org)

## **Giridhar Eye Institute, Kochi, Kerala**

*Perceptor:* Dr. Marian Pauly

*Faculty Members:* Dr. Shebin S.

*Total intake per session:* 1

*Sessions per year:* 1

*Duration of Fellowship:* 18 months

*Contact:* [giridhareye@gmail.com](mailto:giridhareye@gmail.com)

**Aravind Eye Hospital, Chennai**  
*Preceptor:* Dr. Vikas Menon, Dr. Jayashree B.  
*Faculty Members:* 4  
*Total intake per session:* 1  
*Sessions per year:* 2  
*Duration of Fellowship:* 24 months  
*Month of commencement:* January, June  
*Contact (email):* [revathy.kannadhasan@aravind.org](mailto:revathy.kannadhasan@aravind.org)

**Aravind Eye Hospital, Madurai and other centres**  
*Preceptor:* Usha Kim  
*Faculty members:* 4  
*Total intake per session:* 2-4  
*Sessions per year:* Variable  
*Duration of fellowship:* 18 months  
*Contact:* [aurovikasonlineapp@aravind.org](mailto:aurovikasonlineapp@aravind.org)  
*Applications open through:* <https://aravind.org/courses/fellowship-in-orbit-oculoplasty>

**Indira Gandhi Eye Hospital, Lucknow, UP**  
*Preceptor:* Dr Nidhi Pandey  
*Faculty Members:* 13  
*Total intake per session:* 1  
*Sessions per year:* 1  
*Duration of Fellowship:* 18 months  
*Month of commencement:* Depends on availability - usually June  
*Contact:* [recruitment.igehrc@gmail.com](mailto:recruitment.igehrc@gmail.com),  
[udit.igehrc@gmail.com](mailto:udit.igehrc@gmail.com), [drnidhipandey@gmail.com](mailto:drnidhipandey@gmail.com)

**Sankara Nethralaya, Kolkata**  
*Preceptor:* Dr Mohammad Shahid Alam  
*Faculty Members:* Dr Debi Kundu  
*Total intake per session:* 1  
*Sessions per year:* 2  
*Duration of Fellowship:* 2 years  
*Month of commencement:* January and July  
*Contact (email):* [academic@snmail.org](mailto:academic@snmail.org)

**Sankara Nethralaya, Chennai**  
*Preceptor:* Dr Bipasha Mukherjee  
*Faculty Members:* Dr Kirthi Koka, Dr Sonam Poonam Nisar, Dr Varsha Backiavathy, Dr Preeta Nair, Dr Mrittika Sen  
*Total intake per session:* 2  
*Sessions per year:* 2  
*Duration of Fellowship:* 2 years  
*Month of commencement:* January and July  
*Contact (email):* [academic@snmail.org](mailto:academic@snmail.org)

**Sadguru Netra Chikitsalaya and PG Institute of Ophthalmology, Chitrakoot**

*Preceptor:* Dr. Narendra Patidar  
*Faculty :* 07  
*Total Intake Per Session:* 3 Candidates  
*Sessions Per Year:* 2  
*Duration of Fellowship:* 3 Year (Oculoplasty+ Cataract)  
*Month of Commencement:* August and February  
*Contact (email):* [snc.edu@sadgurustrust.org](mailto:snc.edu@sadgurustrust.org)

**Vision Eye Centre, New Delhi**  
*Preceptor:* Dr AK Grover  
*Faculty Members:* 2  
*Total intake per session:* 1  
*Sessions per year:* 1  
*Duration of Fellowship:* 12 months  
*Contact (email):* [drrahulcumarsingh000@gmail.com](mailto:drrahulcumarsingh000@gmail.com)

**Little Flower Hospital, Angamaly, Kochi**  
*Preceptor:* Dr Ani Sreedhar  
*Faculty:* 03  
*Total intake per session:* 01  
*Session frequency:* Once in 2 years  
*Duration of fellowship:* 2 years  
*Month of commencement:* October  
*Contact:* [anisreedhar2002@gmail.com](mailto:anisreedhar2002@gmail.com)

**Sankara Eye Hospital, Bengaluru and Coimbatore**  
*Preceptors:* Saptagireesh R, Shruthi Tara  
*Faculty:* 04  
*Total intake per session:* 1-2  
*Session frequency:* Once a year  
*Duration of fellowship:* 24 months  
*Month of commencement:* December  
*Contact:* <https://sankaraeye.com/education/>

**LV Prasad Eye Institute, Hyderabad, Bhubaneswar, Vijaywada**  
*Faculty:* 12  
*Total Intake per session:* 1-3  
*Total Sessions per year:* 02  
*Month of commencement:* January and July  
*Duration:* Comprehensive + Oculoplastics – 3 years  
*Contact:* [education@lvpei.org](mailto:education@lvpei.org)

**Dr. Shroff's Charitable Eye Hospital, New Delhi**  
*Preceptor:* Sima Das  
*Faculty:* 03  
*Total Intake per session:* 1  
*Sessions per year:* 02  
*Month of commencement:* May and November  
*Duration:* 2 years  
*Contact:* [training@sceh.net](mailto:training@sceh.net)

# International Fellowships in Oculoplastics: An Overview



## Dr Aditi Mehta

MBBS, MD Ophthalmology  
Consultant Ophthalmic Plastic  
and Reconstructive Surgeon,  
Grewal Eye Institute,  
Chandigarh  
aditimehta7@gmail.com



## Dr Rwituja Thomas

MBBS,DNB,FICO, FNN  
(Oculoplastics), MRCS (Ophth)-  
Edinburgh  
Consultant Ophthalmic Plastics,  
Orbit, Ocular Oncology and  
Oculofacial Aesthetics Services  
Vision Eye Centres, New Delhi  
thomas.rwituja@gmail.com

An international rotation is a dream opportunity to enhance your skill set and experience a new culture and environment, with both being essential for professional and personal development.

It also serves as an opportunity to test the waters, for someone who wants to move to another country. A fellowship there not only helps build connections but provides a “hands-on” experience in the lifestyle and work culture.

In this article, we will briefly share an overview of the international fellowship opportunities.

## Types of Fellowships:

1. **Research Fellowship:** This may be considered an observership with a focus on research and teaching. The scope of one-on-one patient care activities as well as first hand surgical exposure is very limited, but one can imbibe a lot by shadowing and observing. The paperwork and application process are fairly straightforward. Candidates must have a valid VISA. There is a less rigid licensing requirement. Financial support or sponsorship is not provided, and the candidate may avail this from their home institution. Duration varies from 3-12 months.
2. **Clinical Fellowship:** These focus on direct clinical experience and patient care where the candidates get hours of hands-on surgical training. The candidate needs to have a recognised medical qualification for that country and meet the strict licensing requirements. The positions offered may be partially funded but typically require more substantial personal support than a research fellowship. Overall, these are more difficult for international medical graduates to obtain. One huge advantage is that they can open a route for an employment position in another country in the long term.

## Reasons to consider an international fellowship:

- Enhance clinical skill-set in terms of protocol and evidence-based clinical practice, structured training and exposure to a spectrum of varied pathologies (eg. South East Asia for Asian eyelid surgery; cutaneous melanoma and its management in Caucasians).
- Enhance soft skills set- focus on patient interaction and preferred practice patterns.
- Enhance surgical skills- one may pursue a fellowship under the mentorship of a pioneer for a particular

technique to learn it

■ Develop future research collaborations and connections. These continue even after the fellowship is completed and one may continue to associate with the institute at future research meetings, alumni dinners-keeping one enriched in the academic circles.

**Checklist before considering an international fellowship:**

■ **Qualifications:** Does your medical degree and education meet the standard requirement for the country

■ **Visa and Licensure:** A lot of countries' oculo-plasty or ophthalmology websites have checklists for verifying

the pathway open to you and enlist the detailed requirements for licenses- starting from language to medical insurance and state examinations that you need to clear. Before approaching a mentor, it is imperative you verify these and apply to match the required licenses.

□ **ICO fellowships:** the licensing requirements are streamlined by appearing and qualifying for the ICO examinations.

— The ICO Three-Month Fellowships help promising young ophthalmologists from low-resource countries to enhance their practical skills and broaden their perspectives of ophthalmology by applying to a mentor in your field of interest

**Summary of available options for international oculo-plasty fellowships/ experiences, apart from those offered by ICO and IOFF:**

<i>Region</i>	<i>Society</i>	<i>Pros</i>	<i>Cons</i>
Asia and the United States	Asia Pacific Association of Ophthalmologists (APAO)	Moderate funding and the opportunity to venture outside of your continent	Only short term fellowships available
Website: <a href="https://apaophth.org/fellowship-program/">https://apaophth.org/fellowship-program/</a>			
South East Asia	Asia Pacific Society of Ophthalmic Plastic and Reconstructive Surgery (APSOPRS)	Cost of living is not too high	Language Barrier Cultural and food differences
Website: <a href="https://apsoprs.org/page/fellowship-exchange-1">https://apsoprs.org/page/fellowship-exchange-1</a>			
Australia & New Zealand	RANZCO	Fellowships are very well funded with good exposure in oculo-plasty and oncology	High cost of living, fewer opportunities as compared to America and Europe
Website: <a href="https://www.mcnz.org.nz/registration/getting-registered/tool/">https://www.mcnz.org.nz/registration/getting-registered/tool/</a>			
Europe and UK	European Society of Ophthalmic Plastic and Reconstructive Surgery (ESOPRS)	ICO or FRCS/FRCophth examinations can be cleared from designated examination centers within India and serve to fulfil most licensure requirements	High cost of living Weather Language barrier in some countries like, Italy, Spain, Germany, etc.
Website: <a href="https://www.esoprs.eu/news-papers/european-oculoplastic-orbital-fellowships/">https://www.esoprs.eu/news-papers/european-oculoplastic-orbital-fellowships/</a>			
North America	American Society of Ophthalmic Plastic and Reconstructive Surgery (ASOPRS)	High quality, standardized training at par with resident-fellows	High cost of living Strict licensing requirement, may vary amongst different states
Website: <a href="https://www.sfmach.org/specialty/ophthalmology-fellowship/overview">https://www.sfmach.org/specialty/ophthalmology-fellowship/overview</a>			
Middle East	Limited opportunities		
Application via ICO website: <a href="https://icoph.org/ico-fellowship/">https://icoph.org/ico-fellowship/</a>			
Africa	Not exactly a fellowship but rather a high volume, limited resource health care experience		
Antarctica	One can apply to be an Antarctic Medical Practitioner at a sub-station and/ or a voyage		

- The International Council of Ophthalmology (ICO) and Eye Cancer Foundation (ECF) six-month training opportunity is available for young ophthalmologists from low-resource countries who wish to gain a deeper insight into retinoblastoma diagnosis and treatment.
- IOFF foundation fellowships – have 3-12 month fellowships all over the world and each has funding from the foundation based on what is mentioned in the website at the time of application. One has to apply by filling in the application form and once approved, applying to individual institutes by emailing the respective program directors.
- Finances: Financial support should be available- the factors to consider are if you're moving alone, or with family, duration of fellowship, contingency measures.
- Personal adjustment: while we live in a global economy where every city has enough outlets for "Indian food", one must be prepared for the seclusion and isolation that may come with a cultural and regional change. Having a circle of friends to keep one's spirits uplifted helps, and so do the long working hours, but being mentally prepared for the sudden change in environment can go a long way in helping you adjust.
- Choosing your Mentor: while this is the unsaid first rule of the fellowship, the entire process of application, and acceptance, rests on the mentor-mentee relationship. Whenever one applies for the fellowship, the application is addressed to and comes under the purview of the selected faculty at that institute. Hence, establishing a personal relationship by meeting and interacting with them either in person at conferences and meetings or virtually via email will help in building the foundation for a future fellowship. Remember, if your mentor likes you, within reason, he can bend the rules to enhance your growth opportunities in the fellowship. In case the mentor you want to shadow does not have a fellowship of the duration that you require or if you don't have the requisite licensing needed to work with them, you can always email them and ask them to allow you to do an observership with them instead.

### References

1. <https://www.aao.org/young-ophthalmologists/yo-info/article/how-to-pursue-u-s-fellowship-international-yos-wha>
2. <https://icoph.org/ico-fellowship/>
3. <https://www.auckland.ac.nz/assets/fmhs/about-the-faculty/som/ophthalmology-department-images/fellowship-report-van-issum.pdf>
4. Gurnani B, Kaur K. Insights into career prospects after post-graduation in ophthalmology. *Indian J Ophthalmol.* 2021 Dec;69(12):3709-3718. doi: 10.4103/ijo.IJO\_1597\_21. PMID: 34827028; PMCID: PMC8837370.

# Flying Fellows' Fables

## My International Fellowship Experience – USA



### Dr Pallavi Singh

MD FICO  
Consultant (Oculoplastics, Oculofacial  
Aesthetics, Ocular Oncology, Strabismus)  
Private Practice, Ahmedabad  
drpallavisingh.rpc@gmail.com

“What is the benefit of doing an additional international fellowship” I would often ask myself, since I had already spent six years in ophthalmology (three years of residency and three years of senior residency specialising in oculoplastics, ocular oncology and squint) and not very keen on studying any more unless I absolutely had to! The answer was not very clear when I was applying for the fellowship but became very apparent as I finished it.

An international fellowship is the perfect combination of social and technical lessons that can smoothen what is rough around our edges and provide a whole new perspective on the way one practices medicine and life both. And my fellowship was life-changing to say the least!

I was extremely fortunate for the wonderful opportunity to be able to work and learn under the mentorship of Dr Robert Alan Goldberg at the division of Oculoplastics, Stein Eye Institute, UCLA. The fellowship was a 16-month hands-on training program for oculoplastic fellows who were selected through a rigorous application and interview process. The program was a tight-knit group with two domestic and one international fellow at a time providing for a lot of clinical and surgical exposure to everyone. I had the opportunity to participate in the management of some of the most intriguing cases I had ever seen and developed new insights into handling diseases that I had already managed during my training in India.

I also had the chance to learn some of the surgeries that were not as commonly performed during my training in India such as orbital decompression for thyroid eye disease, endoscopic DCR, combined orbital and sinus surgery, skull base approach via the orbit, and embolization of vascular malformations.

The cosmetic clinic with Dr Goldberg provided an excellent learning opportunity for understanding the nuances of using neuromodulators and hyaluronic acid for non-surgical improvement in facial cosmesis. The fellowship also provided an opportunity to assist facial plastic surgeons and learn a wide variety of procedures. This was all a novel experience for me and I was glad to be able to learn it from the best in the world.

I was also fortunate to be exposed to top-notch research practices during my fellowship. At UCLA, Dr Daniel Rootman headed some of the most interesting research sessions and as a result, I could be a part of several research projects, publish papers and attend conferences as a part of the UCLA team.

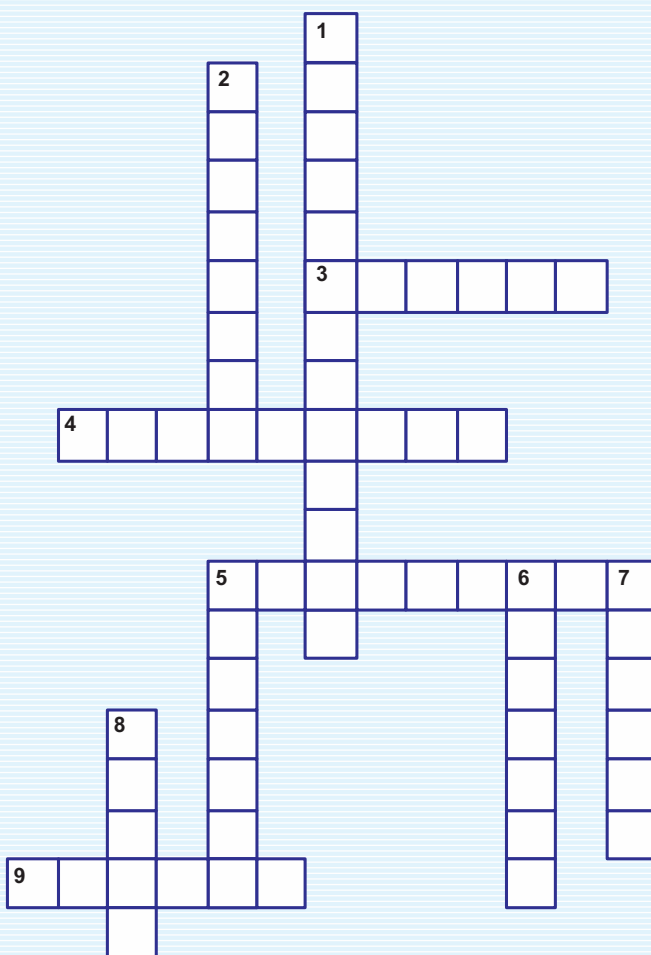
One of the most important takeaways from my fellowship had been the development of a personal rapport, both with colleagues and patients. Seeing Dr Goldberg talk to his patients was truly inspiring and a lesson in itself! Building a good rapport with colleagues from other departments has enabled the UCLA division of oculoplastics to go above and beyond in patient care and I hope to bring the same culture to back to India. The department was a family unto itself, with the most caring and welcoming doctors, nurses, and office staff.

My co-fellows from the time are my closest confidantes and cheerleaders till date. And last but not the least, the sun and the sand of southern California provide the most magical living experience anyone could ask for.

So what is the benefit of doing an additional international fellowship you ask? It can change your life I'd say. Make you a better surgeon, a more astute clinician, more patient with yourself and your craft and most importantly, get you friends for a lifetime!

### Brain Chow-3

## CROSSWORD (Ptosis)



### Dr Kavya M Bejjanki

Associate Ophthalmologist  
L V Prasad Eye Institute  
Kode Venkatadri Chowdary Campus,  
Tadigadapa, Vijayawada

#### ACROSS

3. It's like a see-saw, when you lift one eyelid, the other one goes down in this test
4. Maximal levator resection is beyond me
5. I am the suspender if levator action is poor or absent
9. Resect me if phenyl epinephrine test is positive

#### DOWN

1. Don't miss this blink check before surgery
2. Peek under the ptotic eyelid to uncover the hidden secrets of better vision!
5. In this test, ask the patient to hold upgaze for few minutes to induce this
6. Reattach me when I am disinserted
7. I am a distinct surgical landmark, a white line and marks the anterior boundary of the orbit
8. Patient closes tightly, examiner opens slightly

See Answers on Page 148



## Flying Fellows' Fables

# My experience of International fellowship in Oculoplastics & Orbital Surgery – Canada



### Dr Namrata Adulkar

MBBS, DNB, FRCS (UK), FAICO (Oculoplastics)  
Ophthalmologist, Oculoplastic, Oculofacial  
Aesthetic & Orbital Surgeon.  
Sunayan Eye Care & Aesthetic Clinic, Pune  
Dr D Y Patil Medical college, Pune  
Jehangir Hospital, Pune  
[www.drnamrataadulkar.com](http://www.drnamrataadulkar.com)

International training provides a global perspective to changing practice patterns, surgical innovations and medical advances in each medical specialty. It is crucial that one is aware of current prevalent treatments in your own region before embarking on an international experience.

I am an Oculoplastic surgeon currently based in Pune, Maharashtra. I have been extremely fortunate to have had my medical training at one of the best medical college and tertiary eye care institutions in the country. After completing my long term clinical fellowship at Aravind Eye Hospital, Madurai in 2013; I joined back as faculty to fine tune my clinical acumen and surgical skills. Over

the next 3 years, I had identified few areas in my subspecialty that I believed I needed more exposure and training and that is when my quest for an international fellowship experience began. I did a short 2month observership in Oculofacial Aesthetics under mentorship of Dr Bhupendra Patel at Moran Eye Center at University of Utah, Salt Lake City in USA. This experience gave me a sneak-peak into what subspecialty training is like in North America. When applying for a long term clinical fellowship overseas, I was very clear from the outset that I wanted to get into a program that offers hands-on surgical training and not just observership. That helped narrow down the options to - UK, Australia, Singapore and Canada. After emailing to prominent mentors at over 7-8 centers in different countries, applying to 5 programs and interviewing for 3 programs, I got offered a fellow position at 2 programs. Of the 2, I decided to join the 1-year long University of British Columbia (UBC) international fellowship program at the Eye care center and Vancouver General Hospital, Vancouver, Canada that was starting in July 2017. What ensued after accepting the offer was loads of documentation for acquiring VISA, work permit, temporary Canadian medical license and finding sponsorship for the year. After 16 months since first writing to my fellowship preceptor and wading through a sea of formal paperwork, I finally arrived in Vancouver. It felt surreal for sure!

During my one year of training in Vancouver, I had the opportunity to learn from some of the most committed clinicians and academicians in the field of ophthalmology and oculoplastics. I would specially mention Dr Peter Dolman, who was my supervisor and a very competent orbital surgeon. Under him, I learnt the nuances of oculoplastics and orbital surgery. Dr Dolman has done tremendous pioneering work in the field of thyroid related eye disease. I had the privilege to learn clinical



After a long OR day, with Dr David Rossman

assessment, decision making and perform surgery under his diligent supervision. Medical and surgical management of thyroid eye disease is one of the most frequently debated topics in oculoplastics and Dr Dolman has a wonderfully logical and straightforward algorithm for it. On an average, I attended outpatient clinics on 2-2.5 days per week and other 2.5-3 days in the OR. Eyelid procedures were mostly performed as day care procedures and under local anaesthesia at the Eye Care Center. I had the opportunity to assist and perform independently over 500 eyelid procedures including ptosis repair (anterior and posterior approach), blepharoplasties, entropion correction, ectropion repair, lid lowering surgeries, lagophthalmos correction with gold weight implants, lower lid elevation with spacer grafts, eyelid tumor excisions and reconstructions (including various flaps and grafts). All lacrimal and orbital surgeries were performed at the main operating room at Vancouver General Hospital under general anaesthesia. I received training in endoscopic endonasal dacryocystorhinostomy (DCR) under the supervision of Dr David Rossman, an excellent dacryology surgeon. By the end of first 6 months I was able perform independently endoscopic dacryocystorhinostomy under his able guidance. I learnt the techniques of nonendoscopic endonasal DCR from Dr Dolman. It is a quick but fairly challenging technique and I am happy I was able to grasp it. Dr Dolman was always encouraging in his feedback and provided valuable tips in every case. He would discuss in detail how I performed every step and what were areas that I should improvise on. Alongwith clinical and surgical skills, communication was an important aspect of practice that I learnt from Dr Dolman. He was always very calm and ever smiling when he met all his patients. His gentle demeanour always put his patients at ease and help develop great physician- patient rapport. These interpersonal skills are something that helped me greatly in my practice in Pune. Dr Vivian Yin is an ocular oncologist and oculoplastic surgeon and was the 3<sup>rd</sup> preceptor that I worked with in Vancouver. I



With Dr Peter Dolman and Dr Vivian Yin

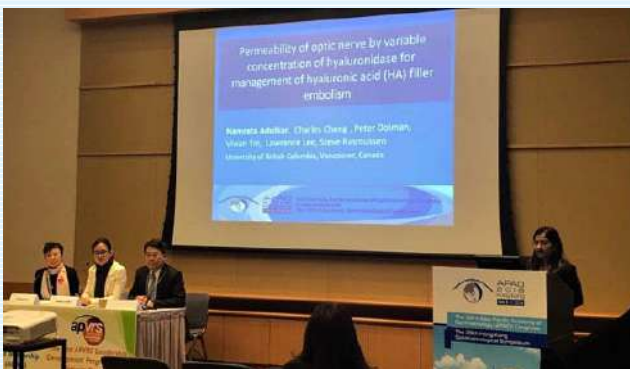
attended clinics with her and we had lengthy discussions about every patient seen in the day. I attended a rotation with the ocular pathologist and had the opportunity to review pathology slides of patients I saw in the clinics. I assisted on complex oncology cases requiring combined neurosurgical and ENT approaches. I had the wonderful experience of observing and assisting Mohs surgery team at the Skin care center during my tenure. Dr Jean Carruthers was a professor emeritus at the UBC and I had the pleasure of learning the nuances of facial aesthetics from her. I attended outpatient clinics and procedure in her private clinic. Non-surgical facial rejuvenation with botulinum toxin, dermal fillers, threadlifts, use of various lasers for anti-ageing treatment – are things I learned from her. Fellowship training in Canada is highly focused and tailored the fellow's requirements; there is only a single fellow under every preceptor at any given point and there is evaluation of the learning goals by the mentee & men-

My last day at Eye Care Center at Vancouver, receiving my fellowship certificate with Dr Peter Dolman and Dr David Rossman





Performing pediatric eyelid surgery under the supervision of Dr Dolman



Presenting my work done during fellowship at Asia Pacific Ophthalmology Conference in Hongkong in Feb 2018

tor at the end of every month. Vancouver program involves a great deal of postgraduate teaching. I presented interesting orbital cases at the monthly orbit rounds and also conducted oculoplasty oral exams for the final year postgraduate residents that year. I regularly attended the weekly grand rounds that were conducted every Friday morning which helped me keep updated with other subspecialties in ophthalmology. I had the opportunity to present the research projects I was working on during the fellowship at the Asia Pacific ophthalmology conference held in Hong Kong in February 2018 and Canadian ophthalmological society meeting in Toronto



Performing endoscopic endonasal DCR under supervision of Dr Rossman

in May 2018. I attended the fall meeting of the American Society of Ophthalmic Plastic and Reconstructive surgery (ASOPRS) held at New Orleans in November 2017 and was able to publish 2 papers at the end of my fellowship. Overall, it was a fantastic opportunity to learn a variety of new techniques & skills and upgrade my preexisting skills in the one year at Vancouver. Its been 7 years since I returned, I remain forever indebted for that experience. I have stayed in touch with my mentors and friends I made along the way. That one year surely did change my approach to Oculopalstics and life as a whole.

# Flying Fellows' Fables

## My International Oculoplastic Fellowship Experience in Singapore



### Dr Raghuraj Hegde

M.B.B.S.; M.S. Ophthalmology (Rio-Kolkata);  
F.A.I.C.O. (Oculoplastic Surgery);  
Head & Senior Consultant, Orbit, Ophthalmic Plastic  
Surgery & Ophthalmic Oncology Service,  
Manipal Hospital, HAL Airport Road, Bangalore.  
Adj. Faculty, Kempegowda Institute of Medical  
Sciences (KIMS), Bangalore.  
Fellowship: National University Health System  
(NUHS), Singapore  
Website: [www.drraghurajhegde.com](http://www.drraghurajhegde.com)  
Email: [raghuraj@drraghurajhegde.com](mailto:raghuraj@drraghurajhegde.com);  
[dr.raghuraj.hegde@gmail.com](mailto:dr.raghuraj.hegde@gmail.com)

My journey to being a sub-specialist in Ophthalmology started with MBBS from JSS Medical College, Mysore followed by residency from Regional Institute of Ophthalmology, Kolkata (RIO-K). It was during my time at RIO-K that I got interested in and then was inspired to take up ophthalmic plastics as a sub-specialty as I was working under Dr. Saumya Swarup Chatterjee whose pet passion was oculoplasty. Orbit & Oculoplasty also known as Ophthalmic Plastic Surgery was a niche sub-

specialty at the time and to some extent it still is. Since I had already had some limited training in basic oculoplasty during my residency, I was looking for a fellowship with advanced training in the sub-specialty. There were very few options for fellowship in Ophthalmic Plastics in India at the time. Only the big 3 institutes of India had long term fellowships in oculoplasty and a lot of competition for them too. After a short stint of a few months in LV Prasad Hyderabad as a research fellow under Dr. Santosh Honavar I chose to wait for the outcomes of the fellowships I had applied to in India and abroad. I had applied to several institutions in UK, Australia and Singapore. After more than a year of waiting, I was shortlisted for fellowship in Melbourne, Sydney and Singapore. Even though by then, I was offered oculoplasty fellowship in 2 Indian institutes, I decided to pursue the fellowships abroad. Among the ones I was shortlisted for, my top choice was the fellowship in Orbit, Ophthalmic Plastic Surgery & Ophthalmic Oncology at the prestigious National University Hospital, Singapore under Dr. Gangadhara Sundar. After clearing two rounds of interviews and verifying of testimonials by those I worked under, I was finally offered the clinical fellowship. After that started the almost 6 month process to get a temporary medical license from Singapore Medical Council for me to start my clinical fellowship. I would be training under Dr. Gangadhara Sundar (or Dr. Ganga as he prefers) and Prof. Shantha Amrith. Dr. Ganga was a very well-known surgeon globally and as I found out – a great teacher. Prof. Shantha was a senior oculoplastic surgeon who was semi-retired by then but still very active in teaching surgery to residents and fellows.

This clinical fellowship was a life changing experience for me as a person and for my career. It was a busy



fellowship where I was constantly kept on my toes and I think I enjoyed each moment of it. I was suddenly exposed to cutting edge technology from around the world that was now available at my training hospital. It was there that I got to work with intra- operative navigation, 3D printing technology, Hybrid operating theater suites, Interventional Radiology and many of latest medical. I was introduced to Trauma- especially orbito-facial fractures. I had very little exposure to fractures during my Ophthalmology residency in RIO-K with very few collaborations with other specialties. This opportunity was incredible in every way. I was sent for an AOCMF course in Malaysia on the principles of plating systems early during my fellowship. This stood me in good stead as I was to spend a lot of time in OT repairing fractures with titanium plates, screws & orbital implants.

The opportunity to engage in deep knowledge of the sub-specialty was the cornerstone of this fellowship. I got to work with some of the most accomplished doctors in the world in different specialties doing the most complex surgeries. Some of these surgeons including my mentor were well regarded all over the world. I truly got a taste of multi-disciplinary management of patients in a tertiary care centre. We had collaborations with facial plastic surgery team on a regular basis for the trauma- on at least 3-4 cases a week. In addition, we were constantly working with specialists from Neurosurgery, Otorhinolaryngology, Radiology, Interventional

Radiology, Oncology (Radiation, Medical, Paediatric), Pathology, Immunology, Endocrinology and Infectious Diseases. Some of the surgeries I was part of were so complex that it needed 27-36 hours to finish along with having 5-6 surgical and anaesthetic teams operating consecutively or simultaneously. As a part of regular work flow during the month we would have a Lacrimal Clinic, Thyroid Eye Disease Clinic, Tumour Boards, Complex Facial Reconstruction clinics on set days, once a month. This was in addition to the teaching programs for residents where fellows were roped in as instructors. My fellowship was heavy on the trauma, reconstruction and oncology but I would eventually get enough of eyelid work (Ptosis / Blepharoplasty / Malpositions) and Lacrimal work (External / Endoscopic / Balloon Dacryoplasty) during my fellowship.

I got exposure to the world of global clinical research including being part of some international collaborations. The network effects of being part of projects involving the big names in field was immense. I was part of multiple research projects during my fellowship. I travelled a fair bit to present papers in different conferences of the studies that came out of those research projects. The crowning moment of my fellowship was when my paper was selected as a podium presentation at the annual meeting of American Society of Ophthalmic Plastic & Reconstructive Surgeons (ASOPRS) at Chicago, USA. The icing on top for that ASOPRS meeting was that I got to meet all the legends of the sub-speciality in person- those who literally wrote the textbooks I was reading like Dr. Richard Anderson, Dr. Robert Goldberg, Dr. Michael Grant, Dr. Guy Massry among many others. I was like a kid in a candy store!

I shared an excellent rapport with my colleagues in Singapore. The residency program at Singapore is top-



notch and hence the ophthalmology residents who worked with me were top class as well. The intellectual environment created by the residents with the various teaching programs they made me part of pushed my learning to a different level. I made several lifelong friends among the residents, some of whom I collaborate with even now. I joined one of them, Dr. Jayant Iyer who along with his other friends started "The Vision Mission (TVM)" -Non-Profit Organization providing eye care solutions to under-served areas in Africa, South and East Asia. I later helped set up the India wing of TVM. TVM now has offices in Singapore, India and USA from where we raise funds for our work in remote under-served regions in the sub-continent, south east Asia and even parts of Africa. I now serve as one of the 6 global directors of TVM (which is less grand than what it sounds). It however gives me the opportunity to travel to resource-poor regions and pass on the expertise I have gained in my speciality and sub-specialty. I have travelled to Western Odisha, Meghalaya, Sri Lanka and Vietnam on surgical mission trips under the TVM umbrella while we have two running active projects in India since 2014.

However, the best part of my fellowship has been the mentorship I gained in the process. Both Dr. Ganga and Prof. Shantha were generous with their knowledge and I am always overwhelmed by their kindness. For the entire duration of my fellowship, I was treated like a colleague and not a sub-ordinate. My opinions were valued and my ideas entertained. I couldn't have asked

for a more conducive environment to learn. Dr. Ganga continues to mentor me even now- albeit from far away in Singapore. Of course, the one-on-one surgical training was important and I had enough of it during my fellowship to make me a competent oculoplastic surgeon at the end of it. The surgical numbers weren't vast like in India's big institutes but it's important to remember that numbers aren't as important while training as learning how to do it right is. Dr. Ganga was able to introduce me to the ecosystem of how the sub-speciality of Ophthalmic Plastics works in the real world. The time I spent in Singapore broadened my intellectual horizons and it made me confident to always push boundaries beyond my comfort zone. At the end of my fellowship, my feeling was not that I knew everything about the sub-specialty but that this international fellowship was the best start to exploring what I could do with the sub-speciality.

I came back to Bangalore to set up an exclusive practice in Ophthalmic Plastics. In almost a decade into practice in Ophthalmic Plastics, my passion for the sub-specialty has just grown multi-fold. There is never a day when I am not excited to tackle the challenges and variety this sub-specialty offers me. As Dr. Ganga had predicted when I completed my fellowship, I managed to accomplish many things in my practice back home- most of which I had not even learnt during my fellowship. I continue to be a curious and passionate student of this field. That to me the true testament to the value of this fellowship!

# Flying Fellows' Fables

## Training in "the beyond"

### – UK Experience



#### Dr Oshin Bansal

MBBS, DOMS, DNB (Aravind Eye Hospital)  
Fellow, Oculoplasty and Ocular Oncology  
(LV Prasad Eye Institute)  
Fellow, Adnexal Department (Moorfields Eye Hospital)  
oshin.hp7@gmail.com

The day I met Dr. Peter Dolman (Professor and division head of oculoplastics and orbit, University of British Columbia, Canada) during his visit to my alma mater, I was floored by his teaching style, humility and love for the subject. Collaborating with my mentors at LVPEI unveiled a similar trait: a fusion of humble brilliance and a refined approach to patient care. I felt this could probably be attributed to the fact that each of them had accrued extensive experience from diverse corners of the globe, enriching their insights and methodologies. That's when I decided that one fellowship wasn't enough for me, and I needed more experience and exposure at a broader platform before I jump into the world of practice.

#### My Voyage into the unknown!

Moving to a new country with a huge cultural difference is not as easy as it may appear in the movies! I landed

in a strange land with 46 kilos of luggage and headed to my first Airbnb. Well, as you may have guessed that wasn't my last! I moved to 3 different Air bnbs within a span of 60 days until I found my own nest. The team at Moorfields eye hospital were kind and supportive during this time.

#### Lessons learned; Bridges built!

Despite the fact that I knew my subject, every encounter, every surgery, became a lesson in humility and adaptation. My initial encounter left a lasting impression as I witnessed ptosis correction surgery being performed in a minor theatre with cold steel. The remarkable aspect was the fact that my colleague was operating without any assistance and still doing a great job! It made me realize the importance of becoming a self-sufficient surgeon, adept at navigating situations where resources are limited. To achieve this goal, I never shied away from seeking guidance and in doing so, I forged invaluable friendships in a foreign land, where my newfound friends offered unwavering support in every possible way.

There were a lot of learnings during my fellowship, but I can list out a few:

- 1. Holistic Approach:** A long day in clinic at Moorfields meant seeing 14 patients throughout the day. I know!! That was unusual for me as well! One such day I saw a 68-year-old sweet lady with medial canthal BCC which warranted surgery. I took her history, suggested she would need to stop her anticoagulants for a week prior to surgery and went on to my mentor to discuss the management plan. While I had spent nearly 15 minutes taking history and examining this lady which by Indian standards was already quite a lot, my mentor asked questions which baffled me. Why she is on Aspirin? How many times did she have the cardiac event? Is she prepared to take the risks of stopping anticoagulant for surgery? If not, will she agree for bridging therapy or



changing her anticoagulant for a short while with all its risk? So finally, my mentor spent nearly 40 minutes understanding the fears of a teary-eyed old lady and strategizing the plan which was agreeable and comfortable for her. This sort of counselling and patient inclusive decision making was new and a valuable lesson for me. In India, we are often pressed for time and effectively minimize our interaction with the patients in order to cater to a larger number of needful people. While every system has its pros and cons and I believe one cannot be replaced by other, I would still happily try and find a balance between the two.

**2. Inclusivity ensures safety:** While the concept of time out was hard drilled into me during my training in India, I learnt a few protocols at Moorfields which were quite effective and ensured better patient safety. For instance, the operation room (OR) list would always start with a **team brief** wherein the entire team would briefly discuss the patient details including any major co-morbidities or allergies, surgery planned, instruments needed, any anesthetic concerns and the drug preference based on surgical requirement, etc. The detailed discussions of preferred anesthetic and its pros and cons during these sessions were a huge learning. The team brief helped identifying steps with possibility of error thereby reducing human error margin. Notably, the lack of hierarchy within the OR and a sense of responsibility shared by each member of the team played a major role.

**3. To do or not to do:** One of my mentors once said, "Often the most important operation is the one you do not do". Understanding patient's perspective and needs is of dire importance in formulating a management plan especially in Oculoplastics. I believe that my judgement of choosing where 'not to operate' based on patient's needs

and expectations further improved with this fellowship.

### Treasures of fellowship:

**1. Bonds beyond borders:** I had the wonderful opportunity to work with a team of diverse backgrounds at Moorfields. My colleagues from Spain, Bahrain, England, and various other countries, along with numerous observers from around the world, brought a vibrant mix of cultures and traditions. Meeting people from different parts of world and still finding an instant connection with some of them was an enlightening experience.

**2. Exploring Terra Incognita:** From the cobblestone alleys of Edinburgh to the beautiful landscape of Wales, every excursion unveiled a tapestry of cultures. Amidst museum visits and culinary escapades, the allure of exploration became an inseparable part of my fellowship journey. I'm pleased to report that I explored every wizarding shop in London without exception!

### Navigating the abyss!

Though the experience was enriching and unforgettable, embarking on this journey alone often led to moments of solitude, prompting reflection on whether the decision to leave family behind was justified. Yet, with the unwavering support of family and friends, I found reassurance and strength. Ultimately, I hold firm to the belief that every challenge and sacrifice was truly worthwhile.

### A Humble Homecoming!

As I embark on the next chapter of my career, I reflect with gratitude on how lucky I was to have lived this dream. And I wish a very good luck to all those who aspire to enter such programs. The path may be arduous, but the rewards are boundless. Here's to embracing the unknown, for therein lies the essence of growth and fulfilment.



# Flying Fellows' Fables

## International Fellowship in Sydney Eye Hospital – Australia



### Dr Manju Meena

MBBS, MS(Ophthalmology)  
FLVPEI (Oculoplasty, Ocular Oncology, & Facial  
Aesthetics)  
Honorary Oculoplasty Fellow- Sydney Eye Hospital  
Foundation (Australia)  
Email: mina\_manju@yahoo.co.in

My name is Manju Meena and I am currently working as an Oculoplastics consultant in Jaipur, Rajasthan. I would like to thank YOSI for giving me this opportunity to share my experience as an international fellow at Sydney Eye Hospital, Australia. I went there 12 years ago to pursue my second surgical fellowship in Oculoplastics.

#### How I got there?

While pursuing my fellowship at L V Prasad eye institute, Hyderabad, I came in contact with many foreign fellows and interacted with many international faculties. Although, I acquired all the necessary clinical and surgical skills to practice as an Oculoplastic surgeon independently, I always wanted to pursue my dream of a foreign fellow-

ship, to interact and observe the practice pattern abroad and experience a foreign lifestyle. I applied for several institutes in UK and USA for Oculoplasty fellowship, but I didn't get any positive responses. It was the suggestion of Late Dr. Annie Mathai (Vitreoretina Consultant, LVPEI, Hyderabad). She herself was a fellow of SEH foundation. She guided my husband, Dr Kapil Bhatia (VR Consultant) to get through Sydney Eye Hospital fellowship. I also got good references from my mentors Dr Santosh Honavar and Dr Milind Naik which was extremely helpful.

The application process was online, and we both got interviewed (telephonic) and were selected for the fellowship in the same session i.e, year 2012-2013.

The team of SEH foundation helped us in completing paperwork including registration with AHPRA (Australian health practitioner regulation agency), Visa process, medical registration etc. The another prerequisite for registration was IELTS exam with an overall band of minimum 7. (Please check the current requirements).

#### Sydney Eye Hospital fellowship

Sydney Eye Hospital is a tertiary public eye hospital located in the heart of Sydney CBD, and in close proximity to the major tourist attractions such as Opera House, darling harbour and royal botanical garden etc. Sydney eye hospital foundation offers one year surgical fellowships to international ophthalmologists who already have prior surgical fellowship in their respective sub-speciality. They also expect the fellows to have a good clinical knowledge and should be able to handle emergencies and outpatient clinics independently. However, the fellows were under constant supervision and guidance of their respective mentors while performing their duties. In the beginning, I struggled to understand their Aussie slang but later I got used to it. Regarding outpatient clinics and operation theatre functioning, it look me couple



Dr Manju Meena teaching in the wet lab

of weeks to get used to the medical system. The team of medical professionals was very supportive which helped in adjusting at a new place. It did not take me long to build good rapport with my consultants, fellow colleagues and registrars.

In Oculoplasty subspecialty, I worked under the supervision of six consultants who used to visit Sydney eye hospital weekly on rotation basis. Hence, I got the opportunity to learn different surgical techniques from each one of them. I learned endoscopic dacryocystorhinotomy, conjunctival DCR, gold weight implants and other advanced surgical procedures. I was fortunate enough to work as a surgical assistant in the private rooms of Dr Peter Martin and Dr Ross Berger, where I also learned cosmetic procedures such as blepharoplasty, face-lift and CO2 laser resurfacing. I actively took part in teaching in various wet lab session (cadaver dissection, suturing techniques and orbital anatomy) for undergraduates, post-graduates and nursing staff at Sydney eye hospital. I volunteered for Watched eye programme at Myanmar, where our team of doctors visited Myanmar and conducted free eye camp and performed surgeries including SICS and Oculoplasty procedures. I also volunteered for a cadaver dissection course for undergraduates at University of New South Wales which was a very satis-

factory experience for me. I got several opportunities to work on research projects at SEH.

### Life in Sydney

Sydney is the capital city of the state of New South Wales and most populated city of Australia. It is also one of the most expensive city of the world to live in. It has diverse and modern culture. This city is also famous for its work life balance and is one of the top awarded places to work. Sydney eye hospital fellowship was life changing for me. We were getting monthly stipend from SEH foundation which helped us survive there. We experienced the concept of work-life balance first time in our lives inspite of being on calls and busy schedule. There, I learnt not only clinical skills but a whole new lifestyle. One year passed in a blink of time. It was a great opportunity to work with people from various nationalities. I would recommend everyone to pursue one international fellowship whenever possible. It might not add much to your clinical knowledge (if you are already trained from a good institute in India) but, it will definitely broaden your perspective towards life and make you confident and a better person.

### Advantages of this fellowship

- Excellent structured training
- Chance to engage in research and teaching
- Chance to engage in community programme
- Fully supervised surgical training (lots of hands on work)
- Monthly stipend (sufficient to survive in Sydney)
- Certificate of completion of fellowship
- Chance to work in private rooms
- Five days a week

### Helpful Links

<https://www.sydneyeyehospitalfoundation.org.au/blog/sydney-eye-hospital-foundation-fellows-2012>

<https://www.sydneyeyehospitalfoundation.org.au/how-to-apply>

Email: [info@sehf.org.au](mailto:info@sehf.org.au)



Dr Manju Meena, with her mentor Dr Peter A Martin.



With Dr Georgina Court and Dr Brent Skippen

# VI. Maximising Training

1. The Snowball Effect: Embracing the extended world of mentors  
*Dr Rolika Bansal*
2. Maximizing Fellowship: Doing it right  
*Dr Nandini Bothra, Ayushi Agarwal, Dr Sumer Doctor*
3. Senior Residency: Acing a parallel route  
*Dr Samreen Khanam*
4. Decoding the Art Of Writing an Original Article  
*Dr Manpreet Singh, Dr Khushdeep Abhaypal*
5. Unlocking the Power of Scientific Presentations & Conferences  
*Dr Akruti Desai*
6. Navigating Conferences: Save the Date !  
*Dr Ayushi Agarwal*
7. Exploring Comprehensive Educational Resources in Oculoplasty  
*Dr Sumeet Lahane*
8. Elevating Expertise: The FAICO Certification – Significance, tips and tricks  
*Dr Shaifali Chahar*

# The Snowball Effect: Embracing the Extended World of Mentors



**Dr Rolika Bansal, MD,**  
Oncology Fellow, Wills Eye Hospital,  
Philadelphia, PA, USA,  
e-mail: rolikabansal@gmail.com

Using the analogy of a snowball is delicate but holds true! Much like a snowball gathering momentum as it rolls, your mentorship journey expands and matures with each step in your career. Selecting the right direction in your professional path is crucial, and your primary mentor serves as the catalyst for this journey. With clear goals, a defined destination, and a well-chartered path, your primary mentor discerns precisely what you need for your future growth.

Mentors have curated several mentees throughout their lives, and they know what each mentee needs and requires for optimal individual growth and development. We often underestimate the choices of our mentors, but we fail to realize that their experiences of decades altogether overpower our baby steps in this world.

One must pause to acknowledge that it takes a village to curate a mentee. As grown-up adults, with fixed opinions and our own established habits, we make it difficult for our mentors to push us in the right direction. It is important to let go of resistance and trust them completely. They have dedicated their lives to the advancement of their field. Their knowledge, clinical acumen, surgical skills and personality are all instrumental in shaping your future.

As the mentor takes responsibility for developing your potential, connects you and hands you over to the next mentor of your life, it is equally your responsibility to embrace the efforts put in by every mentor that you are destined to meet along the way, who will be investing their time in carving you in their own unique styles. They connect you to the next mentor for a reason, have faith and keep rolling. Your attitude, and your aptitude will all determine the altitude down which your snowball will roll.

Often, I hear people mentioning that they weren't lucky enough to have the right mentors in life. I strongly disagree with them, they are always around you, looking out for you. You were probably just not looking hard enough, and you were probably not able to appreciate their presence and efforts. So, look harder, you will find them. Embrace their presence, for a better version of yourself.

One must remember that each mentor adds different domains and perspectives to your life for your holistic growth and development. You need to be able to recognize and absorb the to-dos and to-do-nots. Maintain your loyalty not just during your tenure, but also for life towards each mentor. Maybe not today, but in the future you will realize that every lesson was for a reason and every lesson was to make you a better person.

At the same time, it is imperative to be moving in the right direction in your career path. There will always be a point where you must choose between two different directions, and the truth is that every direction is right and there is no incorrect choice you can ever make. It's all about what you need at that time to keep moving forward.

In the words of John C. Maxwell, "One of the greatest values of mentors is the ability to see ahead what others cannot see and to help them navigate a course in their direction."

In my brief tenure in ophthalmology, I am grateful for

the enriching journey thus far and eagerly anticipate the challenges and rewards that lie ahead. My heartfelt appreciation extends to my mentors and the broader community of mentors who generously share their wisdom and time.

As each of us endeavors to sculpt our own perfect 'snowball' of mentorship, we must also prepare to pay it forward, nurturing future generations of mentees with the same care and dedication we received.

*"I encourage all of you to seek out teachers and mentors that challenge you to think for yourself and guide you to find your own voice."* – Renee Olstead

## Brain Chow-4

### CROSSWORD (OCULOPLASTY INSTRUMENTS)



#### Dr Kavya M Bejjanki

Associate Ophthalmologist  
L V Prasad Eye Institute  
Kode Venkatadri Chowdary Campus,  
Tadigadapa, Vijayawada



#### ACROSS

3. I will judge whether there is a canalicular hard or soft stop
6. I am spoon shaped with a groove used for enucleation
7. I elevate the periosteum off the bone
8. I can cut and undermine conjunctiva
9. I can host any type of blade
10. My punch helps in extending the bony ostium

#### DOWN

1. I am not a cat, but can retract the skin tissue
2. I am a ring shaped clamp used in chalazion surgery
4. I will dilate the punctum
5. I retract the eyelid as well as helps in its double eversion

# Maximizing Fellowship: Doing it Right



**Dr Nandini Bothra (NB), MD**

Consultant,  
Govindram Seksaria Institute of Dacryology,  
Ophthalmic Plastic Surgery Services,  
L V Prasad Eye Institute, Hyderabad  
email: nan\_bothra@yahoo.com

INTERVIEWED BY:



**Dr Ayushi Agarwal (AA)**

MBBS, MS (GNEC, MAMC),  
MRCSEd (UK), FICO, FAICO  
(Oculoplastic Surgery)  
Fellow, Ophthalmic Plastic Surgery  
and Ocular Oncology,  
Chief Clinical Research Fellow,  
L. V. Prasad Eye Institute,  
Hyderabad  
ayushiagarwal.2110@gmail.com



**Dr Sumer Doctor (SD)**

MBBS, MS  
Fellow, Ophthalmic Plastic  
Surgery and ocular oncology  
L. V. Prasad Eye Institute,  
Hyderabad, Telangana, India  
sumerdr@gmail.com

**SD: Why did you choose an Oculoplasty fellowship?**

**NB:** Choosing a fellowship, for me, was all about what I loved to do. Within the first 6 months of my residency, I developed a liking for suturing, eyelid procedures, and almost everything external. I expressed this to my HOD, Dr Sudhir Hegde, and the immense support I received from him and the department was amazing. He encouraged me to attend meetings and workshops for Oculoplasty and helped me improve my surgical exposure by assisting me in cases. This made my love for Oculoplasty grow over time.

**SD: Since the fellowship schedule is usually hectic, how should one manage the academic reading? What did you rely more on – the books or the journal articles?**

**NB:** Reading has to be synonymous with what you see in the clinics and in the OR, along with what is going on in the sub-specialty classes. We must remember that we are not in school anymore and that we are not expected to remember every word we read. We now need to read to understand, comprehend and integrate the same into professional practice.

I always tell my fellows – pick up 5 cases from the OPD you have seen, go back and do a quick PubMed search, pick the most recent review article, and read it. It will take not more than an hour and a half. When in OR, select one case of the list and read everything regarding that one case. Don't hesitate to ask questions. This is how I would go about reading.

**AA: How was your surgical exposure in your fellowship? How can one enhance their surgical acumen and combat the insecurities from one's peers during the fellowship tenure?**

**NB:** I was lucky during my fellowship, as two of my

mentors were on maternity leave one after the other, which provided me ample opportunities. That apart, these days there are simulators for everything. We should start learning by practicing on these simulators if available. Else there are some ready-made daily use items that can be used for practice. For example, practice suturing on the banana peels.

Scrub in for each case with your consultant and assist them for the simplest of cases. This teaches us the chronology of steps, smaller nuances that the surgeon is using, management of minor or major complications, and also what to expect from your assistant. This is the best learning experience that you can get. The more you assist, the better you get.

**AA: What is the role of a mentor in a mentee's journey?**

**NB:** Personally, I feel that a mentor's interest in the mentee depends on the amount of interest the mentee shows. A mentor is only a guide and should be a strong support system where support and advice is needed. We are at a stage where we don't need hand-holding. So talk to the mentor and am sure they will oblige.

**AA: Apart from clinical and surgical exposure, what else should one learn during their fellowship? Also, is pursuing research important? If yes, then why?**

**NB:** One should learn how to think and how to implement what you are thinking. For example, in Oculoplasty, you need to learn how to be creative, acquire the skills

of photography, video – editing, etc. Every case can be dealt with in more than 1 way. Discuss with the consultant and try to understand the pros and cons of every approach, so that the best can be selected.

This is an important time to socialize and build a strong professional network. Utilize the contacts of your mentors and interact with the people in your field. It is also important to forge good connections with other specialties as more often than not, we need their opinion on quite a few cases.

Research is only for people interested in research. That said, everyone should understand research, so that we can comprehend what we read in the research papers. One needs to know which findings are genuine and which are the ones to be ignored. To achieve this, one needs to have a basic understanding of the research question and methodology. Learn to ask the question, WHY, for everything that you see and do, and if that inspires you to explore the reasons, get into the field of research. Else doing a good/excellent work clinically is also a job well done.

**SD: Can you provide some practical tips for the YOs currently in their fellowship journey, to make the most of it?**

**NB:** Read consistently, work hard, be diligent, forge relationships, and at the same time enjoy. Make sure you take time for yourself and your family and friends.

# Senior Residency: Acing a Parallel Route



## Dr Samreen Khanam

MBBS, MS(MAMC), FAICO (Oculoplastic Surgery),  
MRCSEd (Ophth), CertRCOphth (London)  
Consultant, University Hospital of Leicester,  
NHS Trust, United Kingdom  
mail.samreen@gmail.com

### Why did you choose Oculoplasty?

Subspecialty interests are often built during post-graduation for most trainee ophthalmologists. In my case, during my rotation, I had realized that Oculoplasty is a subspecialty that combines elements of plastic surgery and onco-surgery and the diagnoses often have strong systemic associations, making it a stand – out amongst other subspecialties. I could see that it had very visually perceptible surgical outcomes requiring interesting techniques.

### Why did you choose Senior residency?

One of the main reasons to pursue senior residency in

a teaching hospital is seeking a career in teaching. Also, I believe that senior residency in GNEC included a holistic experience in general ophthalmology as well as subspecialty exposure, which makes you better equipped for working in a community set-up, especially when working in smaller cities.

For the juniors out there, I would like to mention that a lot depends on the institute you do your senior residency from. And therefore, you need to weigh that with the opportunities within a fellowship programme and your future aspirations.

### How was your senior residency experience? How was your surgical exposure?

My senior residency was a great learning experience, not just in my surgical and clinical skills development, but also academically fulfilling. I was lucky to have an excellent supportive consultant and very co-operative fellow residents.

GNEC has a high patient turnover, and hence the variety and the complexity of cases that you see and manage contribute to the overall growth.

We had the COVID pandemic during my SRship, and while our routine clinical and surgical work was interrupted, we did undertake academic projects and published them in high-end journals.

### Looking back, would you change anything about your journey?

I probably wouldn't change anything. SRship was a professionally satisfactory period in my professional career. However, in case one is not very keen on a teaching job, a combination of 1-year of SRship followed by subspecialty fellowship is a good combination for over-



all learning.

**Can you recall a few memorable moments from your senior residency?**

The patient's smile and the satisfaction that comes with knowing that you have given your 110% is always memorable. This becomes especially important in patients with disfiguring injuries and cancers. I had countless such encounters during my senior residency.

**What are the challenges of working in a government set-up?**

Even though GNEC is a government hospital, most hospital supplies are freely available making it a lot easier for doctors and patients. However, procuring expensive instruments can take some time as it needs an administrative process. But this can differ from institute to institute.

To sum up, go for a subspecialty you are passionate about, and weigh your options before you choose any one. Your career choices should make sense with respect to your circumstances, and there is no fixed option that suits everyone.

# Decoding the Art of Writing an Original Article



**Dr Manpreet Singh**  
MS, DNB, FAICO, FRCS (Gl.),  
MNAMS  
Ophthalmic Plastic Surgeon,  
Associate Professor,  
Department of Ophthalmology,  
Room no. 504, 5th Floor,  
Advanced Eye Centre,  
PGIMER, Chandigarh-160012  
drmanu83@gmail.com



**Dr Khushdeep  
Abhaypal**  
MBBS, MS (PGIMER  
Chandigarh)  
Senior Resident  
Advanced Eye Centre,  
PGIMER Chandigarh  
abhaypalkh@gmail.com

The primary objective of research is to disseminate the acquired knowledge and share the results or breakthroughs for the betterment of humanity or advancement in any field of science. An original study/article is a scientific publication that holds a special value due to its unique methodology and results which may have valuable findings for the stakeholders and society. Hence, a well-constructed original article provides one of the highest standards of information with details on the rationale behind the study, its methodology and execution, results or findings, and its implications. Therefore, crafting a well-written original article requires practice, patience, and hard work.<sup>[1]</sup>

## 1. Literature search

After selecting a topic of choice, the first step before starting any research is a 'literature search' about the same topic. This is vital to avoid duplications of previously done work and prevent the wastage of time and resources. For that, all the prior evidence (published, printed etc.) should be thoroughly reviewed and discussed amongst your team. The following simple series of questions should be asked before beginning research:<sup>[2]</sup>

- Is the topic of my research novel and interesting?
- Is the research topic simple and relatable to the target readership?
- Does the study offer substantial evidence and clear responses to the hypotheses and proposed objectives?
- Are the study's conclusions significant?

If the answer to all the above questions is yes or maybe, then you should consider writing an original article on the topic of your choice. In general, while preparing an original article, three main parts planned as shown in the flow chart.<sup>[3]</sup>

1. **Authorship**<sup>[4]</sup> This is one of the most sensitive issues while writing and publishing any research article. The sequence of authorship should be decided by the team leader based on the individual contribution and degree of participation in preparing the manuscript. We believe that the sequence should be decided before writing the manuscript to avoid any conflicts among the team members.

2. **Author for correspondence** – Generally, the team leader is the corresponding author.

3. **Choice of a journal** – Check the scientific accreditation/ indexation of the target journal on its website. Confirm the presence of a peer review system, speed

of the editorial process, and impact factor. Avoid submitting to 2 journals at one time, that's not valid and may invite unnecessary trouble. It is advisable to have another plan ready (keep another journal in mind) after the article is submitted in one journal.

4. **Title of the manuscript** – It should be short, self-explanatory, and without any abbreviations. Try to avoid phrases like – 'a case report', a case-control study, a retrospective study, etc.

5. **Abstract** – It is like the trailer of a movie and is available free of cost to the readership on the most popular websites. It features the main contents and highlights the scope of an article. It should be well-written to tickle one's inquisitiveness, hence, it should be lucid. The focus should be on highlighting your methods and results. Keep the conclusion focused, brief, and based on your study. It is advisable to write the abstract in the last after completing the manuscript.

6. **Introduction** – Try to answer these 3 questions in 3 paragraphs

- What is the problem?
- What is the importance of the problem and what questions are to be solved?
- What question does your work answer?

Generally, do not include results or conclusions in the introduction. This should be written by the first author. Try to keep it brief to avoid tiring the brains of the readership before the methodology segment, which is the heart of any original article.

7. **Methods** – This is the most important segment of an original article and showcases the way you have conducted your study. A robust methodology will ensure the acceptance of your manuscript in a good journal. We advise that this segment should be written or closely monitored by the corresponding author. We advise you to be exhaustive so that other authors can reproduce it easily. The key points to be addressed in an original article would be:

- a) Design of the study- retrospective, prospective, case-control, observational, interventional, randomization etc.
- b) Period- duration in years or months etc.
- c) Target population- ethnicity, inclusion, exclusion criteria, institution (single or multiple)
- d) Variables- demography, history, examination protocols, type of equipment used (make, year, model, place)
- e) Measurement and monitoring criteria- any classifi-

cation used (try to use previously published ones rather than creating your own- less accepted)

- f) Treatment- drugs (make, frequency, duration)
- g) Follow-up schedule, things noted on follow-ups
- h) Estimation of sample size and data analysis
- i) Ethical aspects

8. **Results** – Understandable rapidly and clearly, focusing on avoiding duplication and confusion. Begin by constructing tables, bars, and figures. The tables should be self-explanatory. Provide percentages along with absolute values in tables. The figures and tables should be mentioned in the text. Incorporate the statistical values at desired locations without too much jargon for the benefit of readership.

9. **Discussion** – Contrast your results with those of the previously published studies and focus on highlighting the similarities and differences. Always justify the outcomes that you have got differently from others. Always write about the limitations of your study and directions for future research on similar topics. Conclude with 2-3 statements based on your experience while conducting the said study conveying the message to the readers.

10. **References** – Follow the guidelines for styling of references given on the website of each journal. Try to quote the recent (within 10 years) references and from the original articles wherever possible.

Critical tips for clinching success<sup>[5]</sup>:

- a. Value your work – if you don't, why should the journal?
- b. There's no magic formula for success – just adhere to basic guidelines and stay committed to improving upon your manuscript, often helped by the reviewer's comments.
- c. Keep a target list of journals ready for resubmissions after initial rejections
- d. The abstract of your article is like a movie trailer, make it interesting and inquisitive
- e. Keep the keywords simple and broadly featuring your topic, it makes your article appear a greater number of times on Google or PubMed search
- f. Make friends with a statistician and image artists
- g. Focus on one or two aspects of your study for better grasp by the reviewers and readership, too many variables defocus your study
- h. Keep the latest (<10 years) or landmark articles as your preferred references

- i. Editors and reviewers are fellow clinicians/scientists with similar busy schedules. Hence, try to keep things simple to save their time.
  - j. Never plagiarize
  - k. Ethical and financial disclosure is a must for the items used in your study
  - l. Respect the timelines and never submit late
  - m. In this era of artificial intelligence, try to use it judiciously for researching papers or conducting simpler tasks, avoid complete reliability on these softwares for main article writing. It may seem to be lucrative but can backfire in your academic career.
2. Harsoor SS. Art and science of authorship for biomedical research publication. *Indian J Anaesth*. 2016 Sep;60(9):679-683. doi: 10.4103/0019-5049.190626. PMID: 27729697; PMCID: PMC5037951.
  3. Sollaci LB, Pereira MG. The introduction, methods, results, and discussion (IMRAD) structure: a fifty-year survey. *J Med Libr Assoc*. 2004 Jul;92(3):364-7. PMID: 15243643; PMCID: PMC442179.
  4. International Committee of Medical Journal Editors (ICMJE). International Committee of Medical Journal Editors (ICMJE): Uniform Requirements for Manuscripts Submitted to Biomedical Journals: writing and editing for biomedical publication. *Haematologica*. 2004 Mar;89(3):264. PMID: 15020262.
  5. Thompson LDR. Ten Ways to Improve Getting a Scientific Manuscript Accepted. *Head Neck Pathol*. 2024 Mar 19;18(1):22. doi: 10.1007/s12105-024-01617-6. PMID: 38503984; PMCID: PMC10951136.

## References

1. Alexandrov AV, Hennerici MG. Writing good abstracts. *Cerebrovasc Dis*. 2007;23(4):256-9. doi: 10.1159/000098324. Epub 2006 Dec 29. PMID: 17199082.

# Unlocking the Power of Scientific Presentations and Conferences



## Dr Akruti Desai

M.B.B.S, D.N.B, FMRF (Chennai) FICO, FAICO  
Faculty Ophthalmic Plastic Surgery,  
Eye Cancer & Aesthetic Services, Shantilal  
Shanghvi Eye Institute, Wadala, Mumbai  
Honorary Consultant, Dept. of Ophthalmology,  
Lokmanya Tilak Medical College & Hospital,  
Sion, Mumbai  
Akruti.Desai@ssei.ind.in, desai.akruti@ gmail.com

Scientific presentations and conferences serve as vibrant hubs of intellectual exchange, where ophthalmologists, researchers, and experts converge to share insights and innovations that propel their respective fields forward. In this article, I delve into this multifaceted world. Some pertinent questions are:

### What are the key features of a great scientific presentation?

In simple words, it effectively communicates complex information in a clear, engaging, and memorable manner. Key features of such a presentation include:

- 1. Clear Structure:** A well-organized presentation has a clear introduction, body, and conclusion. Each section should flow logically, guiding the audience through the content seamlessly.
- 2. Clarity and Simplicity:** Complex scientific concepts should be explained using language and visuals that are accessible to a broad audience. Avoid jargon whenever possible.
- 3. Engaging Slides:** Utilize visually appealing slides with concise text, high-quality images, graphs, and charts to enhance retention of key points.
- 4. Font :** Minimum font size should be 24 so that it is readable from a distance. Choose a font that is easy to read. For eg. Choose "Arial" over "Parly LET".  
Maintain a good contrast between your background and the colour of your font.
- 5. Effective Storytelling:** Structure the presentation as a narrative, with a compelling story that captivates the audience from the beginning to the end. Use anecdotes and examples to illustrate concepts and make them relatable.
- 6. Interaction:** Encourage audience engagement through questions, polls, or interactive activities. This fosters active participation and helps maintain audience interest.
- 7. Confidence and Delivery:** Deliver the presentation with confidence, maintaining eye contact, appropriate gestures, and vocal variation.
- 8. Time:** One must respect the audience and the panellists' time and adhere to the allotted time limit for your talk. Remember that it is tougher to present successfully in 5 or 8 minutes than it is to present in 20 minutes.

**9. Relevance and Significance:** Clearly articulate the relevance of the research or findings being presented. Explain why the topic matters and how it addresses real-world challenges.

**10. Critical Thinking and Discussion:** Be prepared to address inquiries thoughtfully and engage in meaningful dialogue with the audience.

**11. Practice and Preparation:** Practice the presentation multiple times to refine content, timing, and delivery. Familiarize yourself with the venue, equipment, and any technical aspects to minimize potential disruptions during the presentation.

By keeping in mind the above aspects in presentations, one can communicate their findings, insights, and ideas and inspire further discussion and exploration.

### What are the three things a YO should not be doing while presenting their research?

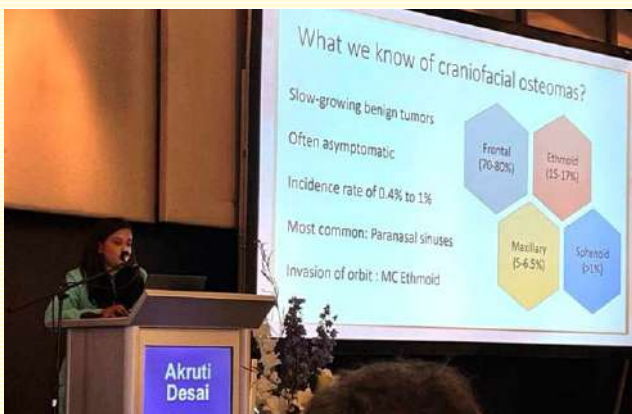
It is essential to avoid certain pitfalls that can detract from the fruitfulness of your presentation. Here are three things you should not do:

**1. Don't Read Slides Word for Word:** Avoid simply reading the text from your slides verbatim. Instead, use your slides as visual aids to highlight key points and elaborate on them verbally. Engage with the audience by maintaining eye contact and speaking naturally.

**2. Don't Overload Slides with Information or Colour:** Resist the temptation to cram too much information onto each slide. Overloaded slides can overwhelm your audience. Keep slides concise, focusing on one main idea or point per slide. Use bullet points, visuals, and brief summaries to convey information.

Avoid using too much colour in your presentation, and use it only to highlight some points.

Oculoplasticstoday-Tel-Aviv



**3. Don't Wing It:** While spontaneity can be valuable in certain situations, presenting your research requires careful preparation and rehearsal. Avoid the mistake of "winging it" by not adequately preparing your content and delivery.

By avoiding these common mistakes, you can deliver a more polished and impactful presentation of your findings.

### How do scientific presentations help in the long run?

**1. Dissemination of Research Findings:** Presenting research allows clinician-scientists to share their findings with peers, colleagues, other researchers and contribute to the collective knowledge base in their field and promote scientific progress.

**2. Recognition and Visibility:** By showcasing their work at conferences, one can increase their visibility and may receive recognition for their contributions, which can lead to invitations for collaborations and career advancement opportunities.

**3. Feedback and Peer Review:** It allows scientists to receive feedback and constructive criticism from experts in their field which can help them refine their methods and strengthen their arguments, ultimately leading to higher-quality research outcomes in the long term.

**4. Professional Development:** It helps honing your communication and public speaking skills. These skills are valuable not only for disseminating research findings but also for securing funding, teaching, mentoring, and leadership roles throughout your careers.

**5. Building a Reputation:** Consistently delivering high-quality scientific presentations helps researchers build a strong reputation which can lead to increased credibility and opportunities to participate in prestigious scientific endeavours, such as editorial boards.

Overall, scientific presentations serve as a cornerstone of academic and professional growth, facilitating knowledge exchange within the scientific community in the long run.

### How to handle a Q and A session after a presentation?

Handling a question and answer (Q&A) session constructively after a presentation is essential for clarifying any points that may be unclear. Here are some tips to help you navigate a Q&A session successfully:

**1. Stay Calm and Confident:** Approach the Q&A ses-

sion with confidence and a positive attitude. Remember that the audience is genuinely interested in your research, and their questions are an opportunity to further elaborate on your findings.

**2. Listen Carefully:** Listen attentively to ensure you understand the question fully before responding. If necessary, ask for clarification to ensure you address the specific concerns raised.

**3. Repeat or Paraphrase the Question:** After an audience member asks a question, repeat or paraphrase it for the benefit of the entire audience.<sup>1</sup>

**4. Be Honest and Transparent:** If you don't know the answer to a question, it's okay to admit it. Be honest and offer to follow up with them later if you need to conduct further research or consult additional resources.

**5. Provide focussed and clear Responses:** Keep your responses focused on addressing the question asked. Avoid going off on tangents that may confuse the audience.

**6. Maintain Professionalism:** Maintain a professional demeanour throughout the Q&A session, even if faced with challenging or critical questions. Respond calmly and respectfully, and avoid becoming defensive or argumentative.

**7. Manage Time Effectively:** Be mindful of the time allotted for the Q&A session. If time is limited, offer to address additional questions during breaks.

**8. Thank the Audience:** Conclude the Q&A session by thanking the audience for their participation and engagement.

**Do presentations help people who have fear of public speaking? Any tips for beginners**

## **entering the world of conferences.**

Yes! While it may seem daunting at first, practicing public speaking through presentations can help individuals overcome their fears. One can gradually expose oneself to public speaking and get accustomed to it, slowly reducing the fear and anxiety.

For beginners entering the world of conferences, here are some tips to help ease the transition:

**1. Prepare Thoroughly:** Take the time to prepare your presentation, including researching your topic and organizing your content. Practice. Practice Practice.

**2. Know Your Audience:** Tailor your presentation to the audience attending the conference. Consider their interests and expectations when deciding what content to include. For e.g. The content you choose will differ depending on your audience being students or physicians or general ophthalmologists or a sub-specialty group.

**3. Arrive Early and Get Settled:** Arrive at the conference venue early to familiarize yourself with the surroundings and set up any equipment you may need.

**4. Be Flexible and Adaptable:** Be prepared to adapt your presentation based on the time allotted or unexpected technical issues.

**5. Manage Nervousness:** It's normal to feel nervous before presenting at a conference. Practice relaxation techniques such as deep breathing or visualization.

**6. Seek Feedback:** Use the feedback to refine your presentation skills for the future.

**Should you attend a conference if you are not presenting in it?**

Making the most of a conference by presenting a case,

LVPEI-2019



Kalpavriksha-2017



your work or a clinical dilemma in a meeting can be rewarding experience. But it can be worthwhile to attend a meeting, even if you are not presenting in it. Some of the reasons why it would be valuable are:

- 1. Learning:** Conferences typically feature keynote speeches, panel discussions, and presentations by leading figures in your field.
- 2. Staying Updated:** Conferences often provide insights into emerging trends, technologies, and developments in your field.
- 3. Inspiration and Motivation:** Interacting with peers who share your passion and enthusiasm for your field can reignite your motivation.

**4. Discovering Opportunities:** It allows you to learn about opportunities first-hand and explore potential avenues for your career or research.

**5. Exposure to Diverse Perspectives:** Engaging with diverse perspectives can stimulate creativity, challenge assumptions, and foster innovation.

**6. Professional Development:** Many conferences offer workshops, seminars, and training sessions which can be utilised to enhance your skill and expertise.

**References:**

Petsko GA. The highs and lows of scientific conferences. *Nat Rev Mol Cell Biol.* 2006 Mar;7:231-4.



# Navigating Conferences: Save the Date !



## Dr Ayushi Agarwal

MBBS, MS (GNEC, MAMC), MRCSEd (UK),  
FICO, FAICO (Oculoplastic Surgery)  
Fellow, Ophthalmic Plastic Surgery and Ocular Oncology,  
Chief Clinical Research Fellow (Oct 2023 - Present),  
L. V. Prasad Eye Institute, Hyderabad – 50034  
ayushiagarwal.2110@gmail.com

Looking for a golden opportunity to learn and network?  
Are you confused which upcoming Oculoplasty conference to attend?

### We have got you covered !

Here is the list of the few of the prestigious national as well as international conferences to look forward to this year. Hurry up !

## NATIONAL CONFERENCES

### 1. Mid – Term Conference of Oculoplastics Association of India

Where? PGIMER, Chandigarh, India

When? May 12, 2024

Abstract submissions: Closed on April 10<sup>th</sup>, 2024

Website: [www.opai.in](http://www.opai.in)

### 2. 34<sup>th</sup> Annual Conference of Oculoplastics Association of India (OPAI)

Where? Jaipur, India

When? September 27<sup>th</sup> - 29<sup>th</sup>, 2024

Abstract submissions: Open till 31<sup>st</sup> May, 2024

Website: [www.opai.in](http://www.opai.in)

### 3. 83<sup>rd</sup> Annual Conference of the All India Ophthalmological Society

Where? New Delhi, India

When? April 3-6, 2025

Abstract submissions: Opens until August 5, 2024  
(23:59pm, GMT+8)

Website: <https://2025.apaophth.org/>

## INTERNATIONAL CONFERENCES

### 1. 14<sup>th</sup> Congress International Society of Dacryology and Dry Eye (ISD – DE)

Where? County Hall, London, The United Kingdom

When? May 29 – 31, 2024

Abstract submissions: Closed on 4<sup>th</sup> March 2023

Website: <https://www.isd-de.org/meeting2024/>

### 2. World Ophthalmology Conference (WOC)

Where? Vancouver, Canada

When? August 16 – 19, 2024

Abstract submissions: Closed on 23<sup>rd</sup> February, 2024

Website: [www.icowoc.org](http://www.icowoc.org)

**3. 42<sup>nd</sup> European Society of Ophthalmic Plastic and Reconstructive Surgery (ESOPRS) Annual Meeting, 2024**

Where? Rotterdam, Netherlands

When? September 12 – 14, 2024

Abstract submissions: Open till 24<sup>th</sup> May 2024

Website: [www.esoprs.eu/esoprs-meetings/esoprs-meeting-2024/](http://www.esoprs.eu/esoprs-meetings/esoprs-meeting-2024/)

**4. 55<sup>th</sup> Annual Fall Scientific Symposium of American Society of Ophthalmic Plastic and Reconstructive Surgery (ASOPRS) 2024**

Where? Chicago, Illinois, United States of America

When? October 17-18, 2024

Abstract submissions: Closed on 2nd May, 2024

Website: [www.asoprs.org](http://www.asoprs.org)

**5. Asia Pacific Society of Ophthalmic Plastic and Reconstructive Surgery (APSOPRS) 2024**

Where? Seoul, South Korea

When? Nov29 – 30, 2024

Abstract submissions: Opens from May 1<sup>st</sup> – June 30<sup>th</sup>, 2024

Website: [https://kosmeeting.org/abstract/2024\\_132/apsoprs/main.html](https://kosmeeting.org/abstract/2024_132/apsoprs/main.html)

**6. International Society of Ocular Oncology (ISOO), 2024**

Where? Goa, India

When? December 3<sup>rd</sup> – 7<sup>th</sup>, 2024

Abstract submissions: Open till May 31<sup>st</sup>, 2024

Website: [www.isoo2024.com](http://www.isoo2024.com)

**7. 40<sup>th</sup> Asia Pacific Academy of Ophthalmology (APAO) Congress, 2025**

Where? New Delhi, India

When? 3<sup>rd</sup> – 6<sup>th</sup> April, 2025

Abstract submissions: Open until August 5, 2024

Website: <https://2025.apaophth.org/>

**8. World Society of Ophthalmic Plastic Reconstructive and Aesthetics Surgery (WSOPRAS) 2025**

Where? Istanbul, Turkey

When? 9<sup>th</sup> – 12<sup>th</sup> April, 2025

Abstract submissions: Not yet open

Website: Coming soon

**INTERNATIONAL MASTERCLASSES**

**A) UCLA Aesthetic Eyelid and Facial Rejuvenation Course**

Where? Jules Stein Eye Institute, UCLA, Los Angeles, CA

When? July 12-13, 2024

Website: [www.medschool.ucla.edu/education/center-for-continuing-professional-development](http://www.medschool.ucla.edu/education/center-for-continuing-professional-development)

**B) Periocular filler masterclass**

Where? London, UK

When? October 27<sup>th</sup>, 2024

Website: [neohealthclinic.com/tear-trough-filler-masterclass/](http://neohealthclinic.com/tear-trough-filler-masterclass/)

**C) 7<sup>th</sup> Annual Columbia Endoscopic Course**

Where? Columbia University Irving Medical Centre, New York, USA

When? June 5 – 7<sup>th</sup>, 2024

Website: [www.columbia.edu/~jg3629/endo/](http://www.columbia.edu/~jg3629/endo/)

Remark: Hybrid format. Free access to virtual lectures on registration

# Exploring Comprehensive Educational Resources in Oculoplasty



## Dr Sumeet Lahane

MS, DNB, FCRS (Cornea and Refractive),  
FCFS (Oculoplasty and Ocular Oncology),  
FAICO (Oculoplasty), FICO  
Director, Raghunath Netralaya, Mumbai  
sumeet.lahane@gmail.com

Oculoplasty is the most versatile branch of ophthalmology and has wide number of surgical procedures for various diseases affecting eyelid to orbit and lacrimal apparatus. Learning science of oculoplasty in eighteen months of fellowship may not be possible and staying updated with recent technique is equally important in today's world. In this virtual age, several online systems offer a wealth of tutorial substances tailored to the desires of rookie oculoplasty surgeon. Here, we explore quite a few online assets, including websites and YouTube channels, committed to advancing expertise in oculoplasty.

## TEXTBOOKS

### 1. **Eyelid & Oculoplasty \ A Manual of Systematic Eyelid Surgery**

*Book Author:* J. R. O. Collin MA MB Bchir FRCS  
FRCOphth DO

*Publisher:* Butterworth-Heinemann

*Publish Date:* February 1, 2006

Clear, step-by-step descriptions and detailed illustrations show you how to perform many of the most commonly performed eyelid procedures, including the newest aesthetic techniques. These are presented in a logical order with clearly described indications to help select a specific operation as well as a note of the main possible complications.

### 2. **Eyelid & Oculoplasty \ Diagnostic Atlas of Common Eyelid Diseases:**

*Book Author:* Jonathan J. Dutton (Author), Gregg S. Gayre (Author), Alan D. Proia.

*Publisher:* CRC Press, *Publish Date:* July 23, 2007

This broad-ranging guide discusses the pathology, diagnosis, and treatment of 120 eyelid disorders including benign lesions, malignant tumors, and acquired and congenital malpositions and diseases. Written by leading researchers practiced in the analysis and management of these conditions, this source is a must-have reference for all ophthalmologists.

### 3. **Eyelid & Oculoplasty \ Atlas of Oculofacial Reconstruction:**

*Book Author:* M.D. Harris, Gerald J. (Editor)

*Publisher:* Lippincott Williams & Wilkins

*Publish Date:* May 4, 2009

This full-colour atlas is a practical, step-by-step guide to the reconstruction of periocular defects following tumour excision or tissue-loss trauma. The book ad-

dresses the specific anatomic concerns in each oculo-facial sector with tailored surgical principles and techniques designed to improve aesthetic outcomes.

4. **Eyelid & Oculoplasty \ Oculoplastic Surgery**

*Book Author:* Brian Leatherbarrow

*Publisher:* CRC Press, *Publish Date:* Dec. 17, 2010

Oculoplastic Surgery, Second Edition has been completely revised and updated to reflect the advances made in the field since the highly successful first edition. This new edition offers a pragmatic approach to the diagnosis and management of patients with a wide range of oculoplastic, orbital, and lacrimal problems, with an emphasis on investigations, surgical indications, and important technical considerations.

5. **Eyelid & Oculoplasty \ Rapid Diagnosis in Ophthalmology Series Oculoplastic and Reconstructive Surgery:**

*Book Author:* Jeffrey A. Nerad MD (Author), Keith D. Carter (Author), Mark Alford

*Publisher:* Mosby, *Publish Date:* Dec. 28, 2007

This title in the Rapid Diagnosis in Ophthalmology Series presents a wealth of full-colour images - along with differential diagnoses - in side-by-side page layouts to assist you in identifying a full range of disorders. A templated format expedites access to the guidance you need to diagnose the most common conditions - from simple to complex - encountered in practice.

6. **Eyelid & Oculoplasty \ Curbside Consultation in Oculoplastics:**

*Book Author:* Timothy J. McCulley MD (Author), Robert Kersen (Editor), Timothy McCulley (Editor)

*Publisher:* SLACK Incorporated

*Publish Date:* September 15, 2010

The unique Q&A format provides quick access to current information related to oculoplastics with the simplicity of a conversation between two colleagues. Images, diagrams, and references are included to enhance the text and to illustrate common clinical dilemmas. Curbside Consultation in Oculoplastics: 49 Clinical Questions provides information basic enough for residents while also incorporating expert pearls that even high-volume ophthalmologists will appreciate.

7. **Eyelid & Oculoplasty \ Smith and Nesi's Ophthalmic Plastic and Reconstructive Surgery, Fourth Edition:**

*Book Author:* J. Javier Servat, Evan H. Black, Frank A. Nesi, Geoffrey J. Gladstone, Christopher J. Calvano  
*Version:* Fourth Edition

*Publisher:* Springer, *Publish Date:* August 4, 2020

This landmark book is the most extensive and complete oculo-facial plastic surgery guide available in the market. Updated and broadened from the three previous editions, it includes advances in the use of surgical navigation systems, and new techniques and treatments for diseases involving the eyelid, orbital and lacrimal system. Organized across 11 sections of in-depth, expertly written text, Smith and Nesi's Ophthalmic Plastic and Reconstructive Surgery, Fourth Edition has taken the best of the field's classic reference text and expanded upon it.

8. **Eyelid & Oculoplasty \ Manual of Oculoplasty:**

*Book Author:* Ruchi Goel (Author)

*Publisher:* Jaypee, *Publish Date:* April 10, 2019

The book is divided into 7 sections, which include orbit, lids, lacrimal system, tumors, histopathology slides, instruments and suture materials, and question bank. Each section has basic chapters on anatomy, physiology and examination techniques followed by surgical techniques illustrated in detail.

9. **Eyelid & Oculoplasty \ Atlas of Oculoplastic and Orbital Surgery, Second Edition:**

*Book Author:* Jonathan Dutton MD PhD

*Publisher:* LWW, *Publish Date:* December 13, 2018

Now with more than 1,100 detailed and accurate medical illustrations, this second edition of Atlas of Oculoplastic and Orbital Surgery offers detailed step-by-step instructions for 100 of the most common procedures – including 12 new ones – performed by eyelid, lacrimal, and orbital surgeons. In addition to technical steps, the book offers background material on pre-op prep and basic anatomy. All illustrations have been designed by a medical illustrator with over 30 years of experience in the field.

10. **Eyelid & Oculoplasty \ Pediatric Oculoplastic Surgery, Second Edition:**

*Book Author:* James A. Katowitz (Editor), William R. Katowitz (Editor)

*Publisher:* Springer

*Publish Date:* November 30, 2017

This well-illustrated book presents the latest diagnostic concepts and management techniques in the rapidly expanding subspecialty of pediatric oculo-facial plastic surgery. Covering all aspects of the field and taking into account numerous surgical innovations and exciting new medical treatment concepts that have emerged since publication of the previous edition in 2002, Pediatric Oculoplastic Surgery, 2nd Edition will prove to be an invaluable resource for both the comprehensive oph-

thalmologist and the subspecialist with a particular interest in pediatric disorders of the eyelids, orbit, and nasolacrimal system.

#### 11. **Eyelid & Oculoplasty \ Colour Atlas of Ophthalmic Plastic Surgery:**

*Book Author:* A.G. Tyers (Author), J.R.O. Collin (Author), Terry R. Tarrant (Illustrator)

*Publisher:* Churchill Livingstone

*Publish Date:* 1 May 1995

A comprehensive atlas of oculoplastic surgical procedures. This text provides a practical guide to recognizing the anatomy of the eyelid and gives a step-by-step description of common and alternative operative techniques. Aims to provide a concisely focused practical manual. The common complications are illustrated in colour, with a brief description of their management. Alternative operations to those described are illustrated by line diagrams.

#### **WEBSITE – To Download Books**

<https://www.opthbooks.com/Default.aspx?cat=27>

#### **WEBSITE RESOURCES**

##### 1. **American Society of Ophthalmic Plastic and Reconstructive Surgery (ASOPRS)**

*Website:* <https://www.asoprs.org/>

ASOPRS is a main authority in oculoplastic surgical operation, imparting a plethora of resources through its website. From scientific guidelines to academic materials, ASOPRS provides precious insights for specialists within the discipline. Additionally, ASOPRS hosts webinars, conferences, and annual meetings, serving as structures for networking and continuing training.

##### 2. **International Council of Ophthalmology (ICO)**

*Website:* <https://www.icoph.org/>

ICO serves as a worldwide hub for ophthalmic training, featuring a complete curriculum masking numerous subspecialties, which include oculoplasty. Their on-line learning platform gives publications, lectures, and interactive modules advanced by means of renowned experts. Whether you're a pro practitioner or a beginner, ICO's assets cater to various mastering wishes.

##### 3. **EyeWiki**

*Website:* [https://eyewiki.aao.org/Main\\_Page](https://eyewiki.aao.org/Main_Page)

Maintained with the aid of the American Academy of Ophthalmology (AAO), EyeWiki is a valuable resource for ophthalmic training. Its user-edited content covers a wide array of subjects, together with oculoplasty.

EyeWiki offers a dynamic platform for mastering and information-sharing, with articles ranging from primary principles to advanced surgical strategies.

##### 4. **Oculoplastic Surgery: The Essentials**

*Website:* <https://www.aao.org/bcsc-subspecialty-collection/oculoplastic-surgical-operation-necessities>

Published by the American Academy of Ophthalmology, this definitive textbook gives comprehensive coverage of oculoplastic surgical treatment. Available in print and on line codecs, it includes case discussions, videos, and self-assessment tools, making it an vital aid for ophthalmologists that specialize in oculoplasty.

##### 5. **Orbis Cybersight**

*Website:* <https://cybersight.org/>

Orbis Cybersight is a worldwide telemedicine and training initiative committed to enhancing eye care worldwide. Their platform offers webinars, recorded lectures, and interactive case discussions in oculoplasty. Cybersight additionally helps virtual mentoring and surgical consultations, bridging geographical boundaries and fostering professional improvement. Its video library has more than 350 videos of various subspecialty.

##### 6. **Eyemoviepedia**

*Website:* <https://eyemoviepedia.org/>

Eyemoviepedia is an internet repository of surgical motion pictures and academic content material in ophthalmology, which includes oculoplasty. It has source as re3data which is a global registry of research data repositories. The registry covers research data repositories from different academic disciplines. re3data presents repositories for the permanent storage and access of data sets to researchers, funding bodies, publishers and scholarly institutions. re3data aims to promote a culture of sharing, increased access and better visibility of research data.

##### 7. **Royal College of Ophthalmologists (RCOphth)**

*Website:* <https://www.rcophth.ac.uk/>

The RCOphth gives a wealth of educational resources covering diverse ophthalmic specialties, consisting of oculoplasty. Their website features hints, e-mastering modules, and surgical movies, contributing to comprehensive expert development.

##### 8. **Oculoplasty Virtual Learning Series**

It is a paid series with total twelve modules covering various topics and surgeries in oculoplasty. Available on

<https://docmode.org/oculoplasty-virtual-learning-series/>

## 9. **Core Ophthalmic Knowledge for Oculoplastics – American Academy of Ophthalmology**

This course covers information on diagnosis and management of ophthalmic problems encountered in everyday practice in Core Ophthalmic Knowledge for Oculoplastic. Core ophthalmic knowledge is defined as necessary clinical knowledge expected of all ophthalmologists regardless of practice emphasis area.

Presenters:

*Jeffrey D. Henderer, M.D.,* Dr. Edward Hagop Bedrossian Chair and Professor, Department of Ophthalmology, Lewis Katz School of Medicine at Temple University

*Richard C. Allen, M.D.,* Professor, Baylor College of Medicine

*Louise A. Mawn, M.D.,* Professor, Vanderbilt University Medical Center

*Jeffrey A. Nerad, M.D.,* Cincinnati Eye Institute

*Release*

October 26, 2021; expiration October 26, 2024

### VIDEO PLATFORMS

#### 1. **Oculoplastics.Info: [Oculoplastics.Info YouTube Channel**

<http://www.Oculoplastics.Information>

Oculoplastics.Info is a well catalogued website with over forty unfastened video tutorials in easy and complex oculoplastic surgeries. The surgical procedures are all done and edited by means of Mr Richard Caesar. Ric, as he is called, is a consultant at Gloucestershire Hospitals NHS Foundation Trust. Apart from being catalogued at the website, the motion pictures also are available on their committed channels on YouTube and Vimeo. A splendid start line for the trainee oculoplastic health care professional, this website has an intensive cache of aesthetic surgeries and strategies which includes Botulinum toxin injections and cheek fillers; higher and decrease lid blepharoplasty and festoon

excision surgeries.

#### 2. **University of Iowa EyeRounds: [University of Iowa EyeRounds – Oculoplastics Videos**

<https://webeye.Ophth.Uiowa.Edu/eyeforum/video/plastics/index.Htm>

The University of Iowa hosts one of the most complete and exhaustive libraries of oculoplastic surgical procedures. This library now not simplest has simple and complex surgical strategies but also in-depth videos on exam strategies. Most surgical motion pictures are also available on Dr Allen's YouTube channel.

#### 3. **Oculoplastic Surgery Videos: [Oculoplastic Surgery Videos YouTube Channel**

<https://oculoplastic.Eyesurgeryvideos.Net>

The three essential architects of this website proportion a ardour for coaching and in particular the use of video for surgical training. The result is that this website, which is a virtual video atlas of surgical procedures. Of particular hobby is the phase on lacrimal surgical operation – which protected a couple of films on exceptional strategies of endoscopic DCR surgery, revision DCRs, other complications, anatomy and punctal and canalicular techniques as nicely.

These YouTube channels provide loads of instructional videos, which includes surgical demonstrations, case shows, and lectures, imparting additional learning possibilities for the ones inquisitive about oculoplasty.

In end, the supply of various on-line resources substantially contributes to the advancement of know-how and abilities in oculoplasty. By harnessing the power of digital technology, ophthalmic professionals can stay abreast of the latest advancements, refine their skills, and ultimately improve patient care. Whether you're seeking comprehensive textbooks, interactive modules, or virtual mentorship, the online landscape offers a wealth of opportunities for education and growth in oculoplasty.

# Elevating Expertise: The FAICO Certification – Significance, Tips and Tricks



## Dr Shaifali Chahar

Fellow, Oculoplasty, Orbit and Ocular Oncology, Centre For Sight, Hyderabad

Currently: Consultant, HORUS Specialty Eye care, Bengaluru, Karnataka  
shaifalichahar@gmail.com

Exams! – the word itself is enough to trigger a cocktail of emotions in us, be it the butterflies we felt while appearing for one or the feeling of pride and joy in successfully completing one. As an Indian student and especially an Indian medical professional we have given numerous exams in our academic journey – some of which we have liked, and some have been forced upon us for the sake of completing our degrees and accreditation.

So, one might ask – **Why another exam!! Is there any use of it in your professional journey?**

To be frank I had the same questions about FAICO when I first heard of it. I knew it is not a mandatory exam to give after specializing- then why give it at all was the pertinent question.

No matter the feeling attached to them, exams I have come to realise are an integral part of evaluation and assessment. Of course, they cannot define you as a learner and everyone can have bad days, but overall, the examination process does assess our knowledge, understanding of the subject, how well we can apply it for critical thinking, problem solving, time management, organization of thoughts and overall subject proficiency. It is also a great opportunity to identify learning gaps and to improve upon the same. This state of mind and exploring about what this certification stands for motivated me to fill out the form for this exam.

## What is FAICO ?

In the rapidly evolving landscape of ophthalmology the need for standardized training and qualifications has become paramount. The Fellow All India Collegium of Ophthalmology (FAICO) certification, instituted by the prestigious All India Ophthalmological Society (AIOS), stands as a beacon of excellence, providing a national-level accreditation for sub-specialty expertise. FAICO is a distinctive certification offered by AIOS across 10 ophthalmology sub-specialties: Glaucoma, retina, cornea, comprehensive ophthalmology, refractive surgery, uveitis, cataract/phacoemulsification, pediatric ophthalmology & strabismus, oculoplastic surgery, and neuro-ophthalmology.

It is indeed a matter of pride to know this mammoth task taken up by the governing council of AIOS is the first such comprehensive exercise done by any national body around the world covering all principal subspecialties of ophthalmology.

While obtaining FAICO is not a mandatory requirement for practicing a sub-specialty in the country yet, this esteemed certification serves as a testament to an ophthalmologist's commitment to professional excellence. It provides national recognition and credibility as a sub-specialty expert from India's largest and most representative ophthalmology body. This not only validates an individual's expertise but also contributes to elevating the overall standards of ophthalmology in India fostering a culture of continuous learning and promoting best practices.

### Who is eligible to give the exam?

The eligibility criteria for appearing in the FAICO examination have been thoughtfully designed to ensure that candidates possess a robust foundation in ophthalmology, complemented by focused sub-specialty training. To qualify, applicants must:

- Be life members of AIOS
- Hold a basic post-graduate degree in Ophthalmology recognised by govt. of India
- Have at least 1 year of clinical experience after post-graduation
- Have one year of practical experience in the sub-specialty

(\*details are available on the website: [www.aios.org](http://www.aios.org))

### What is the pattern of the examination ?

The FAICO examination is a two-part process, meticulously designed to evaluate candidates' theoretical knowledge and practical proficiency:

1) Theory Exam: Online, held at test centres located in major cities.

It consists of 100 multiple-choice questions, held over a 2-hour duration. There is no negative marking and a minimum score of 70% is essential to qualify

The multiple choice questions are curated by experts in the field from a wide question bank that is accumulated by the AIOS from the experts. The questions are a good mix of levels of difficulty that can really assess the width of your understanding of the subject.

2) Clinical examination: Held in physical mode at various centres according to the subspecialty. The pattern in general includes

OSCE - 100 marks and Viva Voce- 100 marks

The pattern can vary slightly from centre to centre and for each specialty.

OSCE: Includes stations which can have -a short case, a clinical or an investigation image or a series of images, description of a clinical situation with supporting images, instrument, drug, device etc. relevant to the concerned speciality. The questions are designed in a way to elicit a brief and an objective response and to test the broad-based overall clinical/practical knowledge of the subspecialty.

Viva Voce :Includes-Topical drugs, systemic drugs, clinical investigation, instruments clinical investigation image, radiology or imaging, drug/implant/device used in surgery, video clip of a step of a surgery, pathology specimen, slide or an image, microbiology media or an image. The standard of viva voce is to assess clinical and practical skills of the candidate is enough to be a safe clinician to practice the subspecialty.







### What can be gained from FAICO certification?

Obtaining the prestigious FAICO certification offers a myriad of advantages that extend far beyond the realms of personal accomplishment.

1) National Recognition and Credibility: As a qualification awarded by AIOS, FAICO instantly elevates the credibility of an ophthalmologist as a sub-specialty expert. It validates their training standards at a national level, providing a competitive edge in a rapidly evolving field.

2) Knowledge Assessment: The rigorous examination process provides an objective, third-party assessment of a candidate's expertise in their chosen sub-specialty domain, ensuring they possess the requisite knowledge and skills to deliver high-quality patient care.

3) Enhanced Career Prospects: Hospitals, specialty eye care chains, recognize and value the FAICO credential, and can open doors to better professional opportunities and career advancement.

4) Confidence Booster: Clearing such a comprehensive theoretical and practical examination instills a strong sense of subject mastery and confidence in clinical practice, enabling ophthalmologists to approach complex cases with assurance.

5) Cost-Effective Qualification: Compared to international sub-specialty qualifications, FAICO is a highly cost-effective option for medical professionals in India, ensuring access to quality training and certification without prohibitive financial barriers.

### FAICO- some tips and tricks to master the game

With the right approach FAICO is an eminently achievable goal by anyone.

- Familiarize yourself with the detailed curriculum provided by AIOS (available on: <https://www.aios.org/article-66-about-faico.php>) for your specific sub-specialty, ensuring a comprehensive understanding of the expected knowledge domains.

- Refer to core textbooks and resources, such as the Basic and Clinical Science Course by the American Academy of Ophthalmology (AAO), which provide a solid foundation in the subject. Other textbooks you used as a resource for learning during the training can be helpful.





■ Supplement your studies with online resources like iFocus online lectures, MRCOphth question banks, and mock tests (Ophth questions, DJO etc). Attempting and learning from MCQ question banks can be very helpful before the online exam. Online lectures by iFocus online cover the subject in depth and are also helpful for covering the OSCE syllabus.

■ During your sub-specialty residency or fellowship, optimize your hands-on training opportunities, as clinical expertise is a crucial component of the FAICO assessment.

While there is no time limit to appear for the exam, when attempted during or immediately after the sub-specialty fellowship or senior residency seems to be an ideal time, as the knowledge and skills acquired are fresh, hence effort vs output ratio works in one's favour.

Some personal tips from my journey of FAICO-

– Don't pick up any new book if short on time; revise what you have already read so you are confident in topics that you know

– Discuss topics with peers. You end up retaining more and adding to your knowledge. Can also help cover more topics when short on time.

– Be confident of the knowledge gained during training or working in the concerned department. Every day is an exam for us in medicine, when we see a patient in OPD or operate. Keep those lessons in mind and you will sail through

– Relax! And just put your best effort. You will end up either winning or learning.

– Exam or no exam- remember to have fun even when it is about testing yourself and your knowledge. Give the exam in the right spirit.

### **FAICO: Paving the Way for Excellence in Eye Care**

As the demand for super-specialty eye care continues to grow across India, initiatives like FAICO play a pivotal role in ensuring consistent standards of training and patient care. By attaining this nationally recognized credential, ophthalmologists demonstrate their commitment to professional excellence and their dedication to providing the highest quality of care to their patients.

Best wishes to the readers who intend to appear for the exam in the future. I sincerely hope the above points will be useful in your journey. Do keep the golden words by Mahatma Gandhi in your hearts when giving the exam-

*Satisfaction lies in the effort, not in the attainment.  
Full effort is full victory.*

# VII. Out in the Field after Training: What next ?

1. Fresh from Fellowship, Out into The Ocean  
*Dr Richa Dharap Wagh*
2. Peek Into Different Practice Settings
  - Freedom in Practice: The Freelancing Way!  
*Dr Saurabh Kamal, Dr Akshay Nair*
  - Practice Type: Institutional Practice  
*Dr Suryasnata Rath*
  - Private Practice – My Oasis in Professional life  
*Dr Anuradha Ayyar*
  - The Corporate World of Oculoplasty-Ocular Oncology  
*Dr Puneet Jain*
  - Oculoplastics Practice: Government Medical College  
*Dr Maya Hada*
3. Upskilling Yourselves: Hands on Courses to Look Out For
  - Upgrading your skills in periocular aesthetic rejuvenation – the IMMAST way  
*Dr Akshay G Nair*
  - Kolhapur Cadaver Course (KCC): A golden opportunity to learn and refresh the oculoplasty surgical skills  
*Dr Aditi Watve*
4. My 10 Pearls on Harnessing the Power of Social Media in Oculoplastic Surgery  
*Dr Akshay G Nair*

# Fresh from Fellowship, Out into the Ocean



## Dr Richa Dharap Wagh

Senior Resident and Consulting Oculoplasty Surgeon,  
Department of Ophthalmology, GMC, Nagpur  
Email: richa\_dharap@hotmail.com

### How would you describe your fellowship experience?

Tip of the iceberg, is the most appropriate phrase! However enriching and fulfilling the fellowship has been, it is still, for a limited time period and in the most ideal conditions. Fellowship is just the beginning, like a trampoline to your career.

In the last 6 months, I have worked as an 'adjunct', between a fellow and faculty. During this time, the aim is to prepare for the immediate future after fellowship, where one can take full advantage of the independent OPDs and ORs. Getting to see my own follow-ups regularly has benefitted immensely to see their progression first hand. I also had the opportunity to train junior fellows, optometrists, residents and nursing assistants during that time.

### What are the different options out there after fellowship?

Most cities in India have multiple options like freelancing, private practice, full time private or government job, as a part of ophthalmic set up or multispecialty set up, part time/ full time in corporate set up, group practice etc. Although so many options exist, the availability varies in place and time, and sometimes luck does play a role to land us a placement!

### What is the best choice to make?

I believe that is a personal decision. It is based on more than just your interest and liking. We all aim to make a long-term decision, so your partner's/ family's needs play an important role. The choice depends on what gives you the best personal and career freedom, and freedom can mean different to different individuals.

### What is the distinction between one's expectation after fellowship and the reality they face? Any advice to face these challenges?

I will try to break down this answer into expectations followed by optimistic reality that I've experienced. The joy of finally finishing your dream fellowship and getting that coveted recognition slowly fizzles out as the reality of entering into practice seeps in. Many including friends, family and even ophthalmologists are not aware of the scope of your specialty. I would say look at this in a positive way because you have so much potential to create this awareness. Get a recognised degree to validate your fellowship experience. Make presentations/ fliers/ pamphlets/ banners, participate actively in local meetings and present your work. Slowly but steadily others tend to take notice and you never know when that small mental note converts into a patient for you.

Catering exclusively to your sub-specialty is one common expectation, naturally because that is what one



experiences in fellowship. But that's not always true, especially when starting out. We need to cater to basic ophthalmology first followed by our specialty in our own practice. This does not mean practicing glaucoma if you don't want to, but definitely includes diagnosing it! Steadily enough you can choose what you want to do and others around you will mould their referral accordingly.

We are used to seeing long list of cases in fellowship, and it is very different after. On the bright side, it is always better to have fewer cases initially as we are still getting used to the new system, and the system (staff) to us. So don't look at the numbers just yet.

Handling the financial aspects is a very important but new arena that many of us face for the first time after fellowship, and that must be dealt with skilfully. Whether you like it or not, it depends on the local trends of each city and charges of fellow doctors. It might take a while for you to figure out but will definitely tend to learn and set your own path (and standards that others respect) with each passing experience.

Having a superiority complex is a common naivety just after experiencing 'the achievement' of completing a hectic fellowship. Whatever branch we belong to, we need to acknowledge that patient management is team work, be it a multi-ophthalmology team or a multi-speciality team. As one realizes the nuances of practice, one knows better to have a team (of doctors) beside you, than a team (of relatives) against (alone) you.

Last but not the least, finishing fellowship from a well-known institute might help to land some talks in academic sessions. While this might sound exciting at first, with definite potential for one's own development, we need to understand an entity called over-commitment. There are multiple aspects related to this, and a few questions must always be asked before committing like

'do we have the time to do this', 'do we have enough data to present', 'will we be sacrificing family time to do this', 'how is this beneficial for our growth', and lastly 'do we have the finances in place?' The last point is especially valid when a day's (or sometimes overnight) long journey is involved with expensive flight tickets for you to spend 8 precious minutes on stage in front of an empty room. So yes, please take every opportunity that works for you, and but not the one that works you!

### How has your path shaped after fellowship?

For someone who's resided in Mumbai all her life, shifting to Nagpur city was new to me in every sense, from the weather, to the people. I took a small break to be with my daughter, and then started meeting ophthalmologists to understand the local trend. Simultaneously, speaking to senior alumni colleagues gave some perspective. A casual enquiry at the ophthalmology department at Government Medical College, Nagpur turned into an application, with me landing the job five days later! I was very happy as I knew the scope of that place. I started work as an Assistant Professor, with special interest in Oculoplasty. Over the next couple of months, I got the opportunity to treat many Oculoplasty related cases mainly complex eyelid repairs and reconstructions, few socket and orbital pathologies, and of course a good number of lacrimal surgeries. The challenge here was not how do I get patients, because this was a tertiary care centre with good referral. The challenge was how to modify

the scope of that place. I started work as an Assistant Professor, with special interest in Oculoplasty. Over the next couple of months, I got the opportunity to treat many Oculoplasty related cases mainly complex eyelid repairs and reconstructions, few socket and orbital pathologies, and of course a good number of lacrimal surgeries. The challenge here was not how do I get patients, because this was a tertiary care centre with good referral. The challenge was how to modify



Anticlockwise: Using microscope, trekking lights, loupe with aligned lights, OT lights installed.



L to R: Performing endoscopic DCR in ENT OT, with neurosurgery colleagues, with interventional radiology colleagues.

the environment around me to suit needs better, like training junior residents regarding the correct method to perform (irrigation) syringing, or complete examination followed by thorough counselling, to teaching how to assist, and training staff for instrument and equipment related nuances. But the biggest challenge was the light source. I was always used to operating under regular OT lights. But this OT set up had only microscopes, which was used as an external source! My exploration began with an attempt to use the microscope but field of view was limited for certain eyelid surgeries and depth of field was ever changing for lacrimal surgeries. Then I tried using a cyclist/trekking light with my loupes, but the light would get dim within 10 minutes and lose its charge within half an hour, as we were exploiting a trekking light to light our surgical field, not to mention the discomforting headache of the elastic band. I then stumbled upon a loupe with light provision, and no elastic band! It was the most useful thing to have lights in line with your loupes. With a lot of efforts, we also got OT lights installed in our 'minor' OT. Second challenge, was procuring my second hand, the cautery. In my initial time

I even used the thermal ball cautery for fulguration! I was fortunate enough that a senior faculty in the department offered his old cautery so that I was able to perform most surgeries with ease. The next challenge was setting up a trend for your cases, which was a set protocol at the fellowship institutions. It required personal coordination with the all other specialities like radiology, pathology, ENT, super-speciality teams etc, right from personally going to introduce yourself, to discussing the case at hand, which gave them an idea of the niche work you have to offer, that would help with appropriate future referrals. Since I began my work, I have performed endoscopic DCRs in ENT OT with due permissions, as I was trained for it, but did not have the set up in the ophthalmology OT, and for other sino-orbital pathologies that needed combined management. I have worked with neurosurgery colleagues in many cases, including using coronal and combined approach for large intraconal tumors, with interventional radiology department to treat orbital vascular pathologies, and with trauma team in multiple complicated trauma cases. Apart from this, taking lectures for undergraduates, and daily activity for post graduates has kept me abreast of my academics. We have also been able to host a two-day CME dedicated to Oculoplasty for post-graduates in our medical college.

Oculoplasty CME at GMC Nagpur



It has now been two years since I have joined and I see a positive changing trend not only in the patient load related to Oculoplasty, but also the encouraging attitude of colleagues, junior residents and staff alike.

### Three tips for budding ophthalmologists to make the best out of their concluding time of fellowship?

Working up any case independently with a ready plan to discuss with a senior faculty, whether they concur or it needs any modification. This practice helped me to understand my shortcomings and align to their experienced thought process.

Another extremely useful habit I developed is managing the list for each OR by personal communication. This gives the treating surgeon a direct temporal insight into

the patient's lifestyle/ financial status/ work/ leaves/ family commitments etc, that one needs to consider while planning an intervention, which the patients also tend to appreciate. This might seem obvious, but where there are counsellors and cashiers (or junior residents/interns) involved in the process, it is easy losing the patient in such a crowd.

Lastly, during fellowship, we are so used to receiving

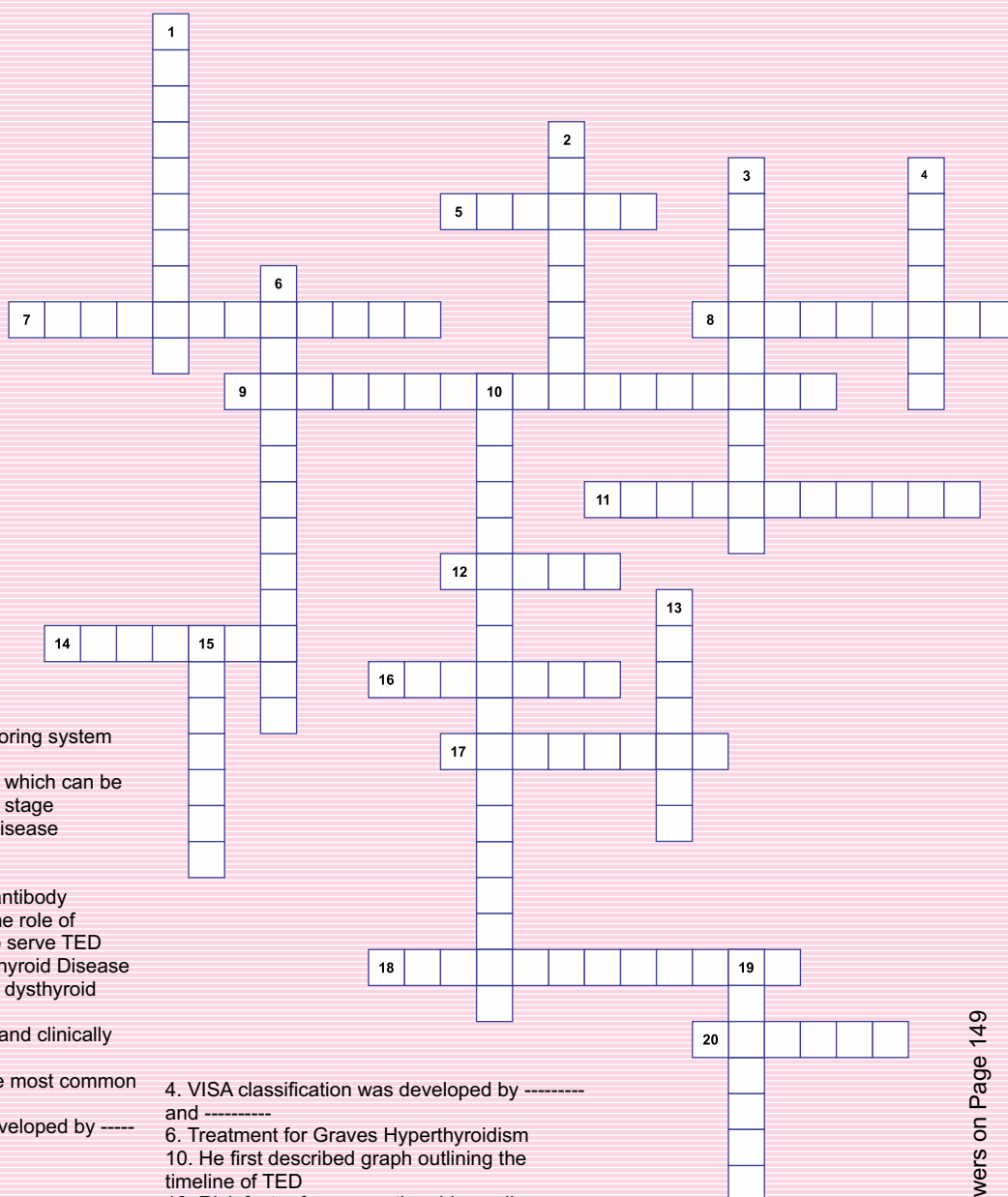
everything on a golden plate, one needs to step out of this mindset and start learning things that seem obvious like record maintenance, OT sterilization, instruments and availability, consumables and its providers, instrument sterilization to name a few. It is easiest to learn as you are about to finish fellowship, because you have the access. This being of paramount importance when we start our own practice, needs greater focus, may be a formal one, during the period of fellowship.

## Brain Chow-5

# The TED Crossword



Compiled by  
**Dr Varshitha Hemanth Vasanthapuram**  
Consultant,  
Narayana Nethralaya,  
Bengaluru



### ACROSS

- 5. An assessment protocol /scoring system established in 1999
- 7. A simple surgical procedure which can be performed in active or inactive stage
- 8. Second line drug in active disease
- 9. The principal target cell in etiopathogenesis of TED
- 11. IL-6 receptor monoclonal antibody
- 12. Trial conducted to Study the role of Mycophenolate in Moderate to severe TED
- 14. Antibody in autoimmune Thyroid Disease
- 16. One of the mechanisms of dysthyroid optic neuropathy
- 17. One of the most disabling and clinically challenging effects of TED
- 18. A surgery for correcting the most common clinical sign of TED
- 20. VISA classification was developed by ----- and -----

### DOWN

- 1. Most common clinical sign
- 2. An area of the bone removed in deep lateral orbital decompression
- 3. An antithyroid drug
- 4. VISA classification was developed by ----- and -----
- 6. Treatment for Graves Hyperthyroidism
- 10. He first described graph outlining the timeline of TED
- 13. Risk factor for severe thyroid eye disease
- 15. the drug with the "breakthrough therapy" designation
- 19. Type 2 orbitopathy

See Answers on Page 149

# Peek Into Different Practice Settings The Freelancing Way!



**Dr Saurabh Kamal**

Director,  
EyeHub Vision Care,  
Faridabad  
drskamal@gmail.com



**Dr Akshay G Nair**

Dr Agarwals Group of Eye  
Hospitals, Mumbai.  
RJ Sankara Eye Hospital,  
Navi Mumbai.  
Sir HN Reliance Hospital,  
Mumbai.  
akshay@drakshaynair.com

## 1. Sharing your journey - how you came to be here and what setting you are practicing in?

**Saurabh Kamal:** During my residency in Guru Nanak Eye Centre, I developed liking for Oculoplasty as my thesis was on Ptosis. As a first year resident, we are given cataract surgeries after few months in residency, but to get an oculoplastic procedure, one had to be at least a year or more in training. This developed a craving in me to perform oculoplastic procedures, and I started developing interest in the subspeciality. After residency and senior residency, I completed a long-term fellowship in Oculoplastics from LV Prasad Eye Institute, Hyderabad. After fellowship, I wanted to restrict myself to oculoplastic

surgery only and perhaps even be in a teaching institute – however, that did not work out.

## 2. What is your type of practice - how does your day in Clinic and OT look like?

**Saurabh Kamal:** Currently I have my own clinic, but I also freelance. Over the years, my travels have reduced, and I find I am restricted more to my clinic. At my Clinic, I practice comprehensive ophthalmology including cataract as well as referred oculoplasty cases - both local and out station. When I freelance, I perform only oculoplastic surgeries. Interestingly though, even in my own clinic, about 70% of the surgical work is oculoplasty and rest is a general mix including cataract surgeries.

## 3. As a free-lancing oculoplastic surgeon? What were the initial roadblocks and how did you overcome them?

**Saurabh Kamal:** There are many challenges when you start afresh after fellowship or residency, in private practice. Some important one for me in freelancing were:

**a) Visibility and Trust:** Gaining the trust of general ophthalmologists to go to their centre and operate on their patients. This is because you are new - your results, techniques are not known to them. Luckily, I was active in regional and national ophthalmic forums and having trained at GNEC - MAMC as well as LVPEI - the institute names helped a lot.

**b) Travel: Travelling** to far places is difficult. Monthly visits to clinics/hospitals in nearby or distant towns/cities provide an excellent opportunity as they collect cases to be operated in a single day - so one can get 5-10 or even 15 surgical cases to operate. For me - personally, I love driving with music - earlier by car and now on my super bike. Early morning driving is very peaceful which I like, so travelling far that too for Oculoplasty - was never a



bother for me. But the frequent travel and time away from family may be an issue for some.

**c) Random and unplanned calls:** Out of the blue calls and requests from local ophthalmologists to come in and operate the same day is an inconvenient truth about freelancing. This is very annoying – especially when you have your day planned ahead and when you are not ready and have not even seen the case you are being asked to come in to operate. I always like to examine, confirm the diagnosis, plan properly and counsel the patient. Talking to ophthalmologist in concern with complete transparency always helps in this regard – although sometimes one may have to be assertive.

**d) Instruments:** Unlike cataract surgery instruments – oculoplastic surgery instruments are not readily available everywhere – and if you are comfortable with a particular set/type of instruments, then you have to buy them for your own- it is as simple as that!

#### **4. What do you think are the advantages of freelancing?**

**Saurabh Kamal:** You are a free bird in free-lancing! Once people start seeing your results, free lancing will give you handsome money. If you don't have your own centre and are visiting multiple places - the advantages are that you get ample time for family, holidays, vacations and conferences. Additionally, you are your own boss (not truly but to some extent), scheduling cases on an appropriate day and time that suits you; more people get to know you - both doctors and clinic staff. And you end up performing more surgeries at different places – which is perhaps better than operating a few cases at one place if one were to be tied to a single centre as a fulltimer.

#### **5. Disadvantages of your practice**

In freelancing some of the concerns are: stability with respect to earning, there may be a few days or weeks where you may not be called upon to operate. It is likely that a new oculoplastic surgeon could replace you. Requests for unplanned unscheduled visits that you may not be able to refuse is another challenge. At the end of the day – in free-lancing practice – you are always replaceable! But, if your work is good and stands out – you will always be in demand.

#### **6. Mistakes that you made and YOs can avoid**

The most important things for YOs is to be very clear with respect to finances and their surgeon fees. Be clear and explicit before operating the case with no ambiguity. And there is no shame in insisting on getting paid on the

same day or within a reasonable time frame. Do not feel embarrassed to follow up with the doctor if you have not been paid for over a month after the surgery. Keep your head high, chin-up and never lose your self-esteem - never end up performing a surgery that you are not convinced about and avoid ghost surgeries.

#### **7. Share a few Moments of Happiness /Most satisfying experience in your practice**

Travelling and monthly outstation visits with 10-15 cases per visit kept me in a fellowship mode even post-fellowship. Such busy days were always a welcome change - operating failed DCR cases, failed probing, repeat surgeries with successful results were like a cherry on the top and helped me building a trust at this particular centre I visit in Rajasthan. Now I love and cherish the early morning drive to places like this.

#### **8. Your message to Budding YOs starting out in Oculoplasty practice**

**a. Patience Patience Patience:** Please have patience. Right at the outset - don't invest heavily in buying instruments, radio-frequency units, especially if you are only free lancing. This can be done in a stepwise manner over time. Building trust always take time and once that happens you will find yourself in very happy practice. For exclusive Oculoplasty practice, joining and visiting multiple places may help initially.

**b. Visibility:** It is important to develop visibility as a specialist who focuses only on oculoplastic surgery. So one must meet colleagues who are not yet aware of your availability and presence. In the early phase of your career, it is important to go around and meet ophthalmologists and let them know that you're here. While meeting - be respectful, humble, and more importantly, let them know what are the procedures that you commonly do, what are the procedures that you're specially trained to do for example, endoscopy surgeries, aesthetic surgeries, injectable cosmetic procedures, etc. At the same time, it is important to let them know what does not come under your area of expertise. It is a common misconception that oculoplastic surgeons also perform squint surgeries – which may require clarification

**c. Don't put all eggs in one basket:** In this age of mergers and acquisitions, if one does not have their own practice centre - it may prudent to have a multiple simultaneous attachments and create a fixed schedule of visits to these centres. Being affiliated to multiple centres ensure that you will not be idle or without work. As work volume increases - it will give you the flexibility of a freelancer but the regularity and consistency of a full timer!

## Peek Into Different Practice Settings

# Practice Type: Institutional Practice



### Dr Suryasnata Rath

Network Director, Operations  
Consultant, Ophthalmic Plastic Surgery  
& Facial Aesthetics,  
Mithu Tulsi Chanrai Campus  
LV Prasad Eye Institute, Bhubaneswar  
drsuryasnata@gmail.com

#### **Where are you practising at present and what motivated you to pursue an institutional practice? Can you share with us your journey?**

**SR:** I primarily do ophthalmic plastic and reconstructive surgery at L V Prasad Eye Institute, Bhubaneswar. My journey towards an institutional practice started when I was a resident at SCB Medical College, Cuttack. During this stint, I had an earnest desire to acquire new knowledge and learn nuances of ophthalmology. Towards that effect, I would get loads of textbooks suggested by friends at AIIMS Delhi and get copies from National Medical Library, Delhi. However, I was disappointed to see very limited spectrum of what I read was practised at the government medical college. During my second year, we were fortunate to have an Orbis –

hospital based programme at SCB medical college. This was an eye-opener for me. I was amazed to see how knowledge and skills could transform lives of patients, Rest is history.

#### **How does a regular day in your professional life look like?**

**SR:** A regular day for me starts at 5AM when we have our morning tea/coffee. This is followed by half hour of morning walk/cycling or home gym. I reach LVPEI before 7AM and usual work day includes clinical work, teaching and administrative responsibilities.

#### **What were the initial roadblocks did you face and how did you overcome them?**

**SR:** Initial roadblocks for me included 1) Pursue long term fellowship for several years after residency at a time when fellowships were not the norm in 1997-2000, 2) build an oculoplastic service from scratch at Bhubaneswar, 3) drive academic excellence with relevant clinical research. All of the above were challenging but after 17 years have been well worth the effort and pain.

#### **What, according to you, are the benefits of being in an institutional practice?**

**SR:** In my view the two key benefits of practicing in an academic institute are 1) Stay ahead of the knowledge and skill curve – unique combination of trainees and mentors helps be in touch with new knowledge and skill and apply several to our patients for their benefit, 2) Practice ethical and evidence based medicine.

#### **Can you elaborate the drawbacks of pursuing an institutional practice, if any?**

**SR:** Again, all good things in life come as a package. Institutional practice takes a toll on work-life balance,

family time and becomes specially challenging when faced with health issues of any or more members of the family. Therefore, each individual must always understand the benefits and risks of institutional practice at a certain period of one's life and take an informed decision.

**Can you share with us a turning point or the most memorable experience during this journey ?**

**SR:** The most significant moment in my life appeared to be insignificant when it happened. I was visiting LVPEI, Hyderabad as part of an observer program in November, 1997. I was observing the clinical work happening around me with cornea faculty Dr Ashish Bansal. In one clinical room we met a near-blind patient who happened to belong to an affluent family from Bangladesh. He kept pestering Dr Bansal to make a mention of any place in the world where he could restore normal vision. Dr Bansal firmly yet very softly declined there were none available at LVPEI and none anywhere in the world. Sad for the patient, I realized. Yet what struck me was that I had finally seen a place where knowledge and skills were so at-par with best in

the world that there was no place that could surpass. I decided to join LVPEI – do whatever it takes and be in the system!

**If you could go back in time, would you have done anything differently ?**

**SR:** Not really. I would still do very much the same of what I pursued and followed.

**Do you have any advice or message for the budding oculoplastic surgeons willing to travel this road ?**

**SR:** I would advice all budding oculoplastic surgeons to  
1) Be in a place/institution that allows free thinking, follows protocols and ethical evidence based medicine,  
2) be exposed to all divisions of oculoplasty – eyelid, socket, lacrimal, orbit, aesthetics, trauma and many more and work with faculty trained at different places in the world so that they understand that there are several ways of doing the right thing for a patient,  
3) always keep the patient's interest and concern supreme in decision making and  
4) keep asking yourself – when was the last time when you did something for the first time?  
I still ask myself the last question.

## Peek Into Different Practice Settings

# Private Practice: My Oasis in Professional Life



### Dr Anuradha Ayyar

DNB (AEH, Tirunelveli), Fellowship in Oculoplastic surgery & Facial Aesthetics (LVPEI, Hyderabad), FICO, FAICO.

Consultant Oculoplastic surgeon, OASES Care Center & Jupiter Hospital, Thane  
ayyar.anuradha@gmail.com

“What does OASES stand for?”

My hospital, OASES Care Center in Thane is a center for Oculoplastic surgery, Facial aesthetics, Dacryology and Ocular Oncology. OASES Care Center stands for Oculoplasty Aesthetics Eye Surgical Care Center. In my life this is one Oasis among others, and hence the plural form of oasis- Oases holds true in that sense too.

I had two dreams as a child: to become a surgeon, and to become an author. At some point, I knew I wanted to practice as a surgeon in my own hospital. Small or big didn't matter, as long as it was mine.

These dreams became more intense as I progressed along the way, reaching its zenith during my post-gradu-

ation days at Aravind Eye Hospital, Tirunelveli. My seniors would smile everytime I discussed my future plans watching my childlike enthusiasm. But the dream took a back seat when I was in my fellowship at LV Prasad Eye Institute, Hyderabad.

I was blessed with great mentors in my surgical training both at AEH and LVPEI chiefly Dr Shivkumar Chandrashekhara and Dr Milind Naik respectively; but I was unsure of the next step. So I took a break. I backpacked across West Bengal for more than a month, after the fellowship graduation.

When I returned I found zero job opportunities locally, but a few job opportunities in southern India opened up and so did a fellowship invite in UK. The job options required me to give a long-term commitment, while for the fellowship, I needed to show up in person to display my interest. I did neither.

An observership with the magnificent Dr. Bhupendra CK Patel in Moran Eye Center, Utah changed everything. Dr Patel, who will always remain one of the greatest, kindest and wisest of humans I have met, told me, “Milind has taught you well. You are ready as a surgeon. Do not waste time in more fellowships if you wish to enter private practice, since the main learning will begin once you are on your own. Go for the fellowship if you want more academic papers.” He continued, giving me precious advice I hold dear till date, “Promise me, you will not work on the weekends. Life is all about art and beauty. If one does not experience that, it is meaningless!”

I returned home before my 32nd birthday.

I decided to take the plunge and start my solo practice right away. Getting a bank loan proved a tedious process and I faced countless rejections. I had zero financial knowledge nor did I know much about building or



running hospitals. I tried seeking advice from numerous quarters. But at that point I did not yet have friends within the doctor circles in my city, and advice came in stingy bits.

Soon, I had my loan in hand, found an experienced contractor, and we set out. The skeleton of the hospital was in place. I had to use the space as is, without changing the existing plan. I designed the interiors, with an architecture student for drawing professional diagrams of my sketches of the rooms. I had enough time to personally select every tile, laminate, and supervise the entire construction.

In 5 months the hospital was ready, and in June 2017 we had our hospital inauguration. The permits and licences took few more months. In the initial period, I met the city and district doctors, spoke in local CMEs, returned to my hobbies. One error I made, is creating a presence online quite late in practice.

I also found attachments as a visiting surgeon in some eye hospitals eventually, and a multi- speciality hospital in my city invited me to join them two years later. It took time to build my practice and slowly word of mouth from doctors and patients alike helped us grow. Today, I work

6 days a week. Monday to Saturday I have OPD in the morning. We have evening OPD only four days a week. I operate four days a week in the afternoons mostly. We have always had half day off on Tuesdays. This year on, I am taking one more half day off on the weekday, essentially working 11-8 pm only 4 days a week. I visit other hospitals and operate there in afternoons or morning hours. I know what my burn-out point is, and this schedule works well for me in terms of life-work-family balance.

One of the greatest fears we have as doctors is failure. We are essentially, a group of the most competitive kids in school who are now adults together in the same profession. Since I started private practice right out of fellowship, I had no fear. I had nothing to lose. I went ahead chasing my dream without worrying about the 'what ifs'.

Private practice was the way for me, as I learned early on in life that I am a better boss than an employee and intensely value my independence, and creative freedom. I can manage my working hours, schedules, travel plans, without seeking permissions. While the responsibilities are greater, running costs higher, staff management is a task that takes forever to learn; once equipped with trained and loyal people and set protocols, I would have





it no other way. With every choice there are pros and cons. In the years, I have learned to accept the cons without aversion. If one likes to paint, one must not complain of messy hands, right?

Each time my team and I see our surgical patients with smiles, it makes the journey worth it. I sit back in my consulting room after each OT, to contemplate on my surgeries, patient photos, as also to pause and look at the journey that brought me here, with all its trials and tribulations.

For anyone starting out with their careers as surgeons, I have 11 commandments to share, that might make the journey less bumpy:

1. Do not rush.

Take your time to figure out what you want out of your career and life. What you choose will determine the next 30-40 years of your life. A few months or years delay won't matter much in the long run.

2. In life it is good to learn what to do, but at times it is more important to learn what not to do!

Talk to doctors in the city/town/village where you wish to practice, those at the top and those not, and in various types of practices. Find what motivates them, see the practice settings, staff behaviour, learn and observe.

3. Treasure Friendships and widen your horizons. Hold dear meaningful friendships from your student days, build new ones with your colleagues in your city/town. Widen your circles in life with friends from varied fields. Meet the non-medico friends often.

4. Read

Read up on many subjects, a little at least. Don't narrow your perspective to just medicine and surgery.

5. Money matters

Financial sense and wisdom- start to build this early.

6. Pick an art

Paint, play an instrument, write, dance. Learn it, practice it, simply for the sake of it. For the purity of the practice. These also help to ground you through turbulent waters of life.

7. Health

Work on your physical and mental health consistently. A diary entry is a great way to end each day. Recognise your insecurities, work on letting them go.

8. Cherish the ordinary

Learn to practice mindfulness, and recognise the extraordinary in the ordinary moments of daily life. Once you do this, you will automatically start maintaining a good work-family balance.

9. Contribute at an individual level

Choose a plant-based diet and lifestyle. It will be the single greatest and most impactful change one can make at individual level in terms of mental peace, environmental protection, pollution control, and compassion for our fellow species we share our home, Earth with.

10. Celebrate the small wins!

Your journey is unique. Constant comparison with colleagues will ensure you fail to celebrate this uniqueness and what it might bring.

11. You are more than just a surgeon.

Do not mix your identity with 'being the surgeon or Dr.'. You are beyond your profession, lest your joys and sorrows follow the graph of peak and slack work seasons!

# Peek Into Different Practice Settings

## The Corporate World of Oculoplasty – Ocular Oncology



### Dr Puneet Jain

MD (AIIMS, New Delhi), FCFS,  
Fellow NYECC (NY, USA)  
Consultant In-charge,  
Ophthalmic Plastic Surgery and Ocular  
Oncology Services,  
Sharp Sight Eye Hospitals, India  
pjain@eyecancer.com

#### 1. Sharing your journey- how you came to be here and what setting you are practicing in?

**Puneet Jain:** Well, it was during my final year MBBS days at MAMC (Maulana Azad Medical College, New Delhi) that I had narrowed down to two career options- Neurosurgery and Ophthalmology. I wanted to be in a “fine” surgical branch, at least that’s how I remember it, short listing these two branches. Surgical Branch was always a given, since my parents are surgeons. Fate has it, it wasn’t to be neurosurgery and I got into the coveted ophthalmology residency program at R.P. Center, AIIMS, New Delhi. In my first posting as a first year resident, I had my rotation through the oculoplasty-ocu-

lar oncology unit (Unit-V) and that sealed it for me. I finished my residency and went straight into a long term fellowship in oculoplasty and ocular oncology under the mentorship of Dr. Santosh G. Honavar. Through Dr. Honavar Sir, I was able to attend the NYECC and NYEEI, Mount Sinai (NY, USA) under the mentorship of Dr. Paul T. Finger. This 2-3 year phase of my life changed everything for me. I feel I was very fortunate to have this combination of AIIMS, New Delhi Residency + Dr. Honavar’s Fellowship + International rotation under Dr. Finger. Being from Delhi, post-fellowship, I was at the cross-roads of private practice v/s corporate job. I chose the latter.

#### 2. What is your type of practice - how does your day in Clinic and OT look like?

**Puneet Jain:** When I joined my first corporate job, my work profile was very comprehensive. Meaning that I was seeing general OPD, doing phaco and even graduated to doing some femto-cataract surgeries. I remember Mondays being my plasty-oncology OT day and Saturday-my cataract surgery day. That is when I realised that I was devoting more time to tasks that did not excite me. Maybe I was doing them under peer-pressure or as a corporate requirement. As my number of oculoplasty referrals increased (this was over a short period of 12-18 months), I started doing more and more core super-speciality work. As of today, I do mostly referral OPD at Sharp Sight Eye Hospital’s flagship centre in East Delhi with daily OT. The OT is a good mix of oculoplasty and ocular oncology.

#### 3. What were the initial roadblocks and how did you overcome them?

**Puneet Jain:** If you are starting a new department of oculoplasty at a particular corporate hospital, there are a lot of challenges. To list a few:

- Ocular Oncology Building referrals from same center colleagues (Solution: regular interactions, complete the loop- when a patient is referred to you, make sure you inform the referring doctor as to what's the management plan and once treated, drop a thank you for referral)
- Building referrals from other centers of same hospital chain- once you exhaust same center referrals (solution: regular interactions, good surgical outcomes, managing complicated cases)
- Counsellor Training
- OT Staff training
- OT Equipment and setting your OT
- Staff attrition (for example you train someone in OT and the person changes organisation!)

Rome was not built in a day. So be patient. Take regular training sessions. Keep at it and results will follow.

#### **4. What do you think are the advantages of working in a corporate set-up?**

**Puneet Jain:** If you choose the corporate set-up wisely there are distinct advantages. A healthy daily OPD translates into a good referral oculoplasty OPD. (For instance the daily average OPD at Sharp Sight's Flagship Eye Hospital in Delhi is 500+.) From day 1, you get to see your core speciality patients. No lag, you start OPD and OT almost instantly.

With good surgical outcomes, these numbers multiply in no time. Also, when all super-specialities of ophthalmology are there under one roof of a corporate hospital, it allows for best patient care. This helps you sleep well at night !!

Furthermore, having all the latest gadgets at one place also helps, be it AS-OCT in OPD or a high end RF-cautery in the OT.

#### **5. What do you think are the disadvantages of working in a corporate set-up?**

**Puneet Jain:** *Finding* a good histopathology support and a good pathologist, is a big challenge. There is an earning slab- that's your salary (as compared to a freelancer). Long working hours (9 hours per day) and 6-day a week work schedule. Initially, work-life balance takes a hit. That said, the work satisfaction super seeds the exhaustion !!

#### **6. Mistakes that you made and YOs can avoid**

**Puneet Jain:** This is purely with respect to corporate oculoplasty practice- if you are a confident, good oculoplasty surgeon, put price on your work. Negotiate your salary well as your first salary will decide all your future salary negotiations.

#### **7. Share a few Moments of Happiness / Most satisfying experience in your practice**

**Puneet Jain:** *Initially*, replicating everything I learnt during my fellowship days to each day of my corporate practice- be it the first floor fracture repair, the first skin grafting, the first orbital decompression, gave me immense happiness. The real thrill for me comes from ocular oncology- life salvage, globe salvage and vision salvage !

Each day striving to give the best to your patients, keeps you motivated and your passion keeps the spark alive.

#### **8. Your message to Budding YOs starting out in Oculoplasty practice**

**Puneet Jain:** Three-pronged mantra that worked well for me: Give good surgical results + Be polite with everyone at workplace + Be patient with your patients.



# Peek Into Different Practice Settings

## Oculoplastics Practice: Government Medical College



### Dr Maya Hada

MBBS (Gold Medalist) MD (AIIMS, Gold Medalist)  
Associate Professor & In-charge,  
Oculoplastics & ocular oncology services,  
SMS Hospital, Jaipur, Rajasthan.  
mayahada@gmail.com

My journey in oculoplasty started on the first day of my residency training, when I joined in unit V, dealing with oculoplastics services at Dr.R.P.Centre, AIIMS and did my thesis as well in the same subspecialty. Later, after completing my senior residency, I joined Medanta hospital, Gurugram as consultant and in-charge of oculoplastic services. For practicing this subspecialty, it was a well infra-structured multispecialty set-up and collaboration with allied specialties and oncology team was feasible. The future looked promising in terms of financial growth and fame.

However, there was always a dormant desire to be a medical teacher which resurfaced when I came across a notice regarding faculty recruitment in my home state.

Besides, I was in need of family support, for raising my toddler. So, I eventually joined as Assistant professor in SMS Hospital, Jaipur. For the information of YOs, the recruitment for this post is done by state public service commission through MCQ based exam followed by an interview. Candidates holding MD/MS/DNB degree in Ophthalmology with one year teaching experience are eligible for the exam.

The pay scale in most of the state medical colleges is significantly less than that of the central services or AIIMS. So, YOs who want to join as faculty in state medical colleges should know the fact that there is limited potential for financial growth. However, some states (including Rajasthan) allow the faculties to do private practice in off-duty hours and that gives a fulfillment of being self-employed, an identity apart from the salaried job and also adds to the earnings. One always has an option, not to opt for practice and avail non-practicing allowance.

My day in the OPD in a government medical college hospital has mix of patients, like few agitated ones because of que and long waiting for admission dates, few calm and regular ones for free medicines, few ig-

Department of Ophthalmology at SMS Medical College, Jaipur





A regular day in OPD



Female medical teachersteaming up for common interests

norant ones travelling from far off places in need of urgent addressal, and few follow ups, who really show gratitude and often there are instances, that fills your heart with sense of pride for being in this profession.

I had an opportunity of seeing many referred cases from all over the state and across since my initial years of practice, perhaps due to scarcity of oculoplastic and orbit surgeons in the public sector and many a times due to a pathology which is non-rewarding to deal with.

I suggest, with my experience, that it definitely gives a good platform for YOs to gain recognition in the initial phase of their career. However, it is important for YOs to know about the medical college they are going to join, as many still lacks in basic infrastructure which might be frustrating during precious early years of service. Specifically for a subspecialty like oculoplasty and ocular oncology, where a close collaboration with de-



Interacting with students about the anatomy and diseases of eye

partments like Medical & Radiation Oncology, Intervention Radiology, ENT, Neurosurgery, Pathology is required.

Clinico-pathologic conference is a monthly academic event of a medical college and is attended by faculties and students of all departments.



Being a medical college faculty, has been conventionally considered as one of the ideal settings for females to achieve work-life balance, as the working hours are limited (6hrs/day) and they can avail leaves for maternity (180 days) and child care (for total 730 days till the child is 18 years old) apart from other leaves. However, for YOs choosing oculoplasty subspecialty, one is expected to deal with emergencies involving orbit and adnexa, in off-duty hours as well.

Apart from patient care, post graduate training is an integral and very cherished part of my job. The prestige of being a teacher, being acknowledged and respected by the post-graduates and undergraduate students is always gratifying and also keeps away the monotony. The opportunities of doing research and publications are immense. Medical teachers are also eligible to receive grants from UGC, ICMR, DST and state government for the same.

The professorship though appears lucrative, there are many other unseen facets in the life of a medical teacher,

like administrative and legal work, disability and medical boards, implementing the ever-evolving government schemes, being a part of numerous committees and nodal officer of more, understanding and updating according to the constantly developing norms of NMC for teaching, exams and despite all these, proving one's eligibility in every NMC inspection. This was a sneak peek, leaving aside the political interference, red tapism and hierarchical system which varies from place to place.

There's a saying, "It's the patience under immense pressure that turns coal into diamond". A government medical college teaching profession is suitable for all those diamonds, who are thick skinned, composed and level headed, else it turns you into one. Finally, the ultimate aim to choose the right career option is to be happy, with your earnings in terms of money, job satisfaction, family time and respect at work place and society. So as long as you are happy in doing what you are doing, you have made a right choice.

# Upskilling Yourself: Hands on Courses to Look Out For Upgrading your skills in periocular aesthetic rejuvenation–The IMMAST way



## Dr Akshay G Nair

Consultant,  
Ophthalmic Plastic Surgery and Ocular Oncology Services  
Dr. Agarwals' Group of Eye Hospitals, Mumbai  
R J Sankara Eye Hospital, Navi Mumbai  
Sir H N Reliance Hospital, Mumbai  
akshay@drakshaynair.com

### The need for aesthetic surgery training

In the ever-evolving landscape of medical aesthetics, the realm of oculoplastic surgery stands at the forefront of transformation. Over the past decade, the demand for aesthetic and cosmetic procedures within this field has surged dramatically. Concurrently, patient awareness and expectations have ascended to unprecedented levels, fostering a need for highly skilled practitioners capable of meeting these evolving demands. However, despite this surge in demand, traditional oculoplastic surgery fellowship programs have often struggled to keep pace with the specialized requirements of aesthetic procedures, particularly in providing comprehen-

sive hands-on training for advanced techniques such as num toxin.

Recognizing this crucial gap between traditional training programs and contemporary clinical needs, the Institute of Medical and Minimal Access Surgery Training (IMMAST) in Mumbai has pioneered a ground-breaking initiative: the Certificate Course in Periocular Rejuvenation and Aesthetics. Situated as a beacon of excellence in healthcare professional training, IMMAST is distinguished by its state-of-the-art facilities and a relentless commitment to simulation-based skills enhancement.

### About IMMAST and Certificate Course in Periocular Rejuvenation and Aesthetics

At the heart of IMMAST's philosophy lies the fundamental principle of nurturing "safe doctors," not mere procedural technicians. With an unparalleled faculty-to-participant ratio, IMMAST ensures personalized attention and guidance from seasoned masters in the field. The Certificate Course in Periocular Rejuvenation and Aesthetics stands as a testament to IMMAST's dedication to pushing the boundaries of surgical education and practice.

This innovative course, meticulously crafted and curated, aims to equip oculoplastic surgeons and ophthalmologists with the requisite expertise in periocular aesthetic surgeries. Covering a spectrum of procedures including upper and lower blepharoplasty, periocular botulinum toxin injections, and fillers, the curriculum offers a comprehensive overview of indications, techniques, variations, and potential complications. Central to the course's effectiveness is its blend of didactic learning with hands-on training on ultra-realistic, living-bleeding tissue animal tissue models.



Faculty member Dr Milind Naik – guiding a participant through a blepharoplasty procedure.



A close-up of the ultra-realistic animal model recreated for an immersive learning experience of blepharoplasty.



Dr.Savari Desai, faculty member explaining the anatomical landmarks to the trainees.

The utilization of meticulously curated animal models, closely resembling human anatomy, provides participants with an immersive learning experience unparalleled in traditional training settings. This hands-on approach allows for the refinement of surgical skills in a simulated operating theatre environment, fostering confidence and proficiency among participants. From transconjunctival lower lid blepharoplasty to tear-trough fillers and botulinum toxin injections, participants en-

gage in practical sessions on human-like models and silicone mannequins under the guidance of expert faculty members.

This course caters to comprehensive ophthalmologists and practicing oculoplastic surgeons seeking to enhance their proficiency in periocular aesthetic surgeries. Scheduled quarterly, with four sessions offered annually, the course ensures accessibility and flexibility for busy practitioners. Dr. Akshay Nair, serves as the course director and primary lead, alongside a distinguished panel of faculty members including Dr. Milind Naik, Dr.Savari Desai, Dr.Adit Gupta, and Dr. Akruti Desai, each bringing invaluable expertise and insights to enrich the learning experience.

In essence, the Certificate Course in Periocular Rejuvenation and Aesthetics at IMMAST represents a paradigm shift in surgical education, bridging the gap between conventional training paradigms and the evolving demands of modern clinical practice. Through its innovative approach and unwavering commitment to excellence, IMMAST continues to shape the future of surgical education, empowering healthcare professionals to deliver optimal patient care in an ever-changing landscape.



Course Director, Dr Akshay Gopinathan Nair at the IMMAST centre during the course held in December 2023.

# Upskilling Yourself: Hands on Courses to Look Out For Kolhapur Cadaver Course (KCC): A golden opportunity to learn and refresh the oculoplasty surgical skills



## Dr Aditi Watve

MBBS, DNB (Aravind, Madurai), FLVPEI (Oculoplasty and Ocular Oncology), FICO Consultant, Ophthalmic Plastic Surgery and Ocular Oncology, Sunayan Oculoplasty Centre and Aster Aadhar Hospital, Kolhapur, Maharashtra  
aditipujari@gmail.com

Sound knowledge of anatomy, surgical landmarks, and tissue identification is necessary for safe and efficient surgical procedures, which has been achieved by using cadaver dissection as an integral part of medical teaching for the past four centuries.

## The importance of cadaver dissection in Oculoplasty:

Oculoplasty subspecialty includes variety of surgeries, but with less volume (when compared to cataract), giving fewer chances of hands-on experience. It is not possible to simulate exact anatomy in animal eyes, which is possible in many intraocular surgeries. Naturally crowded and deep field, with vascular areas and

narrow spaces make the simulation difficult, resulting in unavailability of other popular alternatives like technology based advanced simulators, for oculoplasty surgeries, at present.

Thus, cadaver dissection still serves as a gold standard for learning the anatomy of the orbit and periorbital region. Compared with the formalin embalmed cadavers, soft embalmed cadavers have additional advantages of real life like tissue feel, better color preservation with nearly intact tissue planes and good flexibility of tissues and joints.

## About Kolhapur Cadaver Course (KCC):

At KCC, we feel that cadaver dissection courses can be useful teaching tool for trainees including residents, fellows or ophthalmologists who are willing to learn new

Course faculty Dr. Milind Naik guiding the delegates during the didactic starter to the hands on course.





(a) Course faculty Dr. Milind Naik explaining the surgical anatomy during the course. (b) Course faculty Dr. Savari Desai demonstrating the orbital decompression. (c) Course faculty Dr. Mohammad Javed Ali training the delegates during the external DCR course.

surgical techniques. And can be considered as a routine teaching tool especially for oculoplasty teaching.

There are 2-3 courses per year which are conducted in association with the Department of Anatomy, Dr. D Y Patil Medical College and Hospital, Kolhapur, in their state of art *bioskills laboratory*, which is specially designed for the cadaver dissection courses.

Each course is focused on a single surgical technique like Orbital decompression, external DCR, endoscopic endonasal lacrimal procedures (including endonasal DCR and endoscopy guided syringing & probing), eyelid reconstruction, etc. This gives plenty of time for the in-depth discussion about the topic/ surgical technique as well as the actual dissection. The delegates are clear since the time of registration about what exactly they are going to learn.

All the cadavers which are used for the courses are soft embalmed, giving a real life like feel. The neatly intact tissue planes and tissue flexibility gives great simulation of the actual surgery.

### Structure of the course:

Each course has didactic lectures as starter, followed by actual hands-on cadaveric dissection. The course faculty/ trainers are the masters in the field of oculoplasty. Each dissection table has one course faculty with two delegates (one on each side of the face).

A limited number of hands-on delegates (generally limited to 10-12 per course) ensures that each delegate gets one full procedure/ surgery from start till end and abundant opportunities for one-on-one interaction with the esteemed faculty.

All the surgical instruments appropriate for the surgical procedure (including the endoscopes, drills, different types of retractors, etc.) are made available for the delegates, giving them the opportunity to get the feel of the actual surgery.

Dr. Aditi Watve serves as the course director and the primary lead alongside renowned faculty from all over India, which includes Dr. Milind Naik, Dr. Mohammad Javed Ali, Dr. Suryasnata Rath, Dr. Roshmi Gupta, Dr.



Group photo of orbital decompression faculty, delegates along with the course director Dr. Aditi Watve.



Close photo of the soft embalmed cadaver showing the well preserves tissue planes and near perfect anatomy

Savari Desai, Dr. Akshay Nair, etc.

A survey conducted for assessing the participant satisfaction and self-assessment following cadaveric dissection based surgical skill transfer workshop by KCC, concluded that the improvement in the post course confidence level of performing the procedure learnt, was statistically significant when compared to the pre course confidence level. Almost 100% participants felt that KCC was a useful tool for learning new procedures and would like to recommend the course for others who are keen on learning them.

With continuous ongoing research on the soft embalming fluid and the embalming technique, team KCC along with the department of anatomy strives to achieve near perfect surgical simulation.

To conclude, KCC provides a unique opportunity for the oculoplasty surgeons as well as ophthalmologists interested in learning the oculoplasty surgeries, for learning new surgeries as well as refining the surgical skills in a procedure which they are already performing.



# My 10 Pearls on Harnessing the Power of Social Media in Oculoplastic Surgery



## Dr Akshay G Nair

Consultant,  
Ophthalmic Plastic Surgery and Ocular Oncology Services  
Dr. Agarwals' Group of Eye Hospitals, Mumbai  
R J Sankara Eye Hospital, Navi Mumbai  
Sir H N Reliance Hospital, Mumbai  
akshay@drakshaynair.com

In the realm of oculoplastic surgery, where precision meets aesthetics, the impact of social media cannot be overstated. Oculoplastic surgeons have a unique opportunity to leverage online platforms for patient engagement, education, and professional growth. Compared to other subspecialties in ophthalmology, oculoplastics is an extremely 'visual' branch with visible 'before and after' effects that can be very powerful. Here are some pearls gathered over time:

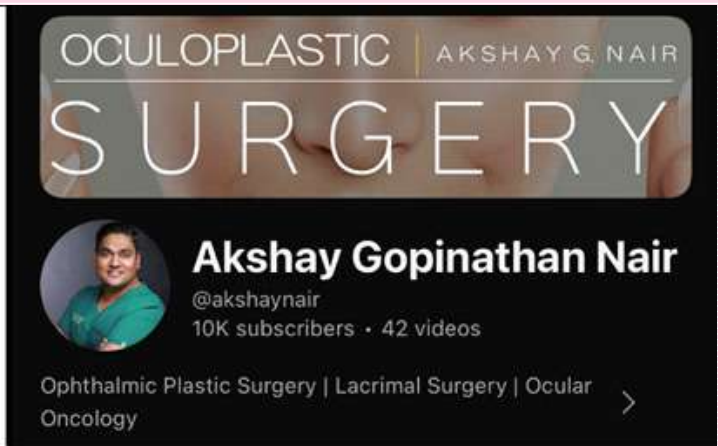
**1. Before and After Pictures are the most important kind of posts:** One of the most compelling aspects of social media is its ability to tell visual stories.

For oculoplastic surgeons, sharing before-and-after photos on platforms like Instagram can be a powerful tool for patient education and inspiration. Before-and-after photos not only showcase the transformative impact of oculoplastic procedures but also instil confidence in prospective patients by demonstrating the surgeon's skill and expertise. By highlighting subtle changes in eyelid contour, symmetry, and overall appearance, surgeons can effectively convey the aesthetic enhancements achievable through oculoplastic surgery. From a prospective patient's perspective – it helps them identify with a condition that they have and to understand how they will look

**2. Standardisation of photos:** The most important part of sharing it before and after photograph is uniformity in photography. Standardisation of photos is no accident and it has to be practised day in and day out for every patient, before every surgery, every day of the week. While comparing the before and after pictures, the angle, the illumination, the magnification and Patient positioning have to be identical for the viewer to be able to make a objective comparison.

**3. Watermark your work:** Academic Plagiarism is a reality and we need protect our work. Never forget watermarking of your images. It is important that you do not overdo the watermark such that the actual effect of the before and after photo is lost. Place your watermark, which could be your name, your website or a logo at a strategic location, such that the image cannot be cropped and used without the watermark.

**4. Go beyond academics and medical posts:** It is important to share your personal side on your social media handles as well. Share the occasional post with the family, on special occasions, with a pet or showcase your daily routine in a story. This humanises the instagram handle and makes it more endearing.



**5. Beyond standard posts:** Going live and Collaborations: Live sessions, ask-me-anything sessions, Q&A sessions or collaborative live sessions with other colleagues or even patients are important examples of what can be done apart from regular posts. However, there has to be a clear purpose or motive behind the live session – there should be some new information which is useful to the viewer. For example – one could do a live session on post op care after a blepharoplasty – this would help the viewer who could be a patient who has had a recent surgery or a prospective patient who is thinking about the surgery. One must engage with followers through interactive features like polls, Q&A sessions, and live videos, fostering a sense of community and trust.

**6. Set up a YouTube Channel:** While before-and-after photos offer a glimpse into the final results, surgical videos provide a deeper understanding of the procedural intricacies and patient experience. Surgical videos serve as invaluable educational resources, allowing patients to gain insight into the surgical process, from pre-operative preparation to post-operative care. By documenting procedures such as blepharoplasty, ptosis repair, and eyelid reconstruction, surgeons can demystify the surgical experience and alleviate patient anxiety.

**7. Use YouTube to add credibility:** Additionally, sharing videos of patient testimonials and recovery journeys fosters transparency and trust, empowering patients to make informed decisions about their treatment options. As the second largest search engine globally, YouTube offers oculoplastic surgeons a platform to share in-depth educational content and establish thought leadership in the field where one could create comprehensive tutorials on common oculoplastic procedures, addressing frequently asked questions and dispelling myths. One can showcase surgical techniques and innovations through detailed procedural videos, catering to both

patients and fellow surgeons seeking professional development. Here, we can also collaborate with other medical professionals and influencers to cross-promote content and reach a wider audience interested in oculoplastic surgery.

#### 8. Some 'Dos' of Social Media Marketing:

- Maintain a consistent posting schedule to keep followers engaged and informed about the latest advancements in oculoplastic surgery.

- Prioritize patient privacy and consent when sharing before-and-after photos and surgical videos, ensuring compliance with ethical guidelines and regulations.

- Encourage open dialogue and communication with followers, addressing their concerns and inquiries with professionalism and empathy.

#### 9. Absolute 'don'ts' of Social Media Marketing

- Avoid sensationalizing surgical outcomes or making unrealistic promises, as this may undermine trust and credibility within the online community.

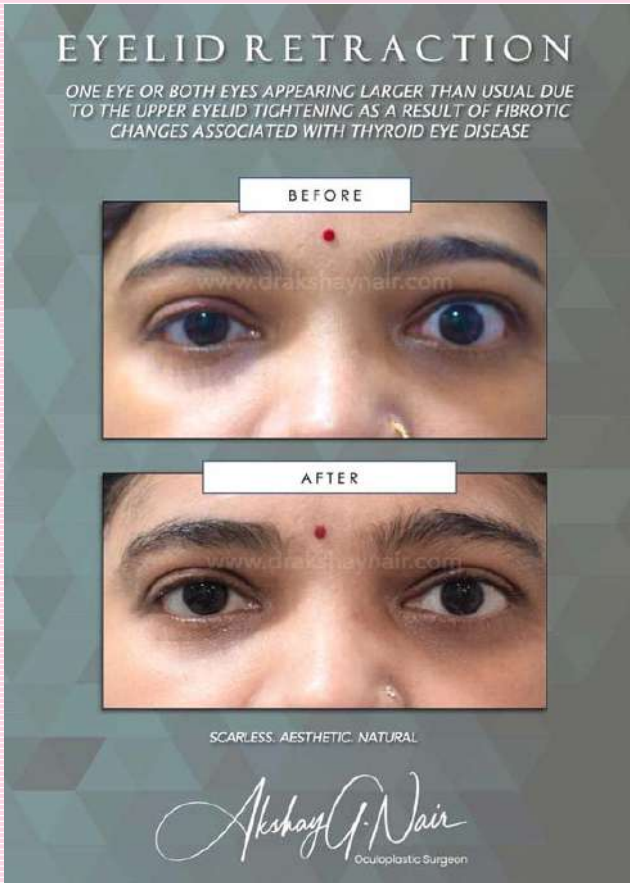
- Refrain from sharing graphic or explicit content that may be deemed inappropriate or distressing for viewers.

- Exercise caution when responding to negative feedback or criticism, maintaining a respectful and dignified demeanour at all times.

- Stay away from political comments, strong opinions on religious matters and do not engage in online arguments.

#### 10. Patience and consistency:

For your social media platforms to pay dividends and to work for you, it requires consistency and patience. Consistency in posting content that is credible, relevant and of high-quality. Additionally, it also requires linking all



the social media platforms together - having your own website, with links your Instagram, YouTube and your Facebook page is important. And conversely it is important to have having your website link on each of the social media platforms. It may take up to a few months or even a couple of years for the social media platforms to start working for you in terms of visibility among peers and patients but consistency is key!

### Summary

In the dynamic landscape of oculoplastic surgery, social media serves as a powerful tool for patient engagement, education, and professional networking. By sharing before-and-after photos and surgical videos on platforms like Instagram and YouTube, oculoplastic surgeons can demystify procedures, inspire confidence, and foster meaningful connections with patients and colleagues alike. However, it is essential to approach social media marketing with integrity, transparency, and a commitment to patient-centered care, ensuring that the digital footprint reflects the ethical standards and values of the oculoplastic surgery community.

## VIII. Passion Driven Practice in Niche Subspecialty

1. Lacrimal  
*Prof Dr Mohammad Javed Ali*
2. Oncology  
*Dr Fairouz PM*
3. Aesthetics  
*Dr Shubhra Goel*
4. Socket  
*Dr Tarjani Dave*
5. Orbit  
*Dr Gangadhara Sundar*

# Passion Driven Practice in Niche Subspecialty

## LACRIMAL



### Prof Dr Mohammad Javed Ali

MD, PhD, FRCS.

Head, Govindram Seksaria Institute of Dacryology (GSID),  
L.V. Prasad Eye Institute, Hyderabad, India

Editor-in-Chief, Seminars in Ophthalmology

Director, Clinician-Scientist Development Program, LVPEI,  
India

Distinguished Alumni Chair of Ophthalmology, L.V. Prasad  
Eye Institute, India

JC Bose Fellow, SERB, Govt. of India.

Hong-Leong Professor, University of Singapore.

Former DAAD Professor of Ophthalmology and Anatomy,  
Friedrich Alexander University, Germany

Professor of Ophthalmology, Wojskowy Instytut Medyczny,  
Warsaw, Poland

Professor of Ophthalmology, Krasnow Research Institute  
of Eye Diseases, Moscow, Russia

Adjunct Associate Professor, University of Rochester,  
New York

Professor of Ophthalmology, Shanghai Jiao Tong  
University, Shanghai, China.

Former Senior Alexander Von Humboldt Scientist,  
Friedrich-Alexander University, Germany

drjaved007@gmail.com

### 1. How did you become interested in pursuing this sub-specialty?

I was keen on doing anything related to Facial Plastics and I knew I could pursue that better with either Ophthalmology or Otorhinolaryngology. The day I joined Ophthalmology, I knew this is where my future would be. I spent nearly a year of residency in Ophthalmic Plastics rotations and the world was set. If I had not got an opportunity to do Ophthalmic Plastics after residency, I would have left medicine and pursued something else!

*'Humaray shuakh ki ye inteha thi  
Khadam rakha to manzil raasta thi'*

### 2. What is the scope of Dacryology as a career option for young oculoplastic surgeons?

I do not believe in any science having scope. Scope is what you create and to what extent you take it forward.

*'Hum to darya hain, humein apna hunar maloom hai  
Jis taraf bhi chal padenge, raasta ho jayega'*

### 3. Thank you for paving the way ahead and inspiring those in training, what do you feel are some of the future directions in this





**branch and what would be a long-term goal for you professionally?**

This being a nascent science still, the directions of the future could be along any of the 360° radials. You name anything in Dacryology, and a lot can be done in that area. I hope that before the end of my life, this science gets the recognition it deserves. I am sure we will by then have enough number of people who are better than me to take this science forward.

*'Dard ka ye pahu, usay pata na tha  
Wo dekhta, to ek aansu mein kya  
kuch natha'*

**4. What motivated you to become a clinician scientist?**

I think motivation is an over-rated word. I became a clinician-scientist because it was the most logical way forward to develop any science. If you want to do something and you like doing it, you just do it. There is no



Interesting Tie pin during Fellowship days

place for motivation there. I personally believe motivation is needed where there is a discrepancy between what you must do and what you like to do.

*'Hongi zamanay bhar ki digriyan tu mharey paas  
Chalakti aankhon ko na padhpaye, to anpadh ho tum'*

**5. Lastly, if you had to pick what you love most about your line of work, what would it be?**

I can simply put it this way – 'Lacrimal drainage system is the reason for my existence on this planet'. Anything to do with it, however remote, sparks me up.

I say this to the lacrimal system all the time –

*'Jab tak bika na tha, koi puchta na tha  
Tu ne kharid ke mujhe anmol kar diya'*

With Srinii Iyenger



# OCULAR ONCOLOGY



## Dr Fairooz PM

MS, FACS, FRCOphth  
Oculoplasty, Orbit and, Ocular Oncology,  
Director, HORUS Specialty Eye Care, Bangalore  
dr.fairooz@yahoo.com

### 1. How did you become interested in pursuing this subspecialty?

When I made it for the Ophthalmic Plastic Surgery subspecialty fellowship programme in LV Prasad, little did I know about the specialty Ocular Oncology, and that it was a part of the same subspecialty fellowship programme. I started off with ICMR Fellowship in Retinoblastoma Research and was closely associated with Oncology work right from the beginning. I was inspired by the incredible work that my mentor Dr. Santosh Honavar was doing. I realized Ocular Oncology is more than just eyes, it is about life and the joy of a positive outcome in treating cancer patients was unbelievable. Thereby went ahead in pursuing Ocular Oncology at Wills Eye Hospital that was equally or more rewarding. A focused work is always more rewarding.

### 2. What is the scope of ocular oncology as a career option for young oculoplastic surgeons?

Our career will grow with us if we are passionate about our work and interests. That will keep us moving ahead with utmost satisfaction. Regarding the scope, I believe there are very few trained Ocular Oncologist in India and worldwide compared to other specialties. So, there is definitely a need. In the most populous country like India, we have enough and more of patients needing our ex-

pertise. Being in a very niche specialty, that is super specialized there is a lot of team building that is required with a robust team of oncologists, radiotherapists, pathologists, and geneticists. This will require a lot of efforts professionally. Not easy, but not difficult as well. It comes with lot of responsibility, dedication, and emotional strength.

### 3. Thank you for paving the way ahead and inspiring those in training, what do you feel are some of the future directions in this branch and what would be a long-term goal for you professionally?

Thank you for those kind words. I will be content if I can inspire even one upcoming ophthalmology trainee.

We are all witnessing the speed at which science and research is advancing in the world. The role of molecular therapies and more localized targeted approach to eye cancer is something that we are looking forward in future. My long-term goal would be to contribute to the research in ocular oncology, collaboration and training. Dream is big, not even 50% there. Journey has been amazing so far.

### 4. What motivated you to focus on Retinoblastoma?

As I said earlier, immediately after my post-graduation, I started off as an ICMR Retinoblastoma Research Fellow as there was an ongoing research lead by ICMR, Delhi. That was my humble beginning in Ocular Oncology. Dealing with a childhood eye cancer and children personally gave me a lot of satisfaction. And I genuinely felt that there was a need for specialized expert in the field. Was also amazed at the work Dr. Carol Shields and Dr. Santosh was doing, decided to follow the path believing that I can make a difference. Grateful that I had great teachers to guide me throughout, right from post-graduate days.

### 5. Lastly, if you had to pick what you love most about your line of work, what would it be?

It is most satisfying and positive to see patients spring back after fighting life and death. Ocular Oncology is more about life and eyes, you are treating a patient as a whole that makes it all worth at the end of the day. I consider myself fortunate to be able to contribute in cancer care.

# OCULOFACIAL AESTHETICS



**Dr Shubhra Goel, MS, DNB**  
Oculoplastics and Oculofacial Aesthetics  
Director, Clinica Fai , Hyderabad  
drshubhrgoel@gmail.com

## **1. How did you become interested in pursuing this sub-specialty?**

I always wanted to be a surgeon as a medical intern. And general surgery was my top choice. Bailey's and Love Plastic Surgery book was my bible and I did get a gold medal in my final year in surgery. I was very sure to join this field. However, as destiny has its own rules, I was dismayed by it by my senior saying it will eat me away and my personal life will be almost dead. My professor of Plastic surgery in JJ hospital was a dynamic, well dressed, well groomed, powerful , innovative surgeon. She was my ideal. I used to look at her and dream of being like her . I still remember her scrub styles from the 1990's. With this background, where I wanted to be a plastic surgeon, yet wanted a cool life, I didn't choose general surgery. I chose ophthalmology thinking it's a white collar job and I will be the star of this speciality.

However, after my post graduation, I felt the void in me and continue to seek. I was not aware of any fellowships in Ophthalmology back then. The phaco fellowship at Sankara Nethralaya just happened to me . This is the place where I was introduced to a speciality called Oculoplastics. I joined the dots of my dream and took it blindfoldedly. As a hungry surgeon my search and search for the Plastic – Cosmetic didn't end at Sankara Nethralaya. I was extremely unhappy after my fellowship. I thought I had made the biggest mistake of my life by choosing this field. This led me to search for international training and fellowship and I ended up with a 1 year

International fellowship at University of Wisconsin, which I must say quenched my thirst as the rest is history.

## **2. What is the scope of Oculofacial Aesthetics as a career option for young oculoplastic surgeons?**

The scope is definitely wide and bright. I encourage more hands and trainings to make this field bigger and better in India

## **3. Thank you for paving the way ahead and inspiring those in training, what do you feel are some of the future directions in this branch and what would be a long-term goal for you professionally?**

This is the need of the hour. people are getting carried away by the word aesthetics, without actually understanding the complete scope of this sub speciality. My main goal is to lead the speciality till I am alive , ethically, scientifically, sensibly and maturely. This includes ongoing clinical work, collaborations at work with multispeciality divisions, training programs for young surgeons, hiring young surgeons for hands-on work at my clinic, and representation of our work internationally and nationally at the apt forums. We need more collaborations, as restricting ourselves within the realm of ophthalmology and oculoplastics isn't helpful in this era of technology driven practices. The focus has to be to look beyond and that needs constant awareness through teaching and training. Lastly there is no shortcut to be one . Just by learning injectables or blepharoplasty one cannot call themselves aesthetic surgeons or practitioners. The field is much wider and deeper.

## **4. What motivated you to focus on Aesthetics?**

I always believe – “you look good, you feel good, you feel good, you do good”. Apart from this I think aesthetics comes to me naturally. It's just part of me as an individual in all spheres of my living and It was a natural choice for me. Additionally, I love human psychology and this field does give me great opportunity to incorporate it effectively

## **5. Lastly, if you had to pick what you love most about your line of work, what would it be?**

Everything - but yes , I love innovations, combinations and improvisations of various methodologies. To pick one line of work is tough for me as I look at the face as a holistic unit. I can tell you what I don't like(just kidding).



# SOCKET SURGERY



## Dr Tarjani Dave

Associate Director, Kalam Anji Reddy Campus  
Consultant, Ophthalmic Plastic Surgery Service,  
L V Prasad Eye Institute, India  
tvdeye@gmail.com

### 1. How did you establish a socket practice at your institute from scratch?

You've heard the phrase "necessity is the mother of invention". When i was approached to join as faculty at LVPEI, i was asked to develop the socket sciences given the fact that no one at LVP at that point of time was focussed on conditions of the eye socket. From congenital anophthalmia, to implant migration to contracted socket to osseointegrated orbital prosthesis, a lot in the socket sciences is generally left to imagination in fellowship training. I worked with cases that no one else was willing to treat. The volume of cases I happened to see and an analytical mind not willing to give up on those with literature supported poor outcome, help me sort out several issues. I also realised the benefits of excellent collabora-

tions with an ocularist early on and have cherished the scientific and artistic deliberations i have had with them. In fact I even started making prosthetic eyes under their guidance to understand the volumetrics of the eye socket better (figure 1).

### 2. Is there any good resource which outlines the management guidelines for socket surgery for YO's?

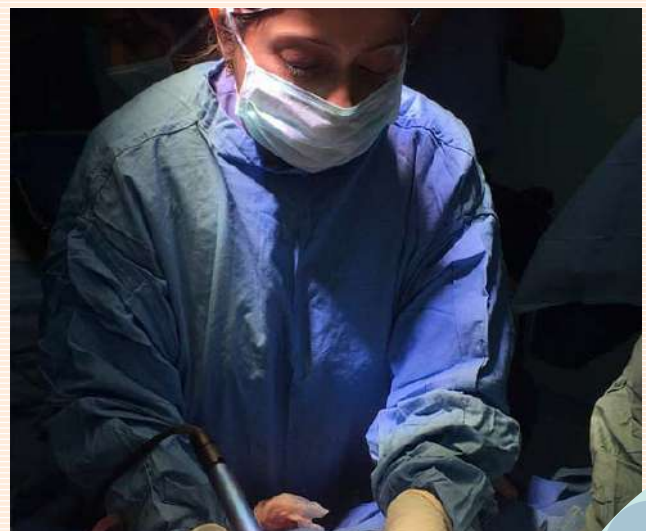
Unfortunately at this point of time its not one source of resource material. Hopefully we plan to have several topics covered in a video based format and i will share it with you soon

### 3. Thank you for paving the way ahead and inspiring those in training, what do you feel are some of the hurdles and how do you reassure patients who are on this journey with you?

Hurdles in optimal management at this point of time include poor understanding of the subject by most fellowship trained clinicians, largely because socket sciences are not avidly taught during fellowship despite the fact that following lacrimal issues, socket related cases form the bulk of any Ophthalmic Plastic Surgery Practise. Consolidated reading material is absent. Scientific evidence is relatively sparse and outcomes are generally considered suboptimal.

### 4. Lastly, if you had to pick what you love most about your line of work, what would it be?

It certainly would be the happiness and satisfaction of seeing a patient tell me that "wow, you've given me a new face" and the ability to make a huge difference in the lives of those who are scarred for disfigurement. The wow that i get from colleagues who refer cases to me and from fellows posted with me when they see a few post ops is equally encouraging.



# Orbit & Oculofacial Surgery



## Dr Gangadhara Sundar

Head & Senior Consultant, Orbit & Oculofacial Surgery/  
Ophthalmic Oncology  
Adjunct Associate Professor, Dept of Ophthalmology,  
National University Hospital, National University of  
Singapore  
gsundar1@yahoo.com

### 1. How did you become interested in pursuing this sub-specialty?

Oculoplastic surgery, then was a rudimentary specialty with hardly known names in India as I was growing and even when I graduated as a doctor and an ophthalmologist. With an interest in Plastic surgery, after some disillusionment from performing hundreds of cataract surgery during my residency, the pursuit for something bigger and better led me not only to pursue a residency overseas and subsequently a fellowship in Ophthalmic Plastic & Reconstructive Surgery, with the intent of migrating to Oculofacial surgery, which is what I practice now.

### 2. What is the scope of Orbit and orbital reconstruction as a career option for young oculoplastic surgeons?

Extremely bright, as it fills a void that has existed for a long long time. While the face had been carved out between various subspecialties: Maxillofacial surgery, Facial Plastic Surgery, Head & Neck surgery with Oculoplastic surgeons initially managing simple eyelid, lacrimal and orbital pathology, the scope of Orbital and Oculofacial surgeons has expanded tremendously over the years. They may choose to manage a comprehen-

sive range of Oculofacial conditions independently, or may choose to be part of a multidisciplinary team where complex functional (congenital deformities, posttraumatic deformities, sinoorbital and orbitofacial diseases including infiltrative, vascular and oncologic conditions, etc) and esthetic conditions can be managed thereby benefiting the individual patient, the family and the community. Finally, Ophthalmic trauma, as a specialty, is also one where you get the opportunity not only to interact with other specialties such as craniomaxillofacial surgery, but also to collaborate with other ophthalmic subspecialties – front to back, which is something that we have lost in the era of sub and superspecialization in Ophthalmology, in addition to forging relationships nationally, regionally and globally.

### 3. Thank you for paving the way ahead and inspiring those in training, what do you feel are some of the future directions in this branch and what would be a long-term goal for you professionally?

There is a good likelihood that future orbit and oculofacial surgeons may choose to join multispecialty hospitals, already happening, and service and academic institutions realizing the value of their expertise benefiting the broader community, from birth to death. There will also be an increasing role of marrying conventional surgical skills with constantly evolving technology, with better validation and quality control with a more patient-reported outcome analysis than what is seen now. Research in our field, especially large scale trials has been wanting. The arrival of big data and data analytics along with phenotypic and genotypic characterization of disease is also likely to take a huge leap in the years to come, with incorporation of targeted surgical and medical management, genetic therapies for common yet disfiguring and blinding conditions.

### 4. What motivated you to focus on oculofacial trauma?

Trauma happens everywhere, in every setting, from childhood to geriatric population, in economically varied nations – low, intermediate and high, often afflicting the innocent, the working population and more importantly often neglected, poorly managed or left to the less experienced with suboptimal outcomes accepted as a norm. This has been potentiated by the universal application of the phrase 'guarded prognosis' for all

patients and the senior and most experienced surgeons pursuing elective surgery. A confluence of exposure during residency and fellowship years, opportunity to work in a multispecialty hospital instead of isolated ophthalmic hospitals, meeting like-minded surgeons from affiliated fields with common interests and goals, without 'egos', working towards the common good of returning the trauma victim as close to premorbid anatomy and function was what propelled me to challenge myself to do better. More importantly, according to the adage 'war is the only proper school for a good surgeon' application of principles in the posttraumatic victim goes a long way in managing other complex orbitofacial conditions thereby improving outcomes across the board for all other disorders.

**5. Lastly, if you had to pick what you love**

**most about your line of work, what would it be?**

Easily said, serving the afflicted, seeing young children, the working population and the elderly getting back to their normal lives even after going through complex surgeries. The other more enticing perk is the opportunity to interact with bright young and motivated younger colleagues across the region and the world whose passion shines through the challenges that doctors face in the modern era. Seeing them all rising and shining is the greatest satisfaction someone at my stage of career, who has trained oculoplastic surgeons from around 15 countries. Sometimes feel the role of 'passing the baton' from one generation to the other is far more rewarding than sitting in a cubicle in an isolated practice with skills left to die within 4 walls.

# IX. Extra Edge

1. The lens in Precision: Photographic Documentation in Oculoplasty  
*Dr Anasua Ganguly Kapoor, Dr Sanjana M, Dr Kavya M Bejjanki,*
2. Imaging in Oculoplasty: Q n A with Dr. Ravi Varma  
*Dr Ravi Verma, Dr Prerna Sinha*
3. Ophthalmic pathology: Present and the Future  
*Dr Arpan Gandhi*
4. Frequently Asked Questions on Ocular Prosthesis  
*Sachin Gupta*
5. Back to the Basics: Tete-a-tete with a clinician-scientist  
*Dr Swati Singh*

# The Lens in Precision: Photographic Documentation in Oculoplasty



Dr Sanjana M<sup>1</sup> DNB



Dr Kavya M Bejjanki<sup>2</sup> MS



Dr Anasua Ganguly Kapoor<sup>2</sup> MD

## Corresponding Author:

Dr. Anasua Ganguly Kapoor (anasua21@yahoo.com)

<sup>1</sup>Fellow, Hima Bindu Yalamanchilli Centre for Eye Cancer, The Operation Eyesight Universal Institute for Eye Cancer LV Prasad eye institute, Vijayawada, India.

<sup>2</sup>Faculty, Hima Bindu Yalamanchilli Centre for Eye Cancer, LV Prasad eye institute, Vijayawada, India.

**Funding source:** This work was supported by The Operation Eyesight Universal Institute for Eye Cancer and Hyderabad Eye Research Foundation, Hyderabad

## Introduction:

An ophthalmic subspecialty, oculoplasty comprises an array of surgical and non-surgical treatments aimed at addressing the disorders of the eyelids, orbit and lacrimal system. Whether it is about reconstructive interventions or aesthetic procedures, all of them necessitate the highest focus on details and accuracy. For oculoplastic surgery, where a high level of accuracy and the subtlest manipulations underpin the success, photographic documentation prevails as an essential pillar. Oculoplastic surgeons employ the camera to capture the moments, details, and changes that would otherwise be missed. Their photographs drive patient care, medical education, and research's frontline entirely. This article explores the pivotal role of photographic documentation in oculoplasty, shedding light on its significance, challenges, and evolving landscape.

## Ethical Considerations:

While photographic documentation enhances patient care and education, it also raises ethical considerations regarding patient consent, privacy, and confidentiality. Always prioritize patient autonomy and confidentiality, seeking informed consent for the capture, storage, and use of photographic data. Here is the example of the consent (Figure 1).

## Pre-Requisites

Photographs in oculoplasty require standardization, adhering to specific formats tailored to common pathologies. Table 1 outlines these standardized formats. To ensure high-quality images, several key components are essential:

**1-Controlled Lighting and Background:** Taking photographs in a controlled environment with consistent and

## Consent for Clinical Photography/ Video or Transmission

Patient Details/ID sticker here:

Patient Name:

M.R Number:

Date of Birth:

Patient statement (Please circle your answer)

I Agree to have clinical photographs/Video recordings/Transmissions done. The request for the same has been explained and read out to be in a language understandable to me and I fully understand what it entails.

1: I Consent to clinical photographs/recordings being taken for my personal health record only. Yes/No

2: I Consent to clinical photographs/recordings being available for teaching in the health care context. Yes/No

3: I Consent to clinical photographs/recordings being to educate the patients undergoing similar treatment within L V Prasad eye institute. Yes/No

4: I Consent to my clinical photographs being published for the specific purpose of \_\_\_\_\_ Yes/No

And/or publication in medical or scientific journal or textbook at any time in the future.

5: I agree to have my photographs being used for awareness and education at various media sites including Yes/No

But not limited to newspapers/social media/posters/booklets etc.

Signature of the patient/parent/guardian\* \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

\*Must have parental responsibility for the child

A Witness should sign below if the patient is unable to sign but has initiated his or her consent

Signature \_\_\_\_\_

Name (Print) \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Figure 1: Consent for clinical photography

evenly distributed illumination is indeed crucial, especially in medical settings where pathology details need to be accurately captured. Here are some key points to consider:

Figure 2: Dark room setup with flash lights.



**A: Darkened Room with Even Illumination:** By controlling the ambient light in the room, you can minimize shadows and ensure that the details of the subject are captured clearly. This also helps in avoiding overexposure in certain areas.

**B: Light-Coloured Background:** Choosing a light neutral-coloured background helps in making the subject more prominent in the photograph. This contrast between the subject and the background enhances clarity.

**C: Positioning of Lights:** Placing flash lights at approximately 45-degree angles on each side of the patient helps in achieving even illumination across the subject. This prevents harsh shadows and overexposure (Figure 2).

**D: Avoiding Direct Illumination:** Direct illumination can lead to overexposure and loss of detail. By positioning the lights at an angle, you can achieve a more balanced and natural-looking illumination (Figure 3).



Figure 3: demonstrates optimal illumination, highlighting facial anatomy clarity. Left image: clear festoons; Right image: reduced clarity due to overexposure.



Figure 4: X ray viewer for CT/MRI images.



Figure 5: Sitting position- Always at the same level as the patient



Figure 6: A Elderly lady with both side festoons right side more than left better apricated in a 45 degree side profile



Figure 7: (From left to right) – left lateral (90), left oblique (45), Straight Gaze, right oblique (45), left lateral (90)

**E: Avoid Camera-Mounted Flash:** Using a camera-mounted flash can often result in overexposure and harsh lighting. It's better to use external flash lights positioned strategically for better control over the lighting conditions.

**2-Quality Camera Equipment:** A DSLR camera with adjustable focal lengths and zoom capabilities is indispensable. This sophisticated equipment allows for precise focus, fine-tuning of depth of field, and capturing

intricate details essential for accurate diagnosis and treatment planning.

**3-Imaging Accessories:** For capturing CT/MRI images, an X-ray viewer is indispensable. This specialized equipment facilitates the clear visualization and documentation of radiographic findings, ensuring comprehensive documentation of the patient's condition (Figure 4).

**4- Patient preparation and Positioning:** Prior to capturing an ideal clinical photograph to document pathol-

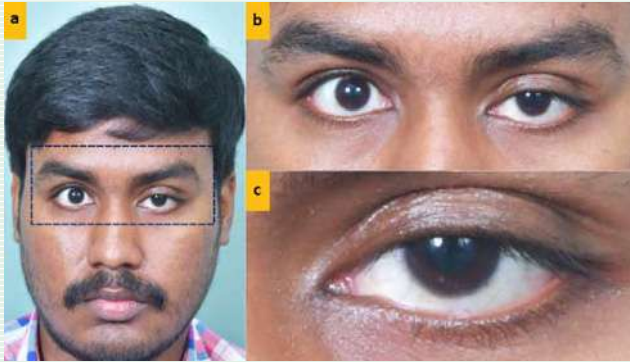


Figure 8: Showing full face photo of a young man with left eye ptosis (a), for standard both eyes photo the photo should be cropped within the eye brows (b) and for High mag from medial canthus o lateral canthus (c).

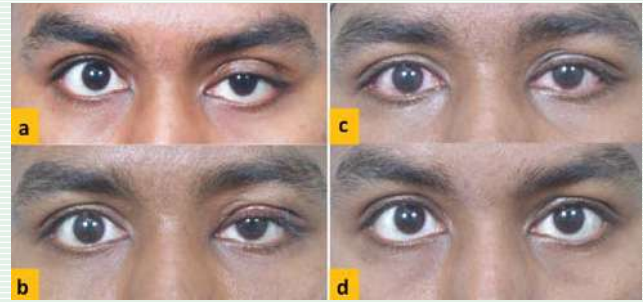


Figure 9: Young man with left eye ptosis who underwent left eye LPS resection (b,c,d) showing post op images at 1 day, 1 week and 1 month where we see reduction of the oedema with good alignment of upper lid



Figure 10: A middle-aged lady with both eyes active thyroid eye disease showing both eyes lid retraction with fat bags and proptosis in standard (a), and worm's view (b). Post-intravenous methylprednisolone reduction in inflammation noted (c,d).



Figure 11: showing left eye anophthalmia with facial hypoplasia showing brow droop, malar flattening, raising of ala of nose and angle of mouth.

Figure 12: Worm's View with left eye proptosis

ogy, it's important to eliminate potential distractions. This includes positioning of the patient at the same level as the photographer (Figure 5) and ensuring that the patient's hair is tied back and behind the ears, and refraining from applying makeup to enhance the clarity of facial features. Additionally, positioning the camera at the same level as the patient is essential for precise photo capture, minimizing any distortions or inaccuracies. Some aesthetic pathologies necessitate specific positioning for optimal documentation. In the case of a 45-degree side profile, the patient is seated at a 45-degree angle to the photographer and instructed to look straight ahead. For a 90-degree side profile, the entire body is rotated to a 90-degree angle, with the head in its natural position, and the patient is asked to maintain a straight gaze without the contralateral eyebrow being visible (Figure 6,7).

**Post Processing of the Photographs:** After capturing the photographs, post-processing is crucial for a polished presentation. Utilizing advanced software like Adobe Photoshop can greatly assist in achieving effective

Table 1: Showing standardized formats for clinical photographs in oculoplasty

Standard	Face + Two eyes + Right eye + Left eye
Standard profile	Standard+ Right profile 45 and 90 Left profile 45+90
Standard-Worms View	Standard + Worms View
Ptosis	Standard+ Two eye (Up gaze, Straight gaze and down gaze)
High Mag each eye	High Magnification (MACRO mode)
Orbit Protocol	Standard + Ptosis + two eyes 9 gaze + Worms view
Prosthesis	Standard + High MAG + Birds + Quad + Ptosis + With and Without Prosthesis + Front and Back of Prosthesis + prosthesis Thickness
Scan	Marked images of CT/MRI
QUAD	Quadrants of right eye or left eye
Puncta	High MAG of Upper and Lower puncta of right or left eye





Figure 13: Worm's view showing left eye enophthalmos in post enucleation socket syndrome.



Figure 14: Goldenhar Syndrome: showing conjunctival dermoid, ear and skin tags, eyelid coloboma.

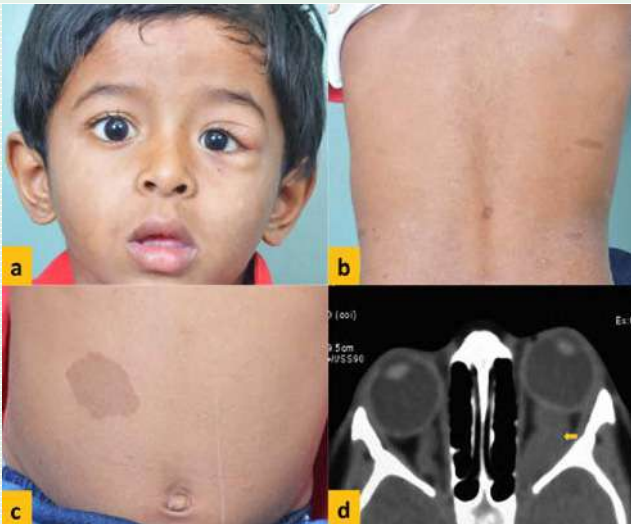


Figure 15: Neurofibromatosis 1- Left eye plexiform neurofibroma (a), café-au-lait spots on the back and trunk (b,c) and left Optic nerve glioma (d).

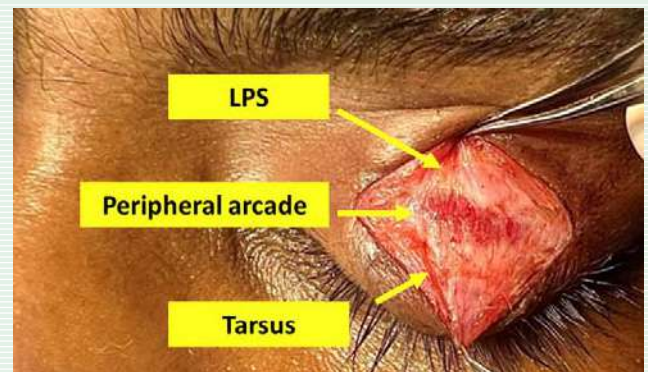


Figure 17: Documentation of surgical landmarks for ptosis surgery

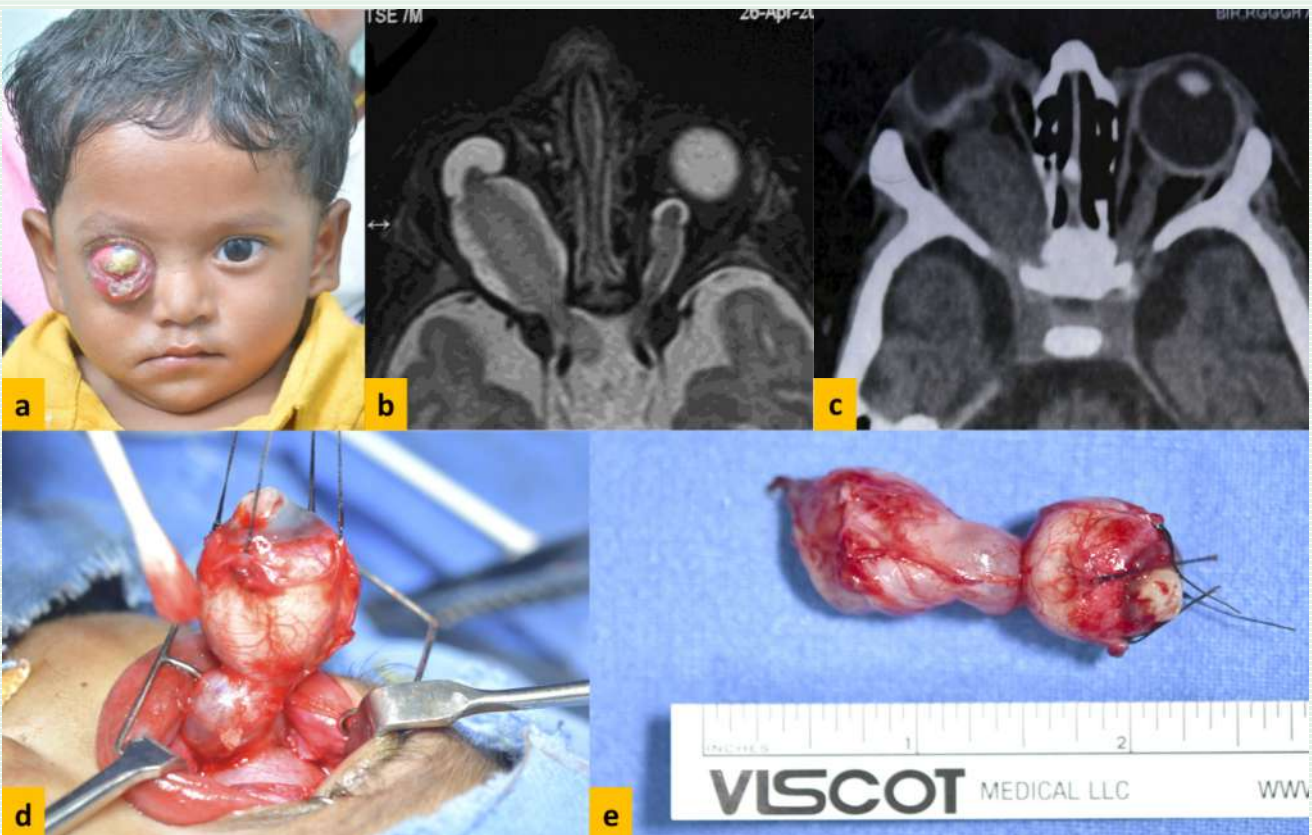


Figure 16: A Child with right eye proptosis and painful blind eye, (b,c) CT and MRI orbit showing both eyes optic nerve glioma right one causing globe indentation. (d) intraoperative image of enucleation showing the optic nerve stump and globe. (e) Gross pathology specimen with the globe and optic nerve glioma and a scale beside to measure the dimensions.



Figure 18: showing a young girl with right eye proptosis which is increasing on Valsalva, suggestive of a vascular lesion with venous component.

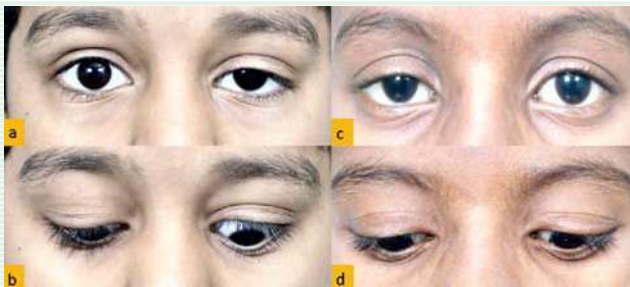


Figure 19: (a,b) Clinical standard photograph of a child showing Left eye Congenital ptosis with lid lag in downgaze (c,d) Clinical standard photography of a child right eye aponeurotic ptosis with lid drop in down gaze.

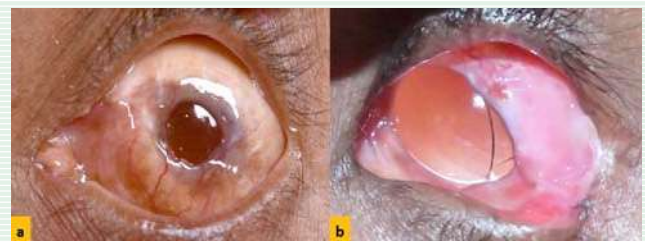


Figure 21: High Magnification image of anophthalmic socket showing (a) Implant exposure and (b) Implant extrusion.

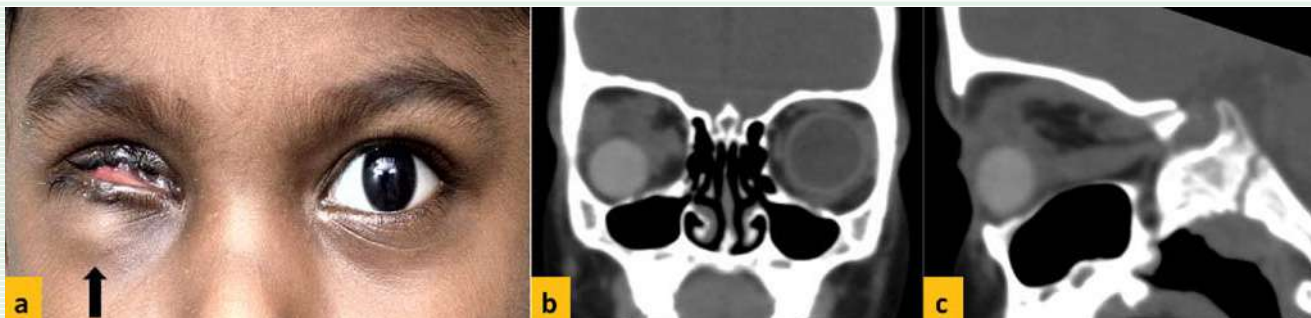


Figure 20: Standard photo (a) showing right eye anophthalmic socket with inferior implant migration confirmed on CT imaging (b,c).

tive post-processing of the photos. In a full-face photograph, it's essential to include everything from the head to the chin, encompassing both ears. For standard photos focusing on both eyes, cropping or capturing from above the eyebrows to the middle of the nose and including both eyes' lateral canthi is recommended. High magnification photos should capture the area from the medial to the lateral canthus (Figure 8).

### Visualizing Progress:

In Oculoplasty before any intervention we have to rely on comprehensive preoperative documentation. High-resolution photographs capture baseline features, asymmetries, and pathologies, serving as reference points

throughout the patient's journey. By meticulously documenting pre-existing conditions, surgeons can tailor interventions to individual anatomical variations, optimizing outcomes and minimizing complications (Figure 9-21).

### Education and Training:

Beyond its role in clinical practice, photographic documentation plays a pivotal role in medical education and training. Aspiring oculoplastic surgeons gain insights from carefully curated collections of systemic signs and specific clinical signs for particular pathologies. Specific photographic angles are tailored for each purpose; for instance, standard side profiles aid in facial aesthetics

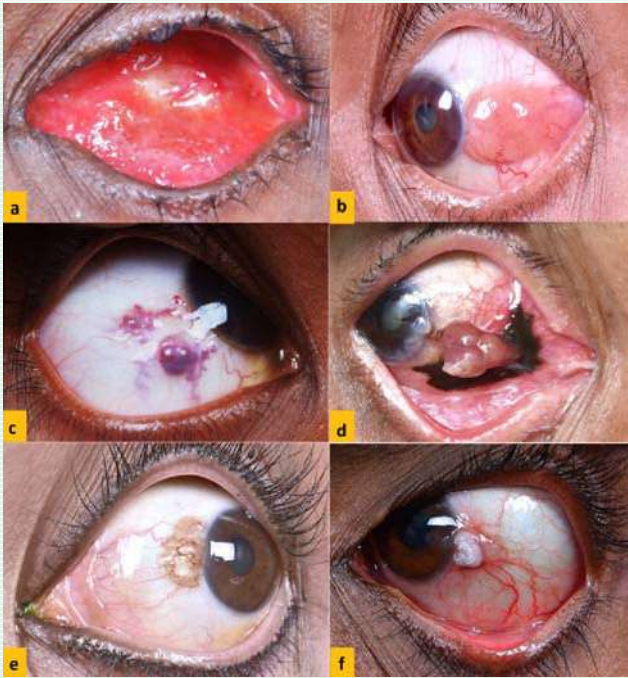


Figure 22: High Magnification images showing (a) left eye anophthalmic socket with inflammation (b) left eye temporal conjunctival lymphoma (c) right eye conjunctival varices (d) left eye temporal conjunctival melanoma (e) left eye nasal conjunctival nevus (f) left eye temporal ocular surface squamous neoplasia

and trauma assessment, while Worm's views capture orbital positions. Down-gaze photos are essential for diagnosing ptosis pathology and thyroid conditions, facilitating documentation of lid lag. Documenting positional proptosis helps in identifying vascular lesions. High magnification photos are utilized for capturing the details of ocular conditions such as conjunctival surface lesions and Punctal pathology. Photographic documentation of intra operative procedure or surgical landmarks can help in future reference and for publications or presentations.

**Conclusion:**

In conclusion, photographic documentation stands as a cornerstone of excellence in oculoplasty, empowering surgeons, educating future generations, and enriching patient experiences. The photographs represent visual storytelling on patient's progress. As technology evolves and best practices evolve, the lens of photographic documentation will remain focused on enhancing outcomes and advancing the frontiers of oculoplastic surgery.

# Imaging in Oculoplasty: QnA with Dr. Ravi Varma



**Dr Ravi Varma**

DM Neuroradiology  
Consultant Neuroradiologist  
Citi Neuro Centre  
MLA Colony, Road No 12,  
Banjara Hills, Hyderabad 34  
Varmaji@rediffmail.com



*Interviewed by*

**Dr Prerna Sinha**

MBBS, MS, FAICO  
(Oculoplastic surgery)  
Fellow, Ophthalmic Plastic Surgery  
and Ocular Oncology  
LV Prasad Eye Institute, Hyderabad  
premasinha59@gmail.com

## **Q1. What drew you to specialize in orbital and ocular imaging, and what continues to inspire you in this field?**

All through my training and early years of my clinical practice, I have been obsessed with understanding imaging technology and finding innovative ways put it to clinical use. It always struck me odd that MR imaging was not being utilized to its full potential in the evaluation of orbital disorders. For example, we have a host of advanced MR techniques such as diffusion imaging, perfusion imaging and MR spectroscopy, that we routinely use in evaluation of intracranial mass lesions. These techniques to give us additional information about the tissue microstructure, vascularity and biochemical composition of intracranial tumors. Unfortunately, these

techniques cannot be directly employed in evaluation of orbital mass lesions, due to anatomical and technical challenges.

Over the last 10 years I have worked towards adapting and using these techniques to improve the diagnostic accuracy of orbital imaging. I believe that there is a huge potential for the use of diffusion and perfusion imaging – specifically in oculoplasty and orbital oncology. These techniques give functional information, that increases our ability to differentiate between similar looking lesions. I enjoy being at the forefront of clinical application of this new technology.

## **Q2. Reflecting on your journey, what have been some of the most rewarding aspects of working in orbital radiology? Can you share a particularly challenging case that taught you valuable lessons or changed your approach to imaging interpretation?**

It is difficult for me to single out any one specific case that changed my outlook towards orbital imaging. When you are working in a field you enjoy, each day teaches you something new. If you are willing to listen and learn, every case tells you a unique story and every patient teaches you a unique lesson.

Probably, the most rewarding as well as challenging time regarding orbital imaging, was during the Covid 19 pandemic, when there was a huge surge of patients with rhinoorbital mucormycosis. We had seen very few cases prior to that and were clearly underprepared to perform and interpret the imaging studies. When the first few cases started trickling in, we discussed with our ENT, ophthalmology and neurosurgery colleagues, and quickly evolved a comprehensive imaging protocol. The challenge was to create a protocol where we could generate high resolution images of the paranasal sinuses, orbit and brain, as well as prognosticate about the viability of

tissues; all within acceptable scan times. Despite our work being severely hampered by the Covid related restrictions and being short staffed, we could render imaging services to a large number of patients from our state and beyond. Looking back, I feel proud that our work as a team during that period made a difference to so many lives.

**Q3. From radiological perspective, what do you think helps you more in diagnosis when it comes to orbital pathology – a CT or an MRI?**

I believe that both CT and MRI have their own important roles to play in the diagnosis of orbital disorders. CT scan, with its rapid image acquisition is suited for evaluating uncooperative patients and in emergencies. It gives excellent details about the bony orbital walls, intraorbital foreign bodies, calcified and ossified masses lesions. CT is often the modality of choice for assessment of orbital trauma, tumors of orbital walls and paranasal sinus disease extending into the orbit. However, the concerns regarding exposure to ionizing radiation limit its utility in evaluating children and women of child bearing age.

In contrast to CT, MRI does not involve the use of ionizing radiation. It provides superior soft tissue contrast and is thus ideal for evaluating orbital soft tissues, including muscles, nerves, retroorbital fat and vascular structures. It is the modality of choice for evaluation of inflammatory and infiltrative processes, vascular lesions as well as orbital tumors. The addition of advanced functional MRI techniques, is giving us a lot more physiological information about orbital disorders, helping us in making more accurate diagnosis.

The decision regarding which modality is better, depends on the clinical status of the patient as well as the expected pathology. The diagnostic information provided by both investigations is complementary and on occasion, both modalities may be needed to get a complete picture.

**Q4. What do u believe is the role of interventional radiology in Oculoplasty ?**

When I think about the role of interventional radiology is oculoplasty, two procedures immediately come to mind – treatment of carotid cavernous fistulae (CCF) and intraarterial chemotherapy for retinoblastoma. Since the 1990s, endovascular treatment has remained the mainstay for management of CCF. It has been proven to be effective and safe in the treatment of both direct and indirect fistulae. Though not performed as widely as CCF treatment, intraarterial chemotherapy for retinoblastoma

is an equally rewarding procedure. In carefully selected cases it can be used as the first-line therapy, as it can achieve 10 times the chemotherapy dose to the eye compared with intravenous chemotherapy, and carries a lower risk of side effects.

In addition to these procedures, interventional radiologists can use their skills for image-guided biopsies of orbital masses; image-guided aspiration and sclerotherapy and embolization for orbital and periorbital vascular malformations. For treating small and localized orbital tumors, interventional radiologists can use ablative techniques such as radio frequency ablation (RFA) or cryoablation to destroy the tumor cells

Unfortunately, in our country the true potential of interventional radiology in the management of orbital pathology has not been realized. There are very few centres that have a busy oculoplasty department, a properly trained interventional radiologist and good facilities for surgical and image guided therapies. It is good to see that off-late, there is good collaboration between individual oculoplastic surgeons, oncologists and interventional radiologists, and this is the way forward to achieving good results.

**Q5. Can you provide a few practical tips for the Young Oculoplasty surgeons as to how to avoid rookie mistakes while interpreting and requesting for a scan?**

Probably the most common mistake while requesting a radiological investigation is – not providing adequate and relevant clinical details. Especially when you ask for an MRI, the imaging protocol used during the scan determines the utility of information obtained. I think that performing an MR study is like playing a game of ‘twenty-questions’. In the game, if you ask the right questions, you can deduce the answer. In MRI, if you perform the relevant pulse sequences, you reach an accurate diagnosis.

Considering that MRI is a complex technology to master, you should take the help of your radiologist till you become comfortable requesting and ordering it yourself. It is a good practice to provide your radiologist with the clinical differentials and specific clinical questions that need to be answered by the imaging study. The radiologist will then help you to choose the right imaging modality and can tailor the imaging protocol to suit your patient’s needs.

Especially early in your practice, you should interact frequently with your radiologist. Involve him in your discussions and give him follow ups. Afterall, a friendly radiologist is a good resource to have on your team.

# Ophthalmic Pathology: Present and the Future



## Dr Arpan Gandhi

Associate Medical Director,  
Director – Laboratory Services  
Delhi and Secondary Center Labs  
Dr Shroff's Charity Eye Hospital,  
Daryaganj, New Delhi  
arpan.gandhi@scheh.net

It is important to send biopsies in Formaline Buffered with at least 10 times the volume of formaline in the container. A properly filled histopathology requisition form is very necessary after all it is a medicolegal document. The role of conversations and discussion between the clinical teams and Ocular Histopathologists are very important for the patient to get the best diagnosis and hence the treatment.

Ophthalmic pathology plays a crucial role in supporting the diagnosis, in ophthalmic research and in understanding the etiopathogenesis of many ocular diseases.

Although diagnostic and imaging modalities in ophthalmology has evolved in a long way, till date histopatho-

logical examination (HPE) tissue diagnosis remains the gold standard for the diagnosis and confirmation of all the excised pathological tissues, this along with ancillary studies form the basis for identification of high-risk factors for the prognostication and to predict metastatic risk and treatment response of ocular tumors.

### **How ophthalmic pathology adds value to patient management?**

In the cornea clinic, corneal buttons post keratoplasty, when sent for HPE examination adds value to treatment by identifying the exact etiopathogenesis, level of tissue damage like scarring, neovascularization identification of the type of inflammatory cells, predicting the risk of graft infection recurrence, status of Descemet's membrane and endothelial cells, in the diagnosis of corneal dystrophies, congenital anomalies, autoimmune blistering disorders of conjunctiva and to identify microorganisms which is sometimes missed in initial scraping sent for microbiology or when there is no growth in routine culture media. Also, impression cytology can be used as an additional tool in dry eye evaluation and to identify dysplasia and confirm.

Histopathology is useful in OSSN in doubtful cases where clinical, AS-OCT finding and Rose Bengal staining is atypical. In Uvea and Retina Clinic whenever there is an atypical clinical scenario histopathological study of FNAB samples and cytology of aqueous or diagnostic vitrectomy samples helps in narrowing down the differentials and in confirming masquerades and metastasis.

Some other specific uses of ocular pathology in the management of ocular oncology are as below:

**Diagnosis:** Ocular pathology helps in the accurate diagnosis of ocular tumors. Ocular pathologists analyze tissue samples obtained through biopsies or surgical resections to determine the type, grade, and stage of

the tumor. They examine the cells under a microscope, identify any abnormal growth patterns and differentiate between benign (non-cancerous) and malignant (cancerous) tumors. This information is crucial for planning appropriate treatment strategies.

**Classification and Subtyping:** Pathologists play a vital role in classifying and subtyping ocular tumors based on their histological characteristics. They identify specific cellular features, such as cell type, architectural pattern, and molecular markers, which help in categorizing tumors into different subtypes. This classification is essential as different ocular tumors may have distinct clinical behaviors, treatment options, and prognoses.

**Prognostication:** Ocular pathology helps in predicting the prognosis and outcomes for patients with ocular tumors. Pathologists assess various histological factors, such as tumor size, invasiveness, presence of specific genetic alterations, and cellular differentiation, to provide valuable prognostic information. This helps in determining the appropriate treatment approach and counseling patients regarding their expected outcomes.

**Molecular Analysis and Ancillary Studies:** Immunohistochemistry (IHC) is an ancillary tool which has revolutionized the field of pathology, helps in ruling out differentials which morphologically appear like similar lesions and to identify specific marker /protein expression to predict outcome.

Ocular pathology incorporates molecular techniques to analyze ocular tumor samples for genetic alterations and specific biomarkers. This molecular analysis can aid in identifying targetable mutations or gene expression patterns, which can guide the selection of personalized therapies, such as targeted molecular therapies or immunotherapies. Additionally, molecular profiling can contribute to research and advancements in ocular oncology.

**Follow-up Monitoring:** Ocular pathology plays a role in post-treatment monitoring and surveillance of ocular cancer patients. Pathologists examine tissue samples obtained during follow-up procedures, such as biopsies or fine-needle aspiration, to assess the response to treatment, detect any residual or recurrent tumors, and evaluate the presence of metastasis (spread to other parts of the body). This helps in determining the effectiveness of the treatment and modifying the management plan, if

needed.

In summary, ocular pathology is an integral part of ocular oncology, providing critical insights into the diagnosis, classification, prognostication, molecular analysis, and follow-up monitoring of ocular tumors. It contributes to improved patient care, treatment decision-making, and advancements in ocular oncology research.

Apart from ocular oncology, it also plays a very crucial role in decoding the other pathologies in the orbit, which is a Pandora's Box.

## Recent updates in ophthalmic pathology

As we progress in the era of personalized and precision-based medicine, ophthalmic pathology, a subspecialty of pathology and ophthalmology, has evolved in a long way.

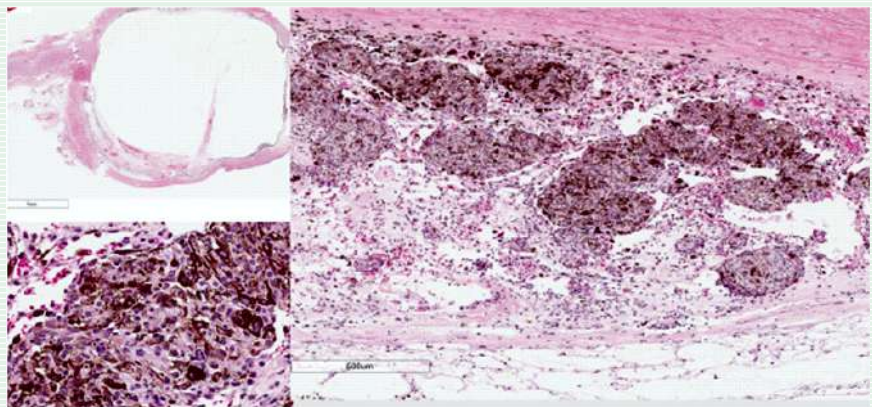
Some of the recent developments in ophthalmic pathology include:

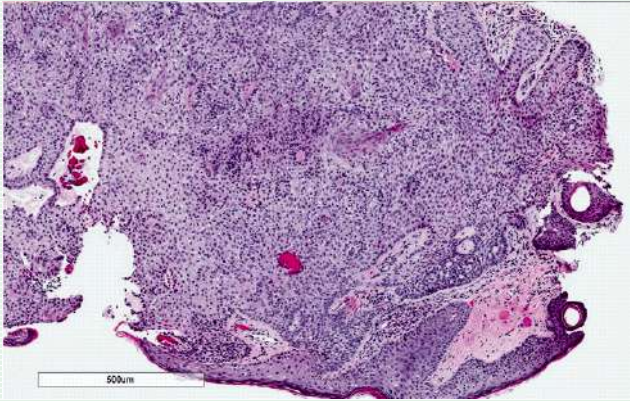
### 1. A Liquid biopsy and biomarker assay.

Currently, aqueous and tears being easily accessible are being extensively studied, since sample collection can be done in the OPD, being noninvasive to minimally invasive procedure it is well-tolerated procedure by patients. This methodology has revolutionized diagnosis and management of many ocular pathologies like dry eye, keratoconus, autoimmune disorders, ocular surface disorders, uveitis, and intraocular tumors like Retinoblastoma (RB) and Uveal Melanoma. Tear biomarkers help predict disease severity response to treatment, and they are used for accessing endpoints for objective monitoring in many ophthalmic clinical trials.

### 2. Tumor DNA sampling from Aqueous Humor (AH) in Intraocular tumors.

DNA sampling directly from ocular tumors and from Aqueous humor of these patients helps in studying and identifying the complete genetic profile and in identifica-





tion of newer mutations which are seen to be associated with specific favourable or unfavourable therapeutic response in these patients.

### 3. Artificial intelligence (AI) model for intraocular RB.

AI is a promising screening tool for RB. It has shown high sensitivity and specificity for the detection of RB, though the sensitivity and specificity are variable for grouping of intraocular RB.

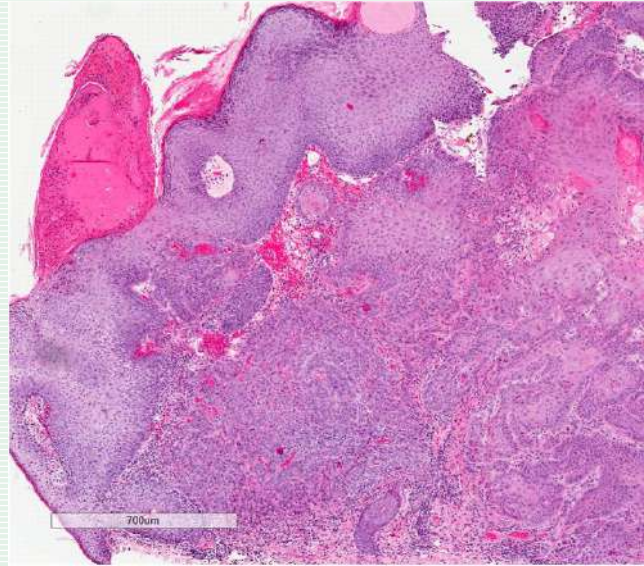
### 4. Discovery of new prognostic molecular markers and mutations.

Loss of BAP1 nuclear expression in Uveal Melanoma to predict metastatic risk.

A strong predictor for metastasis of uveal melanoma is the loss of chromosome -inactivating mutations in BAP1 encoding the BRCA1-associated protein 1 and located on chromosome 3p21, has shown association with metastatic progression and reduced survival.

MYD88L265P mutation analysis in AH and Vitreous for detection of Primary Intraocular lymphoma (PIOL). Due to small volume of sample, inappropriate processing, and interpretation of results of vitreous cytology by inexperienced pathology laboratories, an evidence-based diagnosis of intraocular lymphomas is always compromised. Identification of a point mutation by means of PCR has shown promising results as a potential diagnostic marker in B cell primary intraocular lymphomas.

Discovery of PAX3/FOX1 FUSION transcripts to accurately differentiate alveolar and embryonal RMS in turn helps to predict prognosis. Rhabdomyosarcoma, the most common orbital malignancy in children has also been extensively studied, recently in cases which have challenging histomorphology, discovery of PAX3/FOX1 gene fusion transcripts helps to accurately differentiate alveolar and Embryonal RMS in turn helps to predict prognosis.



NAB2/STAT6 fusion gene identification in Orbital Solitary Fibrous Tumor.

Solitary fibrous tumor (SFT), a spindle cell tumor which occurs in orbit exhibits low to highly aggressive behavior and warrants early and accurate diagnosis, since the microscopic findings often always mimics other benign spindle cell tumors, NAB2/STAT6 fusion gene identification in Orbital SFT is a recent advance which helps in specific diagnosis and timely treatment like radiotherapy which in turn reduces the chances of recurrence.

### 5. Digital pathology and whole slide scan imaging.

Digital pathology involves the scanning and digitization of histopathology slides, allowing for remote access, storage, and analysis of images. This technology facilitates collaboration, consultation, and research among pathologists, ultimately leading to improved diagnosis and patient care.

Whole slide imaging helps in nuclear morphometric analysis which studies the grade of anaplasia in RB, thus helping in predicting chemotherapy response.

### 6. Extraction of RNA from conjunctival cells using impression cytology technique

Impression cytology can be obtained using eye prim device and the biomarker profile of the disease can be studied which helps in planning specific management of ocular surface disorders.

To conclude, this subspecialty like any other branch in medicine is constantly evolving and all practicing ophthalmologists and postgraduates should be aware of the importance and updates in ophthalmic pathology.



# Frequently Asked Questions on Ocular Prosthesis:



## Sachin Gupta

BCO, FAES, M.OPT,  
Clinical Ocularist & Anaplastologist  
Board Certified Ocularist, (NEBO) USA  
Director, Art Eyes, New Delhi  
Sachin.opt@gmail.com

### 1. What is an ocular prosthesis?

An ocular prosthesis, commonly referred to as an artificial eye is a synthetic replacement for a missing or damaged eye. It is designed to closely resemble a natural eye in appearance.

### 2. Who needs an ocular prosthesis?

Ocular prostheses are typically needed by individuals who have lost one or both of their natural eyes. It is indicated in congenital disorders such as microphthalmia or anophthalmia, in Phthisis bulbi and surgical anophthalmos due to trauma, injury or disease (Fig 1).

### 3. How is Custom ocular prosthesis (COP) made?

The process of creating an ocular prosthesis involves taking an impression of the eye socket, crafting a mold, and then fabricating the prosthetic eye using acrylic materials (PMMA). Skilled ocularists meticulously paint and detail the prosthesis to match the color, size, and shape of the remaining natural eye.

### 4. What are the different types of ocular prostheses?

Ocular prostheses come in two types, including stock and custom prostheses. Stock prostheses are pre-made and come in standard sizes, while semi-custom and custom prostheses are individually crafted to fit the specific dimensions of the patient's eye socket.

Fig1: COP fitted in phthisis bulbi.



**5. Q: what are the steps involved in making custom ocular prosthesis?**

A: Basic steps in making of Custom Ocular Prosthesis are as below:

1. *Initial Consultation:* The ocularist meets with the patient to discuss their needs and expectations. They also take detailed measurements and photographs of the eye socket.

2. *Impression:* Using a special mold material (Alginate), the ocularist takes an impression of the eye socket to create a precise model.

3. *Modeling:* A model of the prosthesis is crafted based on the impression. This model serves as the basis for creating the final prosthetic eye.

4. *Color Matching:* The ocularist carefully matches the color and iris pattern of the natural eye using high-quality pigments and acrylic materials.

5. *Hand Painting:* The iris and sclera of the prosthesis are hand-painted to replicate the intricate details of the natural eye.

6. *Lamination & Polishing:* Once the colors are dried, the prosthesis is laminated with clear acrylic material. Then the prosthesis is polished to achieve a lifelike shine and smooth texture.

7. *Fitting:* Once completed, the prosthesis is fitted into the eye socket. The ocularist ensures proper fit, comfort, and alignment with the natural eye.

Table1: Comparison between stock vs custom ocular prosthesis

Stock Ocular Prosthesis	Custom Ocular Prosthesis
Made in factories in absence of patient	Hand Made in Ocularist's Lab in presence of patient
Mass Produced	Exclusively Made for the Individuals
Fitting by choose & pick Method	Fitting by Trial & Error Method
Made of low grade acrylic	Made with PMMA (medical grade)
Needs frequent removal due to discharge	No need of frequent Handling, minimal discharge
Restricted eye movement	Best possible movement due to better grip
Difficult to get a piece from stock which matches in size, shape, lid contour, center, color, iris size and veining like fellow eye	Matches in size, shape, lid contour, center, color, iris size and veining like fellow eye as it is customized
Can cause socket complications like socket contraction, Lower lid laxity and ectropion after prolong use	Since COP is fitted well in socket its weight distributes evenly in socket hence very less chance of socket complications in long run.

8. *Final Adjustments:* Any necessary adjustments are made to ensure the prosthesis looks natural and provides optimal comfort and function.

9. *Patient Education:* The patient receives instructions on how to care for and maintain their ocular prosthesis for long-term use.

With this meticulous process, custom ocular prostheses are crafted to restore both the aesthetic appearance and functionality of the eye, providing patients with a renewed sense of confidence and normalcy.

**6. How long does it take to make an ocular prosthesis?**

The timeline for receiving an ocular prosthesis varies depending on factors such as the complexity of the case. Generally, it can take 2-3 days from the initial impression-taking to the final fitting. In case of evisceration or enucleation COP should be fitted after 4-6 weeks of healing.

**7. What is the preferred size of implant from Ocularist's point of view?**

Implant size is generally decided by the surgeon based on the physical condition of the eye. From ocularist's point of view they need minimum 2.5ml volume to create a 3D ocular prosthesis which shows good anterior chamber depth in ocular prosthesis. Remaining volume should be filled by an orbital implant. So around 20mm of implant is a good size to leave enough space for creating 3D ocular prosthesis.

**8. Is wearing an ocular prosthesis uncomfortable?**

When properly fitted, an ocular prosthesis should not cause discomfort. However, it may take some time for the wearer to adjust to the sensation of having the prosthesis in the eye socket. Regular follow-ups with the ocularist can address any discomfort or fitting issues.

**9. Can an ocular prosthesis move like a natural eye?**

While an ocular prosthesis cannot move independently like a natural eye, it is designed to move in tandem with the remaining natural eye in phthisical cases and with orbital implant in surgical cases during normal eye movements. This helps maintain a natural appearance and prevents the prosthesis from appearing fixed or static.

**10. How to take care for an ocular prosthesis?**

Proper care and maintenance are essential for prolong-



Fig 2: Polishing of COP.

ing the lifespan of an ocular prosthesis. This includes occasional removal (monthly or as and when require) and cleaning using a mild baby soap and water or RGP solution. Harsh chemicals like alcohols, sanitizers and spectacle cleaning solutions should be avoided, it can cause roughness of surface. It is recommended to visit the ocularist yearly for regular checkup and polishing of prosthesis (Fig 2).

#### 11. How durable are ocular prostheses?

Ocular prostheses are typically durable and resilient when handled and cared for properly. However, they may require periodic replacement due to wear and tear, changes in the eye socket shape, or cosmetic reasons. We recommend to change after 5-6 years.

#### 12. When should COP be fitted in Children?

As soon as possible. In congenital disorders; socket expansion is required from very early age, it can be started from 2 months of age in healthy child (Fig 3). In cases of enucleation, COP should be fitted once healing is complete. It helps in preventing early socket contracture and provides good cosmetic results. To note here, custom ocular prosthesis can be modified as per the need of socket and doesn't require frequent replacement as the kids grow faster.

#### 13. Can an ocular prosthesis be worn during physical activities or sports?

In many cases, individuals can safely wear their ocular prostheses during physical activities and sports. However, it is essential to take precautions to protect the natural eye such as wearing protective eyewear.



Fig 3: COP in congenital microphthalmos

#### 14. What is Silicone prosthesis?

Silicone prosthesis also known as silicone orbital prosthesis which is fitted post exenteration. This prosthesis consists prosthetic eye, lids, skin, eyelashes and eyebrows. This can be fitted with the help of adhesive, spectacle or magnets (fig 4).

#### 15. What are the psychological benefits of wearing an ocular prosthesis?

Wearing an ocular prosthesis can significantly improve the self-esteem and quality of life of individuals who have experienced eye loss. By restoring a natural appearance and reducing social stigma, ocular prostheses help individuals feel more confident and comfortable in their interactions with others.



# Back to the Basics: *Tete-a-tete* with a Clinician-Scientist



**Dr Swati Singh, MBBS, MS**  
Clinician Scientist & Associate Ophthalmologist,  
Department of Ophthalmic Plastic Surgery, LVPEI  
Alexander von Humboldt scientist, Friedrich  
Alexander University, Erlangen, Germany  
DBT/Wellcome Trust India Alliance Research Early  
Career Fellow

Dr Swati Singh, is a fellowship trained oculoplastic surgeon and is a clinician-scientist based in LVPEI, Hyderabad. Having been in private practice earlier, Dr Swati returned to an academic setting (LV Prasad Eye Institute) and now splits her time in the clinic, operating room and her research lab. Her area of research is lacrimal gland regeneration among other things. We caught up with Dr Swati Singh to understand her area of expertise and to know what motivates her.

**Akshay Nair (AN): How do you balance your time between conducting research, performing surgeries/seeing patients?**

**Swati Singh:** The way I see it is that there may not be a need to balance the two, as they complement each

other. Being a clinician-scientist, my research is driven by patients. Your patients and their unresolved issues are the source of research questions and ideas. Carrying a focused research mindset to your clinics or operating theatres is crucial. I prioritize my clinical responsibilities during clinical work, ensuring that my patients receive the attention and care they deserve. Having said that, specific days are set aside for the research activities during the week. Besides, I set daily goals without compartmentalizing my day into a clinic or research day.

**AN: What challenges have you encountered while transitioning from full-time clinical practice to a more research-focused role?**

**Swati Singh:** Currently my schedules provide me equal time division (50% Clinical and 50% Research). I would not say that there were many challenges. With my love for Science and creating new knowledge, I was more than happy to make that transition. In my clinical work, I look for diseases or complex issues currently not addressed in my focused area of ocular surface and adnexa, and that feeds my research. The findings of my research work are applied back to my clinics, a complementary relationship, as I said earlier.

**AN: How do you believe your background in clinical practice enhances your research approach and vice versa?**

**Swati Singh:** My background in clinical practice deeply informs my approach to research in several ways. Working directly with patients allows me to identify gaps and lacunae in current treatments or disease understanding. These gaps become research questions and drive the direction of my studies, ensuring that research is relevant and impactful for improving patient care. The synergy between my clinical practice and research activities provides insights that ultimately benefit my pa-

tients. For example, electroepilation has a high recurrence rate for distichiotic eyes as it is a blind procedure, and we do not know the depth of distichiotic eyelashes. I thought of using meibography to look for eyelash roots within the meibomian gland, and it worked. That changed my practice with several measurable benefits to my patients.

**AN: Can you share a specific breakthrough or milestone from your research that has been particularly rewarding or impactful?**

**Swati Singh:** Over the past two years, we have contributed significantly to the science of lacrimal glands and eyelids. Newer description of the lacrimal gland anatomy using 7T MRI, Meibography-guided electro-epilation, surgical innovative techniques of managing recalcitrant cicatricial entropion, and decoding the pathophysiology of lid margin keratinization are few of the novel contributions.

**AN: In what ways do you hope your research will contribute to advancements in lacrimal surgery or oculoplastic techniques in the future?**

**Swati Singh:** As my research focus is on the lacrimal gland and ocular adnexa, future work will address the possibility of lacrimal gland transplantation, stem cell-based lacrimal gland regeneration (Welcome Trust grant), and biomaterial based therapy for ocular surface fibrosis and dry eye disease.

**AN: How do you stay updated on the latest clinical practice and research developments within your field?**

**Swati Singh:** I read a lot to stay updated on the latest clinical practice and research developments within my field. I prioritize journals known for their rigor and relevance to my areas of interest.

**AN: Have you faced any skepticism or resistance from peers or colleagues regarding your decision to focus on research? If so, how have you addressed it?**

**Swati Singh:** It is not unexpected to encounter skepticism from peers and colleagues, especially those who are in clinical practice. I was lucky to be at LJJI, Ambala, and now at LVPEI, where research is one of the main arms of patient care. You must be self-assured of your

steps, and people will understand them sooner or later. My peers' resistance or criticism has motivated me to go beyond my capabilities and has greatly benefited my research.

**AN: What advice would you give to other clinicians who are considering transitioning to a more research-oriented career path?**

**Swati Singh:** India needs more clinician-scientists in medicine. Because of our large population, we have a huge potential to understand any disease. We need to get out of the mindset of differentiating clinics from research. Many private ophthalmologists have recently developed new surgical techniques, innovations, and trials, which is an exciting and positive change. My advice is to start identifying specific research interests that align with your passion and goals. Seek mentorship from experienced researchers and invest in acquiring research skills through additional training and hands-on experience. For example, as a Von Humboldt fellow, I learned RNA isolation, tissue culture, and polymerase chain reaction and did molecular biology experiments in Germany. I also took a five-day course on meta-analysis conducted by DHR, Govt. of India. Always keep learning. Remember that the transition may take time, so be patient and persistent in pursuing your research goals.

**AN: How do you foster collaboration between clinicians and basic scientists in your research endeavors?**

**Swati Singh:** Fostering collaboration between clinicians and basic scientists is essential for conducting impactful and translational research. Identify shared research interests and collaboratively develop projects leveraging our complementary skills and perspectives. For example, to work on biomaterial in ophthalmology, you would need expertise from that domain and would need to file proposals together. At LVPEI, we are lucky to have basic scientists collaborating with us and their PhD students to address a research question.

**AN: What are your long-term goals or aspirations for your career and research?**

**Swati Singh:** In the long term, I aim to bring back tears to dry eye patients and prevent ocular surface complications due to adnexal issues. Additionally, I hope to mentor and inspire the next generation of clinician-scientists and researchers in India.

# X. BeY0nd

1. Work life balance in a female surgeon's life – Is it achievable?  
*Dr Svati Bansal*
2. **Bran Chow**
  - Unscramble: Mnteisntur – Instrument  
*Dr Aditya Suresh Dutt Sharma*
  - Crossword  
*Dr Aditya Suresh Dutt Sharma*
  - Crossword (Ptosis)  
*Dr Kavya M Bejjanki*
  - Crossword (Oculoplasty Instruments)  
*Dr Kavya M Bejjanki*
  - The TED Crossword  
*Dr Varshitha Hemanth Vasanthapuram,*
3. Bran Chow – Answers
4. Fun Fritters  
*Dr Neha Ghose, Dr Jhalaksreemol KV  
Dr Renuka Ajit Kukreja, Dr Bhavya Gokani,  
Dr Akshay Gopinathan Nair*
5. Know About Ptosis (TRIVIA)  
*Dr Kavya M Bejjanki*
6. Creative Corner  
*Dr Milind Naik, Dr Devi Karthya,  
Dr Neha Ghose, Dr Aditya Suresh  
Dutt Sharma, Dr. Ayushi Agarwal*
7. Oculo – YO-Art  
*Dr Rinal Pandit, Dr Anoop Kumar Singh  
Dr Gajashree S, Dr Prasanna V Ramesh  
Dr Surya D, Dr Richa Dharap Wagh  
Dr Sandeep Pal, Dr Sruthi R.S  
Dr Sumer Doctor, Dr Faiza Ibrahim*

# Work life balance in a female surgeon's life – Is it achievable?



## Dr Svati Bansal

Senior Oculoplasty Consultant  
Narayana Netralya, Bangalore

There has been a lot of talk about work life balance these days, so much so that it has become one of the deciding factors to take up a job offer. However talking about work life balance in medical profession has been a strict taboo. It is assumed that doctors have to be dedicated to their profession and work 24x7. More so, that even your co-workers and seniors look down upon you if you give priority to your personal life. Taking career breaks for marriage/pregnancy/child-care or taking care of ailing parents is taken as suicidal for your career.

There has been a reason why traditionally females have stayed away from surgical specialities (except gynae and obs- the so called “feminine” branch) as these are the fields in which the working hours are more demanding along with frequent emergencies and night shifts. In

a recent survey done amongst female surgeons in India, 70 percent felt that they were responsible for most of the domestic chores and child care responsibilities. Also female medicos face dual challenge. The 10-14 years of medical studies also coincides with the peak of biological clock. In a recent interview, Indra Nooyi (ex chief of Pepsico) was seen talking about how biological clock works in an inverse manner to a woman's career graph. So when your career is in initial stages, then your biological clock is at its peak and vice versa. So taking initial career breaks results in women falling behind their male counterparts and causing hindrances in career advancements and subsequently leading to a huge gender gap – only a few females make it to the top. Adding to the woes, there is not adequate infrastructure at hospitals in the form of child care centres or breast feeding facilities forcing female medicos to take longer maternity breaks or in some cases delay planning of pregnancy. There are very few hospitals that encourage part time working options for post partum female medicos. So taking long breaks in a surgical branch means compromising your surgical skills and you tend to be left behind your peers.

All of us female surgeons have faced these issues in our personal lives. I have personally gone through this phase during my 2 pregnancies and have felt scared in post partum stage about being left behind in my field of expertise. Along with the surging hormones in that state, dealing with such emotions becomes extremely difficult. However with good support from family members and co-workers, this temporary phase can be overcome.

Having a strong network of support from spouse, parents and in-laws is of prime importance. I have been lucky to have my parents and in-laws by my side during the early years when my kids were small. Also helpful was the fact that I switched to free-lancing mode of work

during that time which gave me the flexibility to manage both home and work. It also allowed me to spend more time with my kids and simultaneously keep in touch with my profession. Although not so lucrative financially, but it gives you freedom to prioritize things. Another thing that helped me was reconnecting with female school friends and MBBS and MS batch mates who were also going through similar situation just to get mental support. I also realized that sometimes it is ok to say NO and there is no shame in asking for help either from co-workers or from your own spouse for that matter. The sooner we realize that we are not super humans that can do everything perfectly all the time, the better it is. It

is also imperative to have good mentors at work who understand. We should push for more women to be in the top leadership positions so that changes can be brought about at the workplace with more child friendly policies. In ophthalmology we are fortunate to have a lot of females at the top and surely but slowly things are changing.

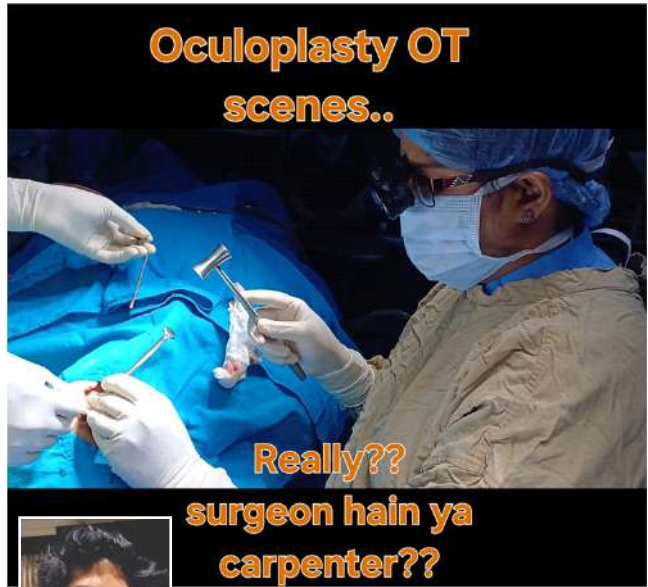
In the end I would like to reiterate that all phases of life are important and need to be enjoyed and YES work life balance can be achieved even in our profession-it's just a matter of personal choice.



# Fun Fritters



**Dr Neha Ghose**  
MS (Ophthalmology), FICO, FLVPEI  
Consultant, Ophthalmic Plastic  
Surgery Service, Suseela Netralaya,  
Nellore, Kurnool, Hyderabad



**Dr Jhalaksreemol KV**  
Oculoplasty Fellow,  
Narayana Nethralaya

## Idiosyncrasies of the Oculoplastic species



You see a patient with a large eyelid lesion and plan to operate it



Patient only wants cataract surgery





**Dr Renuka Ajit Kukreja**  
Oculoplasty Fellow  
KVC, LVPEI



Plasty fellows are too cool for arm workouts, we RETRACT!!

*I am a FELLOW,*



Obviously I have constant back pain

*I am a FELLOW,*



Ofcourse I remember everything about the case until my mentor asks



*we plasty surgeons are always prepared for that surprise fountain..*



**Dr Jhalaksreemol KV**  
Fellow, Narayana Nethralaya,  
Bangalore



**Dr Bhavya Gokani**  
 MBBS, DOMS, DNB,FIOL  
 Phaco Refractive, Glaucoma  
 ASG Eye Hospitals  
 Anand / Guwahati / Jodhpur



**Sarcodagama**  
 @Bhavya\_gokani

Nobody.  
 Absolutely nobody.  
 Just another patient post DCR  
 between cataract post op patients.



**Sarcodagama**  
 @Bhavya\_gokani

Nobody.  
 Absolutely nobody.  
 Oculoplasty fresher getting posted  
 for DCR cases only.



**Sarcodagama**  
 @Bhavya\_gokani

Nobody.  
 Absolutely Nobody.  
 Anarkali cries.  
 Le\* Salim -  
 "Prepare the patient for sac  
 syringing"



**PTOSIS SURGI DROOPY EYELID**  
 DR. AKSHAY NAIR, MUMBAI

My Ptosis / Droopy Eyelid surgery technique (Without cauterly).  
 Akshay Gopinathan Nair · 45K views · 2 years ago

**FACE YOGA to GET RID OF DROOPY EYE LIDS**

Face Yoga Exercises To get Rid of droopy Eye Lids | Fit Tak  
 Fit Tak · 1.1M views · 2 years ago

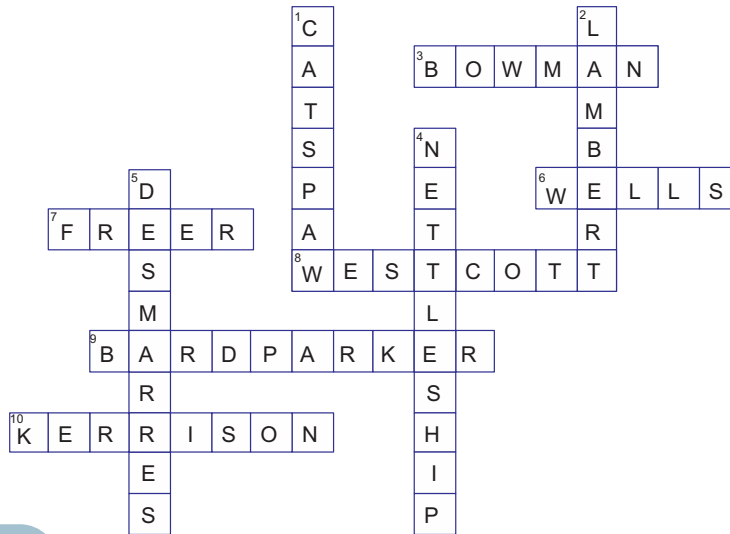


**Dr Akshay G Nair**  
 Consultant, Ophthalmic Plastic Surgery and  
 Ocular Oncology Services  
 Dr Agarwals' Group of Eye Hospitals, Mumbai  
 R J Sankara Eye Hospital, Navi Mumbai  
 Sir H N Reliance Hospital, Mumbai  
 akshay@drakshaynair.com



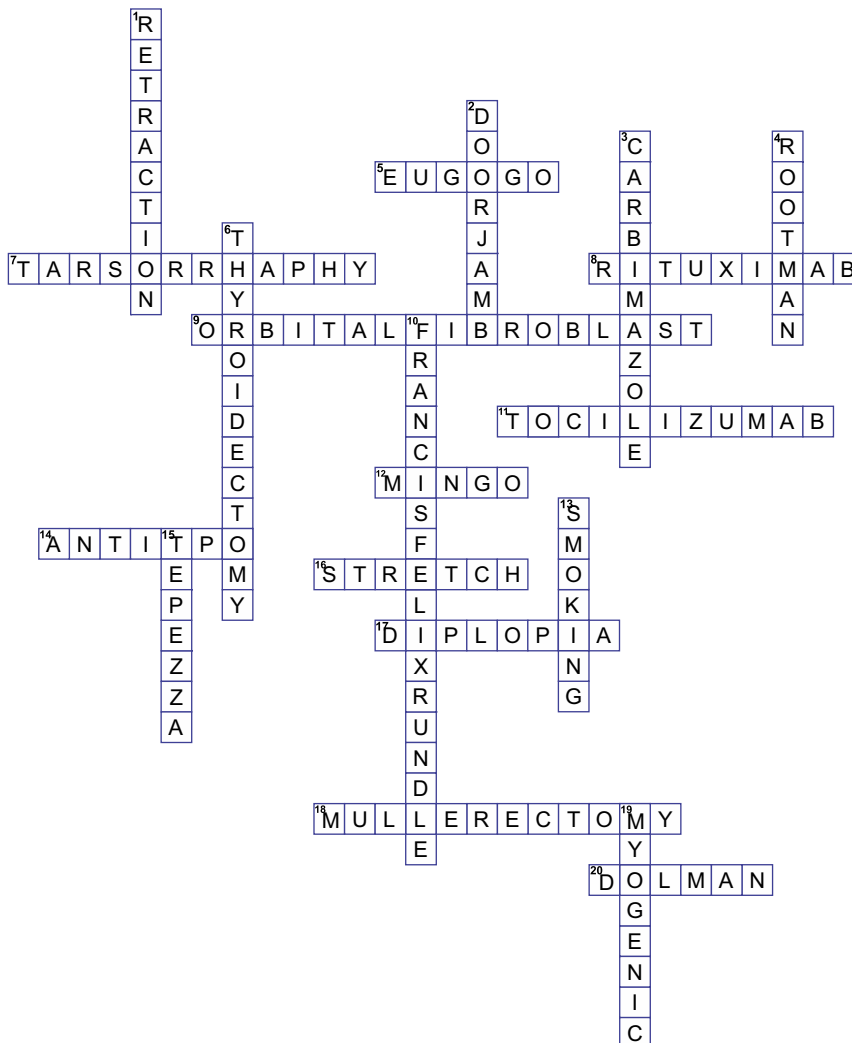
## Brain Chow-4

# CROSSWORD (OCULOPLASTY INSTRUMENTS) Ans



## Brain Chow-5

# The TED Crossword (Ans)



# Know About Ptosis (TRIVIA)



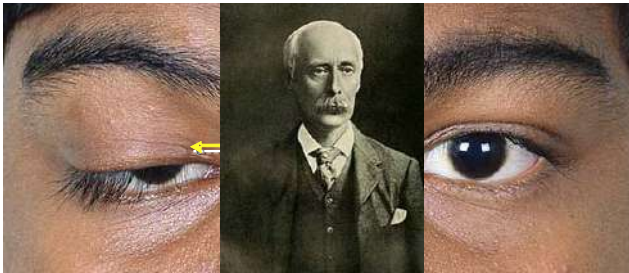
**Dr Kavya M Bejjanki**  
Associate Ophthalmologist  
L V Prasad Eye Institute  
Kode Venkatadri Chowdary Campus,  
Tadigadapa, Vijayawada

**1. Identify this condition presenting with faint or absent eyelid crease?**

- A. Aponeurotic ptosis
- B. Chronic progressive external ophthalmoplegia
- C. Simple congenital ptosis
- D. Anophthalmic ptosis

Ans: Simple congenital ptosis

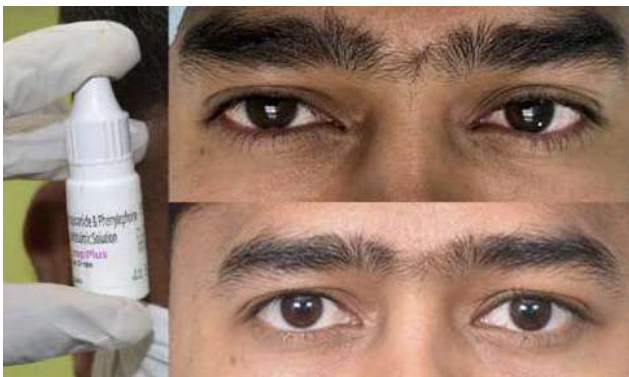
**2. Who is this notable Scottish ophthalmologist associated with the discovery of a unique eyelid condition characterized by the eyelid lifting in response to jaw movement?**



- A. Ewald Hering
- B. Robert Marcus Gunn
- C. John Horner
- D. Charles Bell

Ans : Robert Marcus Gunn

**3. This test temporarily helps in lifting the ptotic eye-lid by stimulating the following receptors?**



- A. Alpha-adrenergic receptors
- B. Beta-adrenergic receptors
- C. Gamma-adrenergic receptors
- D. Delta-adrenergic receptors

Ans: Alpha-adrenergic receptors

**4. This test decreases the breakdown of following neurotransmitter and helps in transient improvement of ptosis:**



- A. Nor-epinephrine
- B. Dopamine
- C. Acetylcholine
- D. Serotonin

Ans: Acetylcholine

**5. Early intervention is crucial in the management of traumatic ptosis to optimize treatment outcomes: True or False**



Ans: False

**6. Identify this condition with decreased palpebral fissure height in down gaze?**

- A. Myasthenic ptosis
- B. Neurogenic ptosis
- C. Congenital ptosis
- D. Aponeurotic ptosis

Ans: Aponeurotic ptosis

**7. This scientist is credited with development of the following instrument used in one of the ptosis repair procedures?**



- A. Berke
- B. Mustarde
- C. Beard
- D. Putterman

Ans: Putterman

# Creative Corner



**Dr Milind Naik**

Dr Milind Naik is an Ophthalmic Plastic Surgeon at the LV Prasad Eye Institute, Hyderabad since 2001. Trained at the Christian Medical College, Vellore, The LV Prasad Eye Institute, and the University of California, Los Angeles, his areas of interest include Aesthetic and Facial Plastic Surgery, Thyroid Eye Disease, and Minimally Invasive Ophthalmic Plastic Surgery.

Dr Naik loves creative surgery, and teaching. He also loves cycling, painting, and Origami.

[milind@drmilindnaik.com](mailto:milind@drmilindnaik.com)

## The Surgical Timeout

You are ready and eager to cure thy blind,  
But is this the right patient? First, let us find!

To err is human, to forgive (only) divine,  
The Surgical Timeout therefore, is your best lifeline.

Confirm thy Name, the First and the Last,  
The age and the Address, must always be asked.

Multiple open browsers can also be a bother,  
Findings of one, into file of another.

When you call thy name, remember there could be two,  
Hence a detailed timeout is diligently due.

Is it left eye or the right, confirm more than twice,  
There is only one chance, to be absolutely precise.

Be it Laser, Surgery, EUA or an Injection,  
The surgical timeout demands a Pause with Perfection

If you do this each Time, each Day and each Year,  
You, my dear friend, have nothing to fear

Dr Milind Naik, MD

## The Lo. Vo. Ho - Saga of Sight

### LOSS

Sacred cradle of sight, a perfect 'pear' physique  
An untampered silhouette, nurturing light inside  
Faithfully the lid gates would open and close  
Daily myriad colour festivity to host!  
One day, a white wicked grin glinted, behind  
Sending shiver down the apex. Call it 'fate'?  
Bursting agony. Turmoil. Catastrophe.  
"This necessitates Eucleation", they state.

### VOID

Deprived of purpose, in depths of despair  
In realms of guilt, unfulfilled promise is but pain.  
Several haunting, hollow scream's echoes  
Where opulent dreams once thrived..  
When days and nights never mean to differ by  
Salty drops fall from side, gravity you never lie!  
Future seems bleak, when darkness reside  
Decide to endure, or better plan to hide?

### HOPE

A magical incantation to transform yearning  
"Orbital implant, prosthetic eye", a rekindling.  
Immortal crafts by mortal ingenuity  
Silicon, never simple; now a symbol,  
Of resilience. Battle on with perspectives straightened.  
While looking into the face of failure, smile brightened!  
Comrade, replace the 5<sup>th</sup> sense, from vision to intuition,  
Its not for sight, agreed, but to gain precious insight!



**Dr Devi Karthya MS**  
RIO, Trivandrum, Kerala

## Tale of a Veil



### Dr Neha Ghose

MS (Ophthalmology), FICO, FLVPEI  
 Consultant, Ophthalmic Plastic  
 Surgery Service  
 Suseela Netralaya, Nellore, Kurnool,  
 Hyderabad

A flutter here  
 A wink there  
 The delicate falling  
 Of a hair

In curves and motion  
 I often play  
 To express the things  
 You want to say

Puffy with grief  
 Or childlike rage  
 I swell when sad  
 And droop with age

In age still  
 My lines show  
 A life well lived  
 And every woe

I bear your history  
 Race and kin  
 And years of laughter  
 Etched within

Your vital sense  
 Is under MY watch  
 My shutter-like move-  
 ments

Precise to a notch  
 Your tear drops too  
 Are in my keep  
 I gently temper  
 The water you weep

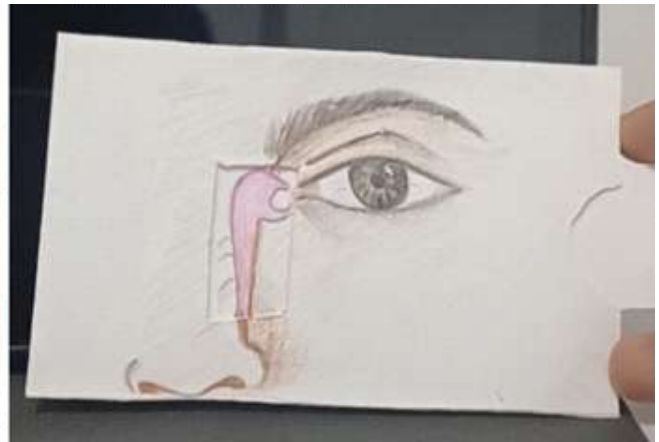
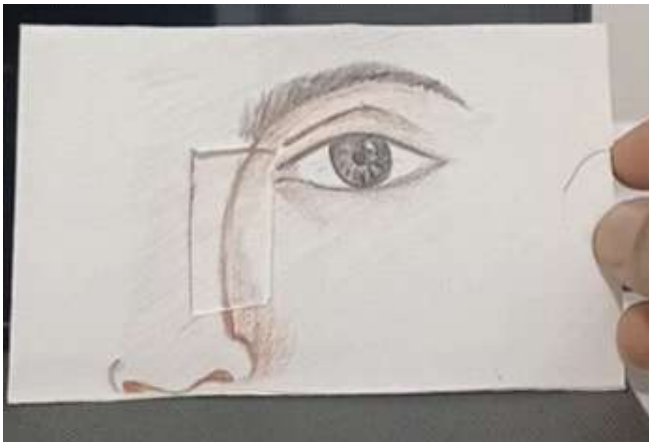
I go about it  
 Without you thinking  
 While you sleep  
 Or when you're blinking

Clamp tightly shut  
 In order to fight  
 Grains of sand  
 Every vile sight

I protect and frame  
 What shines like glass  
 But lest for me  
 Haze would trespass

I am function  
 And I am art  
 Can speak all matters  
 Of the heart

It's me they mean  
 (Don't be surprised)  
 When they say  
 "You have beautiful eyes"



A. Push & Pull Card To Explain Chronic Dacryocystitis



B. This is a clay model I made  
 for counselling patients for DCR



### Dr Jhalaksreemol KV

Oculoplasty Fellow,  
 Narayana Nethralaya





**Dr Aditya Suresh Dutt Sharma**  
Oculoplasty Fellow  
LV Prasad Eye Institute

## Retinoblastoma – Hope Beyond

In the depth those innocent eyes, where dreams take flight,  
Lies a tale of courage, a beacon of light.  
Retinoblastoma, a formidable foe,  
Yet in its shadow, hope continues to grow.

Tiny warriors, brave and bold,  
Their stories of resilience, forever told.  
Smiling ear to ear and don't know what is fear.  
In the sparkle of each determined eye,  
Lies a spirit that refuses to die.

Though darkness may loom, and fears may rise,  
Hope shines through with radiant skies.  
For in the hands of those who love and care,  
Lies the power to heal, the strength to bear.

With each cycle, a step towards the healing light,  
Guided by love, fueled by might.  
Through every battle, every trial faced,  
Hope's flame burns bright, never displaced.

So let us stand together, hand in hand,  
In the fight against this foe so grand.  
For in the heart of every child's gaze,  
Lies the hope for brighter days.

## Life in the Dark: Thyroid Warrior

She stands in front of me with her wishful eyes  
Gleaming with hope, despite endless cries  
Smiling through the turmoil in her heart,  
I wonder if I'll be able to heal her and do my part

Her life turned upside down when they noticed her "stare"  
Beaten and barred by her own, for whom she once cared  
Earlier a wife, now a mere diagnosis of 'Thyroid Eye Disease'  
Isn't it high time we make this gruesome violence cease?

With her innocent smile and a heart so pure,  
She questions me, is there an instant, magical cure ?  
I shake my head in denial urging her to hold on to me,  
Hope the day ain't far when the chains of stigma will set free!

She is a warrior, the fire within burns bright,  
She goes on to defy the darkness and seek light.  
As for the beauty, doesn't it lie in the eyes of the beholder?  
She inspires me as I ride with her on this rollercoaster!

Do you realize that ophthalmology is so much beyond 6/6?  
Psychosocial trauma is a plight even surgery won't fix!  
As I see her blink and twinkle with faith and hope,  
I wonder, is it her or is it me, who needs it more ?



**Dr Ayushi Agarwal**  
(Inspired by true events)

# OCULO – YO – ART

(Oculoplasty through the Perspective of YOs)

Team YOSI and Editorial Team YO Times 19<sup>th</sup> Issue had invited Entries for Cover Page from YOs in the form of Patient Images/ Art Work/Digital Art etc pertaining to Oculoplastics and Oculoplastic training.

Editorial team is proud to present all the beautiful entries to readers that were submitted. Each of them is unique and has a beautiful story/effort to tell from a YOs perspective for the niche subspecialty of Oculoplasty!



## Kissing Nevus Eyelid

A kissing nevus is a type of congenital compound nevus that affects equal portions of the upper and lower eyelid. Owing to its extension to the lid margins, the edges of the tumor touch or 'kiss' during closure of the lids.



**Dr Rinal Pandit**  
Consultant Glaucoma Services,  
Choithram Netralaya, Indore

## Leuco Coria

Leukocoria Or white pupillary reflex is a rare entity at current times and has multiple causes.



**Dr Anoop Kumar Singh**  
Consultant Anterior Segment Surgeon,  
ASG Eye Hospital, Varanasi





## Cavernous Sinus Fistula

Cavernous sinus fistula with massively dilated superior ophthalmic vein-60 years old female, known hypertensive patient presented with complete ptosis, visible superior ophthalmic vein medial aspect of LE, pulsatile proptosis with limitation of movement. MRI revealed dilated superior ophthalmic vein as well as cavernous sinus and finally digital subtraction angiography showed indirect cavernous sinus fistula. the patient was referred to radiology for coiling of vessels.



**Dr Gajashree S**

Senior Resident, VMMC  
Safdarjung Hospital, New Delhi



## Digital Image of the Idea of Oculoplasty

**Dr Surya D**  
Junior Resident,  
Govt. Medical College,  
Thrissur



## Colour Palette of Oculoplasty Dissection

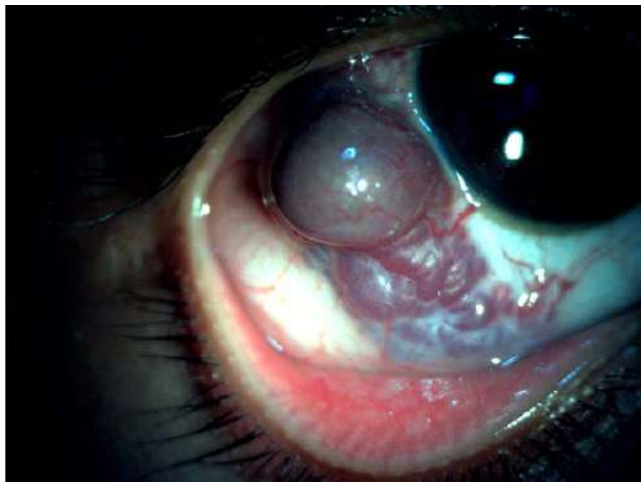


**Dr Prasanna V Ramesh**

Research Director and Glaucoma Head,  
Mahathma Eye Hospital (P) Ltd.,  
Trichy, India



9 years old girl presented with painless red mass in right eye since childhood, with sudden increase noted since 3 months. A multilobulated elevated purplish mass with dilated tortuous vessels over the temporal conjunctiva as seen in this slit lamp image. There was no lid or orbital involvement. She was diagnosed with conjunctival venolymphatic malformation in the right eye. She underwent 2 cycles of cyst aspiration and monthly sclerotherapy with bleomycin with very good response and near complete resolution.



**Dr Richa Dharap Wagh**

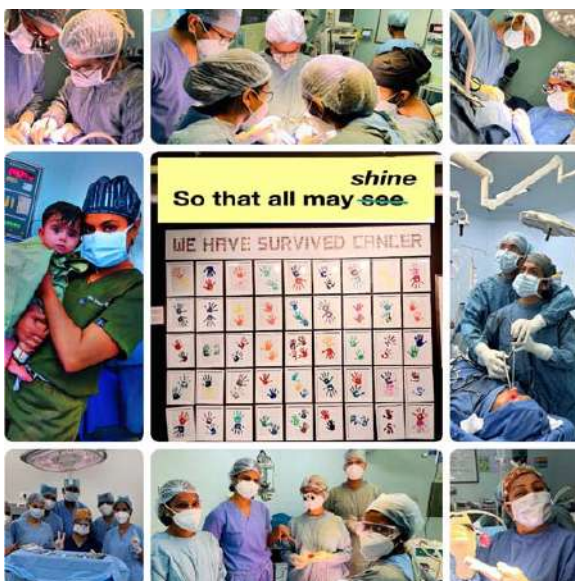
Senior Resident,  
Department of Ophthalmology,  
GMC Nagpur

A conjunctival retention glowing like a lamp under microscopic illumination against dark background



**Dr Sandeep Pal**

Fellow Ophthalmic Plastic  
Surgery and Ocular Oncology,  
SNC, Chitrukoot.

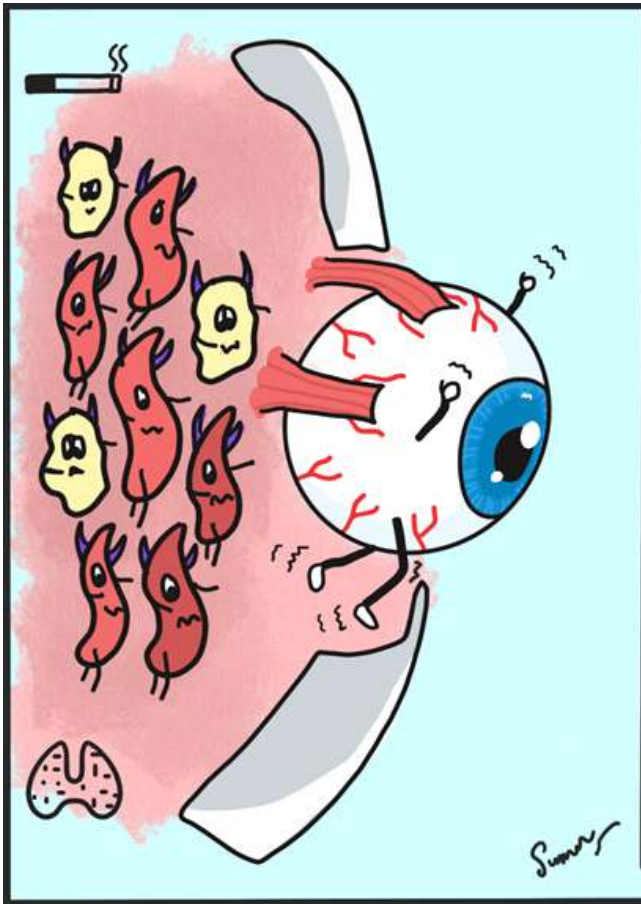


This collage is a collection of a plethora of memories and a few remarkable happening moments from our esteemed Oculoplasty Training Institute LVPEI, Hyderabad which is one of its kind. We are humbled and blessed to be trained under the tutelage such eminent surgeons in this Centre of Excellence



**Dr Sruthi R.S**

Fellow – Ophthalmic Plastic Surgery  
and Ocular Oncology,  
LV Prasad Eye Institute, Hyderabad



## Devils at Work! Pathogenesis of TED

The pathogenesis of TED has eluded us for decades. What is known is that the disease has a multifactorial ethology. A number of triggers, genetic as well as environmental set off a cascade of inflammation within the orbit. Muscles, adipose tissue as well as GAGs occupy the fixed orbital volume pushing the eyeball forward. This leads to the most common as well as most disturbing sign of TED – PROPTOSIS



**Dr Sumer Doctor**  
Fellow – Ophthalmic Plastic Surgery  
and Ocular Oncology,  
LV Prasad Eye Institute, Hyderabad

## Chronic Dacryocystitis

This is a picture in my OPD, with Chronic Dacryocystitis, before and after DCT.



**Dr Faiza Ibrahim**  
Senior Resident,  
Government Medical College  
Thrissur



IN THE MANAGEMENT OF DRY EYES

offer benefits Beyond Hydration

R<sub>X</sub>  
**Soha**

Sodium Hyaluronate 0.1% w/v sterile eye drops

Reduced  
Dosing  
Frequency<sup>1</sup>

Anti-  
inflammatory  
action<sup>3,4</sup>

Natural  
Protection<sup>1</sup>

Longer  
Retention<sup>2</sup>

Corneal Re-  
epithelialisation<sup>3,4</sup>

Osmo-  
protection<sup>5</sup>

Bioprotection<sup>5</sup>



1. Data on File 2. Mochizuki H, Yamada M, Hato S, et al. Fluorophotometric measurement of the precorneal residence time of topically applied hyaluronic acid. Br J Ophthalmol. 2008;92(1):108-11.

3. Pauloin T, et al. Corneal protection with high-molecular-weight hyaluronan against in vitro and in vivo sodium lauryl sulfate-induced toxic effects. Cornea. 2009;28(9):1032-41

4. Aragona P, Giannaccare G, Mencucci R, Rubino P, Cantera E, Rolando M. Modern approach to the treatment of dry eye, a complex multifactorial disease: a P.I.C.A.S.S.O. board review. Br J Ophthalmol. 2021 Apr;105(4):446-453

5. Christensen M, Larson T. Artificial Tears: Looking Beneath the Surface, Review of Cornea and Contact Lenses, February 2016

# Back Cover Image

## 'The making of an Eye Surgeon'

Acrylic on canvas m. 20\*24 inches

It takes a field of flaming fire for years together to allow the young resident to blossom into the fine Ophthalmic surgeon in the course of time. The flames, represented by the retina here, keep roaring to shape the surgeon for rest of his career.

The budding specialist first sees only diseases and defects. Pages after pages of research, reading, writing, of bleeding ink, tears and sweat; hours and hours of honing surgical skills on countless patients, shedding few drops of blood: of the patient and of our effort, the intense training doesn't go in vain. Then one fine day, the student masters the skill of seeing health masked by disease: of how things could be in view of how things are presently. And the surgeon spends all his learning into evoking the image seen in the lens of his mind, thus alleviating the patient of his/her issues.

As the Ophthalmologist grows and rises in experience and knowledge, the initial information that stays random like the uncoiled snakes, slowly over time becomes refined and develops a precise pattern, like the perfectly coiled snakes. And he/she begins to help patients heal, just as a snake sheds its old, diseased skin to emerge brighter, healthier and stronger. Did you know that is why the snake has, since more than a thousand years been a symbol of healing in medicine?

In all this relentless pursuit, while we blossom from a bud into a lotus as a surgeon and clinician, let's also remember this blossoming is even more necessary in the mind. The lotus in full glory represents a peaceful and enlightened mind.

It is only an enlightened mind that can truly sit back and contemplate on what this means: "The joy of doing something beautiful..."

Special note: As far as my knowledge goes and to the best of my abilities, I have ensured that all materials used for this painting are cruelty-free and vegan.



### **Dr Anuradha Ayyar**

DNB (AEH, Tirunelveli),

Fellowship in Oculoplastic Surgery & Facial Aesthetics (LVPEI, Hyderabad), FICO, FAICO.

Consultant Oculoplastic surgeon, OASES Care Center & Jupiter Hospital, Thane

ayyar.anuradha@gmail.com



Anuradha  
June 2020

**Title: 'The making of an Eye Surgeon'**

Acrylic on Canvas m. 20\*24 inches

**Dr. Anuradha Ayyar**, DNB (AEH, Tirunelveli),  
Fellowship in Oculoplastic surgery & Facial Aesthetics (LVPEI, Hyderabad), FICO, FAICO  
Consultant Oculoplastic Surgeon, OASES Care Center & Jupiter Hospital, Thane