

**ACADEMIA  
OPHTHALMOLOGICA  
BELGICA**

Viermaandelijks tijdschrift  
Périodique quadri mensuel

**INFO**



**OB**

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IN SQUARE

OPHTHALMOLOGICA BELGICA

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2023  
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XR series™**

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\*Eye-responsive defined as the consideration of two parameters in the design of the progressive lens: prescription and visual behaviour.

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Come and visit our booth 21 @ OB2023. Our team of specialists will be happy to  
show and demonstrate them to you.

# VOORWOORD - PREFACE



Dear colleagues,

For over 30 years now, the Belgian ophthalmology community has been getting into the habit of being together in November. It is therefore, with renewed pleasure, that I invite you to OB 2023. The OC has been working for a year to organise a congress that I'm sure will delight you once again.

The current location has won over all the ophthalmologists, but over the next few years we will have to cope with an increase in rental costs. All this will be the subject of a discussion to which all the scientific societies will be invited. I am convinced that, together, we will find a solution to what many in the world would rightly consider as an insignificant detail. Indeed, it is impossible for me not to mention how fortunate we are to be able to continue to live and work in a part of the world that is still at peace.

So I wish you all a fine autumn and look forward to seeing you all again at OB2023.

**Dr. Van Acker E.**

AOB President



## IN MEMORIAM



Fatiguée de ce long parcours,  
je m'en vais me reposer  
et rêver de ceux qui me sont chers...



# IN MEMORIAM



## De Heer **Carl De Keukeleere**

echtgenoot van mevrouw Dominique Frérot

geboren te Kortrijk op 23 februari 1957  
en overleden te Maarkedal op 22 augustus 2023

Dit melden u diepbedroefd:

Dominique Frérot

zijn echtgenote

Jean-Charles en Julie De Keukeleere - Werbrouck

Emma, Alix, Marilou

Pieter en Marie-Emilie Haspeslagh - De Keukeleere

Anna, ♥

Julien De Keukeleere †

zijn kinderen en kleinkinderen

# Ranivisio<sup>®</sup>, the first reimbursed biosimilar of Lucentis<sup>®\*</sup> (ranibizumab), is now available in Belgium & Luxembourg<sup>1,2</sup>

See what Ranivisio<sup>®</sup> could do for your patients.



▼ This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information.  
Healthcare professionals are asked to report any suspected adverse reactions. See section 4.8 for how to report adverse reactions.

\* Lucentis<sup>®</sup> is a licensed product of Novartis Europharm Limited.

Ranivisio<sup>®</sup> is indicated in adults for the treatment of: neovascular (wet) age-related macular degeneration (AMD); visual impairment due to diabetic macular oedema (DME); proliferative diabetic retinopathy (PDR); visual impairment due to macular oedema secondary to retinal vein occlusion (branch RVO or central RVO); visual impairment due to choroidal neovascularisation (CNV).<sup>1</sup>



**NAME OF THE MEDICINAL PRODUCT:** Ranivisio 10 mg/ml solution for injection. **QUALITATIVE AND QUANTITATIVE COMPOSITION:** One ml contains 10 mg ranibizumab\*. Each vial contains 2.3 mg of ranibizumab in 0.23 ml solution. This provides a usable amount to deliver a single dose of 0.05 ml containing 0.5 mg ranibizumab to adult patients. \*Ranibizumab is a humanised monoclonal antibody fragment produced in *Escherichia coli* cells by recombinant DNA technology. For the full list of excipients, see section 6.1. **CLINICAL PARTICULARS:** **Therapeutic indications:** Ranivisio is indicated in adults for: • The treatment of neovascular (wet) age-related macular degeneration (AMD); • The treatment of visual impairment due to diabetic macular oedema (DME); • The treatment of proliferative diabetic retinopathy (PDR); • The treatment of visual impairment due to macular oedema secondary to retinal vein occlusion (branch RVO or central RVO); • The treatment of visual impairment due to choroidal neovascularisation (CNV). **Posology and method of administration:** Ranivisio must be administered by a qualified ophthalmologist experienced in intravitreal injections. **Posology:** **Adults:** The recommended dose for Ranivisio in adults is 0.5 mg given as a single intravitreal injection. This corresponds to an injection volume of 0.05 ml. The interval between two doses injected into the same eye should be at least four weeks. Treatment in adults is initiated with one injection per month until maximum visual acuity is achieved and/or there are no signs of disease activity i.e. no change in visual acuity and in other signs and symptoms of the disease under continued treatment. In patients with wet AMD, DME, PDR and RVO, initially, three or more consecutive, monthly injections may be needed. Thereafter, monitoring and treatment intervals should be determined by the physician and should be based on disease activity, as assessed by visual acuity and/or anatomical parameters. If, in the physician's opinion, visual and anatomic parameters indicate that the patient is not benefiting from continued treatment, Ranivisio should be discontinued. Monitoring for disease activity may include clinical examination, functional testing or imaging techniques (e.g. optical coherence tomography or fluorescein angiography). If patients are being treated according to a treat-and-extend regimen, once maximum visual acuity is achieved and/or there are no signs of disease activity, the treatment intervals can be extended stepwise until signs of disease activity or visual impairment recur. The treatment interval should be extended by no more than two weeks at a time for wet AMD and may be extended by up to one month at a time for DME. For PDR and RVO, treatment intervals may also be gradually extended, however there are insufficient data to conclude on the length of these intervals. If disease activity recurs, the treatment interval should be shortened accordingly. The treatment of visual impairment due to CNV should be determined individually per patient based on disease activity. Some patients may only need one injection during the first 12 months; others may need more frequent treatment, including a monthly injection. For CNV secondary to pathologic myopia (PM), many patients may only need one or two injections during the first year (see section 5.1). **Ranibizumab and laser photocoagulation in DME and in macular oedema secondary to BRVO:** There is some experience of ranibizumab administered concomitantly with laser photocoagulation (see section 5.1). When given on the same day, Ranivisio should be administered at least 30 minutes after laser photocoagulation. Ranivisio can be administered in patients who have received previous laser photocoagulation. **Ranibizumab and verteporfin photodynamic therapy in CNV secondary to PM:** There is no experience of concomitant administration of ranibizumab and verteporfin. **Special populations:** **Hepatic impairment:** Ranibizumab has not been studied in patients with hepatic impairment. However, no special considerations are needed in this population. **Renal impairment:** Dose adjustment is not needed in patients with renal impairment (see section 5.2). **Elderly:** No dose adjustment is required in the elderly. There is limited experience in patients older than 75 years with DME. **Paediatric population:** The safety and efficacy of ranibizumab in children and adolescents below 18 years of age have not been established. Available data in adolescent patients aged 12 to 17 years with visual impairment due to CNV are described in section 5.1 but no recommendation on a posology can be made. **Method of administration:** Single-use vial for intravitreal use only. Since the volume contained in the vial (0.23 ml) is greater than the recommended dose (0.05 ml for adults), a portion of the volume contained in the vial must be discarded prior to administration. Ranivisio should be inspected visually for particulate matter and discolouration prior to administration. The injection procedure should be carried out under aseptic conditions, which includes the use of surgical hand disinfection, sterile gloves, a sterile drape and a sterile eyelid speculum (or equivalent) and the availability of sterile paracentesis (if required). The patient's medical history for hypersensitivity reactions should be carefully evaluated prior to performing the intravitreal procedure (see section 4.4). Adequate anaesthesia and a broad-spectrum topical microbicidic to disinfect the periocular skin, eyelid and ocular surface should be administered prior to the injection, in accordance with local practice. **Adults:** In adults the injection needle should be inserted 3.5–4.0 mm posterior to the limbus into the vitreous cavity, avoiding the horizontal meridian and aiming towards the centre of the globe. The injection volume of 0.05 ml is then delivered; a different scleral site should be used for subsequent injections. For instructions on preparation of the medicinal product before administration, see section 6.6. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed in section 6.1. Patients with active or suspected ocular or periocular infections. Patients with active severe intraocular inflammation. **Undesirable effects:** Summary of the safety profile: The majority of adverse reactions reported following administration of ranibizumab are related to the intravitreal injection procedure. The most frequently reported ocular adverse reactions following injection of ranibizumab are: eye pain, ocular hyperaemia, increased intraocular pressure, vitritis, vitreous detachment, retinal haemorrhage, visual disturbance, vitreous floaters, conjunctival haemorrhage, eye irritation, foreign body sensation in eyes, increased lacrimation, blepharitis, dry eye, ocular hyperaemia, eye pruritis. The most frequently reported non-ocular adverse reactions are headache, nasopharyngitis and arthralgia. Less frequently reported, but more serious, adverse reactions include endophthalmitis, blindness, retinal detachment, retinal tear and iatrogenic traumatic cataract (see section 4.4). The adverse reactions experienced following administration of ranibizumab in clinical trials are summarised in the table below. Tabulated list of adverse reactions<sup>2</sup>. The adverse reactions are listed by system organ class and frequency using the following convention: very common ( $\geq 1/10$ ), common ( $\geq 1/100$  to  $< 1/10$ ), uncommon ( $\geq 1/1,000$  to  $< 1/100$ ), rare ( $\geq 1/10,000$  to  $< 1/1,000$ ), very rare ( $< 1/10,000$ ), not known (cannot be estimated from the available data). Within each frequency grouping, adverse reactions are presented in order of decreasing seriousness. **Infections and infestations:** **Very common:** Nasopharyngitis. **Common:** Urinary tract infection\*. **Blood and lymphatic system disorders:** **Common:** Anaemia. **Immune system disorders:** **Common:** Hypersensitivity. **Psychiatric disorders:** **Common:** Anxiety. **Nervous system disorders:** **Very common:** Headache. **Eye disorders:** **Very common:** Vitritis, vitreous detachment, retinal haemorrhage, visual disturbance, eye pain, vitreous floaters, conjunctival haemorrhage, eye irritation, foreign body sensation in eyes, lacrimation increased, blepharitis, dry eye, ocular hyperaemia, eye pruritis. **Common:** Retinal degeneration, retinal disorder, retinal detachment, retinal tear, detachment of the retinal pigment epithelium, retinal pigment epithelium tear, visual acuity reduced, vitreous haemorrhage, uveitis, iritis, iridocyclitis, cataract, cataract subcapsular, posterior capsule opacification, punctuate keratitis, corneal abrasion, anterior chamber flare, vision blurred, injection site haemorrhage, eye haemorrhage, conjunctivitis, conjunctivitis allergic, eye discharge, photopsia, photophobia, ocular discomfort, eyelid oedema, eyelid pain, conjunctival hyperaemia. **Uncommon:** Blindness, endophthalmitis, hypopyon, hyphaema, keratopathy, iris adhesion, corneal deposits, corneal oedema, corneal striae, injection site pain, injection site irritation, abnormal sensation in eye, eyelid irritation. **Respiratory, thoracic and mediastinal disorders:** **Common:** Cough. **Gastrointestinal disorders:** **Common:** Nausea. **Skin and subcutaneous tissue disorders:** **Common:** Allergic reactions (rash, urticaria, pruritus, erythema). **Musculoskeletal and connective tissue disorders:** **Very common:** Arthralgia. **Investigations:** **Very common:** Intraocular pressure increased.\* Adverse reactions were defined as adverse events (in at least 0.5 percentage points of patients) which occurred at a higher rate (at least 2 percentage points) in patients receiving treatment with ranibizumab 0.5 mg than in those receiving control treatment (sham or verteporfin PDT). \* observed only in DME population. Product-class-related adverse reactions: In the wet AMD phase III studies, the overall frequency of non-ocular haemorrhages, an adverse event potentially related to systemic VEGF (vascular endothelial growth factor) inhibition, was slightly increased in ranibizumab-treated patients. However, there was no consistent pattern among the different haemorrhages. There is a theoretical risk of arterial thromboembolic events, including stroke and myocardial infarction, following intravitreal use of VEGF inhibitors. A low incidence rate of arterial thromboembolic events was observed in the ranibizumab clinical trials in patients with AMD, DME, PDR, RVO and CNV and there were no major differences between the groups treated with ranibizumab compared to control. **Reporting of suspected adverse reactions:** Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions: • in Belgium via the Federaal agentschap voor geneesmiddelen en gezondheidsproducten-Afdeling Vigilantie-Postbus 97, 1000 BRUSSEL Madou-Website: [www.eenbijjwerkingmelden.be](http://www.eenbijjwerkingmelden.be)-e-mail: [adrf@fagc.be](mailto:adrf@fagc.be); • and in Luxembourg via the Centre Régional de Pharmacovigilance de Nancy of Division de la pharmacie et des médicaments de la Direction de la santé – Website: [www.santech.lu/pharmacovigilance](http://www.santech.lu/pharmacovigilance). **MARKETING AUTHORISATION HOLDER:** Midas Pharma GmbH, Rheinstraße 49, D-55218 Ingelheim, Germany. **MARKETING AUTHORISATION NUMBER(S):** EU/1/22/1673/001. **SUPPLY:** Medicinal product subject to medical prescription. **DATE OF REVISION OF THE TEXT:** 08/2023. Detailed information on this medicinal product is available on the website of the European Medicines Agency <http://www.ema.europa.eu>.

References: 1. Ranivisio<sup>®</sup> (Ranibizumab Midas 10 mg/ml solution for injection) Summary of Product Characteristics. Aug 2023. 2. Holz FG et al. Ophthalmology. 2022;129(1): 54–63 and Supplementary Appendix.

# Lens Implantation - 30 Years of Progress

## translated into Chinese in 2023

**1982**

"Lens Implantation - 30 Years of Progress" by P.Leonard and J.Rommel published in Bull. Soc.Belge.Ophthal Nr.194 and in the same year, distributed world wide by Dr. W.Junk Publishers.

**July 2020**

Mrs.Verlaeckt, secretary of Academia Ophthalmologica Belgica, informed us of an email she received from Prof. Xiulang Xia, Dean International Studies, at the Jiujiang University, China.

*"One of my good friends, Dr. Jian Huang, is a chief ophthalmologist working in Jiujiang University Hospital . The book "Lens Implantation—30 Years of Progress" is one of his favourite ones and has accompanying him for decades. He has a desire to translate the book into Chinese and be published in China. So on the behalf of him, I write you to help us in contacting the authors.*

**2020 – 2023**

We didn't hesitate in giving our full support to Prof. Dr. Jian Huang. Clearance from original publishers' copy rights was obtained and we transmitted to him digitalized pictures from our original slides.

**September 2023**

### Foreword (extracts) by Prof. Jian Huang, Jiujiang University Hospital

*In the early of 1990s, when I came to know the book "Lens implantation 30 Years of Progress", I was deeply attracted by it. At that time, there was not yet a book in China that could provide a detailed introduction to intraocular lens implants like this one. I was very lucky to have this book and read it carefully. I hope by translating this book to share the knowledge contained in it with many ophthalmologists in China.*

*This book helped us very clearly learn the various types of lenses that have emerged in the process of lens implantation development, including their manufacture, sterilization, calculation of lens power, implantation surgery, surgical complications, and so on.*

*For these reasons, although so many years have passed, I believe that this monograph is a historical document that can never be outdated. As ophthalmologists, we must not forget the history of the development of lens implant surgery. Even now, the content of the book still has guiding significance.*





## Charles Emmanuel Schelfhout

Prix - Prize - Prijs

Concours INTERNATIONAL de Dessin et de Peinture pour Malvoyants  
INTERNATIONAL Drawing and Painting Competition for the Visually Impaired  
Internationaal Teken- en Schilder Wedstrijd voor slechtzienden  
2023

Amis des artistes malvoyants,  
Vrienden van slechtziende artiesten,  
Friends of visually impaired artists,

### **Votez pour le Prix du public !**

Le gagnant recevra un magnifique cadeau de l'un de nos généreux sponsors.  
Cliquez sur le bouton «Votez» et découvrez toutes les œuvres provenant de Belgique, du Brésil, de Bulgarie, de France, de l'île de la Réunion, d'Islande, des Pays-Bas, de Russie et de Serbie ! N'hésitez pas à envoyez ce mail à vos amis et connaissances ...  
Faites le passer plus loin !  
Chaleureusement.

### **Vote for the People's Choice Award !**

The winner will receive a magnificent gift from one of our generous sponsors.  
Click on the "Vote" button and discover all the entries from Belgium, Brazil, Bulgaria, France, Reunion Island, Iceland, the Netherlands, Russia and Serbia!  
Don't hesitate to send this e-mail to your friends and acquaintances ...  
Pass it on!  
Yours sincerely

### **Stem voor de publieksprijs !**

De winnaar ontvangt een prachtig cadeau van een van onze gulle sponsors.  
Klik op de "Stem" knop en ontdek alle inzendingen uit België, Brazilië, Bulgarije, Frankrijk, Réunion Island, IJsland, Nederland, Rusland en Servië!  
Aarzel niet om deze e-mail door te sturen naar je vrienden en kennissen ...  
Geef het door!  
Met vriendelijke groet  
Charles Emmanuel Schelfhout, Président

**Votez - Vote - Stem**

Avant le 1er décembre - Before December 1 - Vóór 1 december



Pour suivre nos actualités, suivez-nous sur Facebook :

[www.schelfhout-art.be](http://www.schelfhout-art.be)

[www.artandlowvision.be](http://www.artandlowvision.be)

[info@artandlowvision.be](mailto:info@artandlowvision.be)

# ENSEIGNEMENT POST-UNIVERSITAIRE D'OPHTALMOLOGIE 2023-2024

Conférences organisées par le Service d'Ophtalmologie de l'Université de Liège

**Début des exposés: 20 heures**

**Mardi 7 novembre 2023**

**Les dystrophies cornéennes de Fuchs**  
Pr. B.Duchesne (CHU)

**Mardi 19 décembre 2023**

**La réponse pénale face aux agressions du personnel médical sur le lieu du travail\***  
Mtre C.Collignon  
Pr. N.Collignon (CHU)

**Mardi 30 janvier 2024**

**Cas inhabituels de la cliniques ophtalmologique du CHR et du CHU**  
Dr .F.Korczewski (CHR)  
Pr. JM. Rakic (CHU)

**Mardi 20 février 2024**

**Prise en charge multidisciplinaire de l'artérite à cellules géantes: médecins ouvrez l'oeil**  
Dr. AC. Chapelle (CHU), Dr. M. Moonen (CHU),  
Dr. M. Sprynger (CHU), Dr. N. Lambert (CHU),  
Dr. O. Malaise (CHU)

**Mardi 26 mars 2024**

**L'Hypophyse dévoilée, approche en 3 temps**  
Dr. C. Andris (CHU), Dr. N. Potorac (CHU), Dr. G. Reuter (CHU)

**Mardi 23 avril 2024**

**Le vieillissement cérébral en IRM**  
Dr. M. Tebache (CHR)

**Mardi 21 mai 2024**

**Quand la neuro-ophtalmologie rencontre la rétine**  
Dr. A.Kozyreff (UCL)

**Mardi 25 juin 2024**

**Uvéitis et syndrome de masquerade non néoplasique**  
Pr. F. Willermain (CHU)

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**\*Accréditation éthique et économie demandée**

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**Lieu:** Château de Colonster - Allée des Erables - 4000 Liège

**Accès au Château de Colonster**

*Venant de BXL ou de Namur, prendre la E25 direction Luxembourg, sortie 40 (Embourg), l'entrée du château se situe sur la première route à droite dans la montée vers le Sart-Tilman.*

# Manama

Dec. 9  
2023

2023 Master after Master course organized by the  
Collegium Ophthalmologicum Belgica

## STRABISMUS and PEDIATRIC OPHTHALMOLOGY

SATURDAY, December 9, 2023 - 09:00 - 16:00

Hosted by

Prof. Antonella Boschi and Dr Coralie Hemptinne

**Venue:**

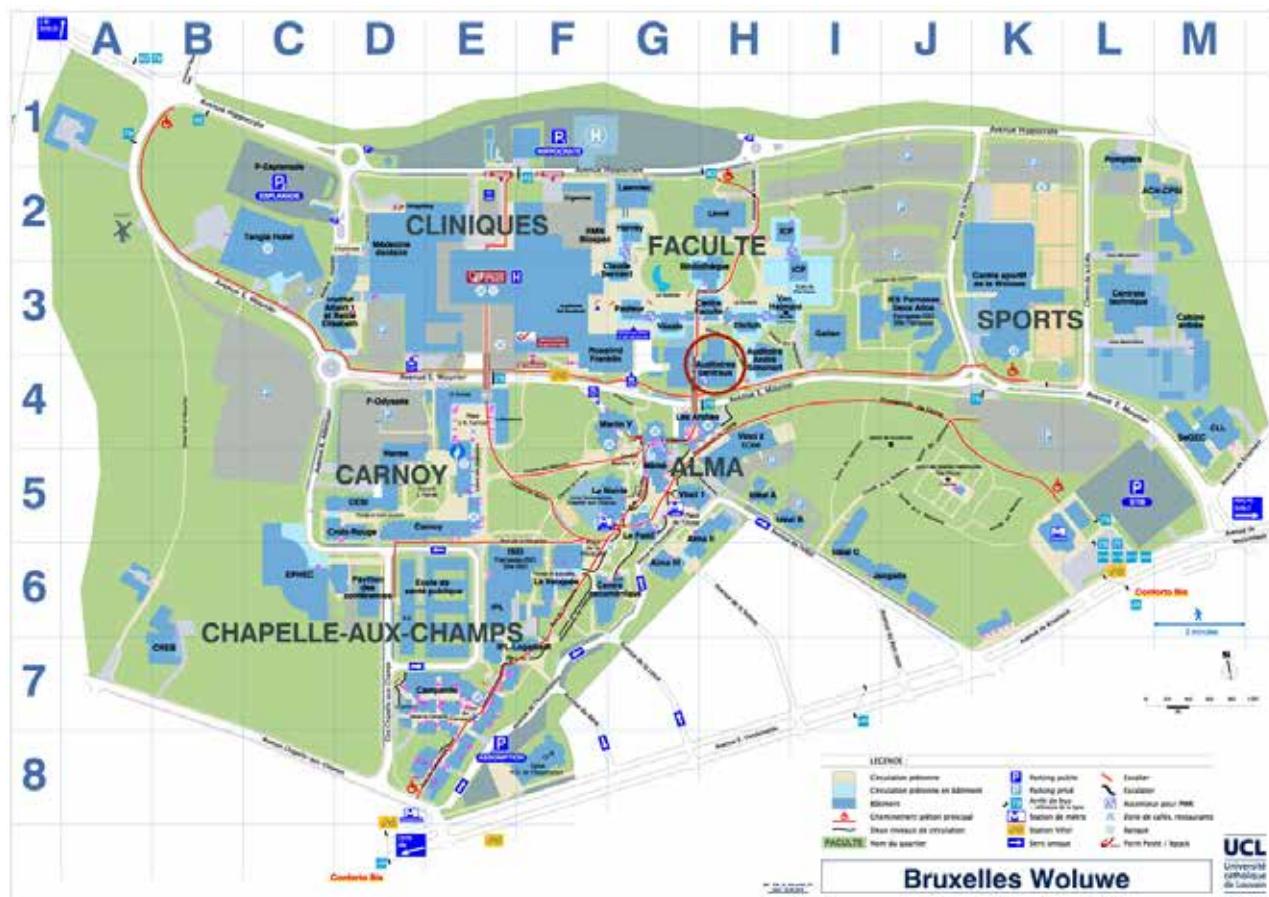
Cliniques Universitaires Saint-Luc  
Auditoire 51C, in the "Auditoires centraux"

**Programme:** see next page.

**Registration:**

Ophthalmologia.be, login and go to:  
"My Payments"

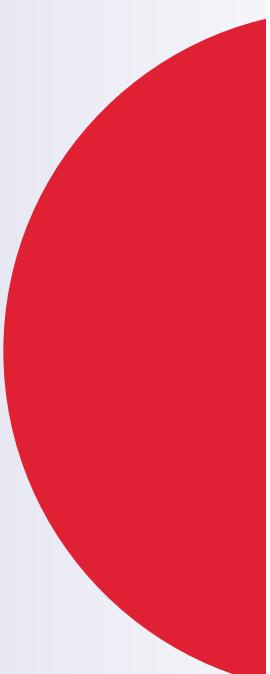
Accreditation will be requested.



# MaNaMa December 9, 2023

## PROGRAMME

09:00 - 09:20	<b>Amblyopia</b> <i>Pr. L. Postolache (ULB)</i>
09:20 - 10:00	<b>Diagnostic and management of comitant and incomitant strabismus</b> <i>Dr C. Andris (ULiège), Pr. C. Cassiman (UZ Leuven), Dr C. Hemptinne (UCLouvain)</i>
10:00 - 10:20	<b>Nystagmus in children</b> <i>Pr. I. Casteels (UZ Leuven)</i>
10:20 - 11:00	Pause
10:40 - 11:00	<b>Orbito-palpebral and lacrymal pathologies in children</b> <i>Pr. I. Mombaerts (UZ Leuven), Dr S. Vandelanotte (AZ Sint-Jan, Brugge)</i>
11:00 - 11:20	<b>Myopia</b> <i>Dr P. Delbeke (AZ Sint-Jan, Brugge)</i>
11:20 - 11:40	<b>Congenital pathologies of cornea</b> <i>Pr. S. Ni Dhubhghaill (UZ Brussel)</i>
11:40 - 12:00	<b>Acquired corneal pathologies in children</b> <i>Pr. B. Duchesne (ULiège)</i>
12:00 - 13:00	Lunch break
13:00 - 13:20	<b>Pediatric glaucoma</b> <i>Dr Buisseret (ULB)</i>
13:20 - 13:40	<b>Pediatric cataract and other pathologies of the lens</b> <i>Pr. M. J. Tassignon, Dr L. Van Os (UZA)</i>
13:40 - 14:00	<b>Optic nerve oedema and optic neuropathies in children</b> <i>Dr M. Coutel (UCLouvain)</i>
14:00 - 14:20	<b>Glioma and other tumors of the visual pathways</b> <i>Pr. C. Parsa (ULB)</i>
14:20 - 14:40	Pause
14:40 - 15:00	<b>Leukocoria in children</b> <i>Dr P. Bartoszek (UCLouvain) and Dr F. Nerinckx (UGent)</i>
15:00 - 15:20	<b>Hereditary retinopathies in children</b> <i>Pr B. Leroy (UGent)</i>
15:20 - 15:40	<b>Pediatric uveitis and chorio-retinitis</b> <i>Pr F. Willermain (ULB)</i>
15:40 - 16:00	<b>Ocular manifestations of systemic diseases</b> <i>Pr. A. Boschi (UCLouvain)</i>
16:00	<b>End of programme</b>



Register now

# **XXXV Annual Meeting of the European Eye Bank Association**

**Cell and Tissue Engineering:  
a Changing Landscape**

**March 7 - 9, 2024 | A ROOM WITH  
A ZOO ANTWERP, BELGIUM**

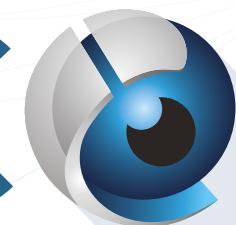
More info? Scan the QR code or  
visit <https://2024.eeba.eu>



**UZA'**  Universiteit  
Antwerpen



ANNUAL MEETING  
**AMICO**  
Clinical Ophthalmology **2024**



**SATURDAY  
MARCH 23  
2024**



[www.ophthalmologia.be](http://www.ophthalmologia.be)

**SAVE  
THE  
DATE**

**VIRTUAL CONGRESS**

**Organized by Academia Ophthalmologica Belgica**

Accreditation will be requested.

50<sup>th</sup>  
Anniversary  
Congress

# ISTANBUL

April 26-27 2024



Hilton Istanbul Bomonti Hotel & Conference Center

Istanbul, Turkey

April 26-27<sup>th</sup> 2024

## 2024 TOPICS:

- Presbyopia Contact Lenses
- Contact Lens Pros & Cons Debates
  - children, allergy & ocular surface, keratoconus
- Highlights of the TFOS Report
- Contact Lens Solutions
- Myopia Management

Abstract  
deadline  
February 1<sup>st</sup>  
2024



EUROPEAN CONTACT LENS SOCIETY  
OF OPHTHALMOLOGISTS (ECLSO)

eclso2024.com





**ESA•ISA 2024**

EUROPEAN AND INTERNATIONAL  
STRABISMOLGICAL ASSOCIATIONS

12-15 june 2024  
TOULOUSE, FRANCE

[WWW.ESA-ISA2024.ORG](http://WWW.ESA-ISA2024.ORG)



ESA

# SAVE THE DATE

# ESA•ISA 2024

**Joint Meeting of the European and International  
Strabismological Associations**

12-15 JUNE 2024 - Toulouse, France



[www.esa-isa2024.org](http://www.esa-isa2024.org)

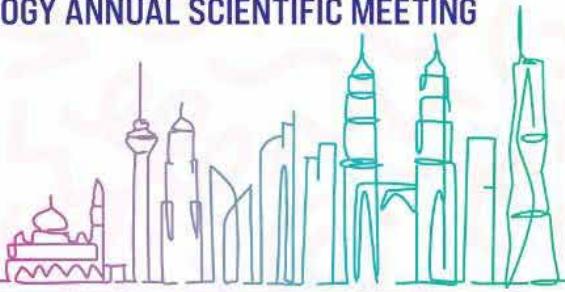
[registration@esa-isa2024.org](mailto:registration@esa-isa2024.org)



11-13 JULY 2024 KUALA LUMPUR, MALAYSIA

## 5<sup>th</sup> WORLD CONGRESS OF PAEDIATRIC OPHTHALMOLOGY & STRABISMUS

*in conjunction with*  
**THE 13<sup>th</sup> MALAYSIAN SOCIETY OF OPHTHALMOLOGY ANNUAL SCIENTIFIC MEETING**





# **INFO**

**What's Happening ?**  
Congresses - meetings - courses - ...

## **CALENDAR**

## CONGRESS CALENDAR

18 November 2022	<b>EUPO 2022 Course on Orbit and Oculoplastics</b> Virtual <a href="https://www.eupo.eu/page.php?edi_id=1">https://www.eupo.eu/page.php?edi_id=1</a> The EUPO Courses follows the four viva voce topics of the European Board of Ophthalmology Diploma Examination. The 2022 EUPO Autumn Course, will cover Orbit and Oculoplastics. Course Directors: Dr Jacques LASUDRY and Prof. Pierre-Yves Robert. They have designed a superb program and have selected and invited a leading faculty from across Europe. Registration is open through the EUPO website and where you can also view to program.
3-6 November 2023	<b>AAO 2023 - American Academy of Ophthalmology</b> San Francisco, Moscone Center, USA <a href="https://www.aao.org/annual-meeting">https://www.aao.org/annual-meeting</a>
07 November 2023	<b>Enseignement Post-Universitaire d'Ophtalmologie 2023-2024</b> Château de Colonster : Allée des Erables, 4000 Liège <b>Les dystrophies cornéennes de Fuchs</b> Pr.B.Duchesne (CHU) Conférences organisées par le Service d'Ophtalmologie de l'Université de Liège Parking gratuit sur place. Début des exposés: 20.00 heures
22-24 November 2023	<b>OB 2023</b> SQUARE, Brussels Meeting Center <a href="http://www.ophthalmologia.be">www.ophthalmologia.be</a>
23-25 November 2023	<b>10th EPOMEC</b> Dubai, United Arab Emirates <a href="https://www.epomec.ae/">https://www.epomec.ae/</a> admin@epomec.ae
19 December 2023	<b>Enseignement Post-Universitaire d'Ophtalmologie 2023-2024</b> Château de Colonster : Allée des Erables, 4000 Liège <b>La réponse pénale face aux agressions du personnel médical sur le lieu du travail</b> Mtre C.Collignon Pr.N.Collignon (CHU) Accréditation éthique et économique demandée. Conférences organisées par le Service d'Ophtalmologie de l'Université de Liège Parking gratuit sur place. Début des exposés: 20.00 heures
8 January -2 February 2024	<b>BSCO 2024 - Basic Science Course in Ophthalmology</b> Presbyterian Hospital Building, New York <a href="https://www.vagelos.columbia.edu/departments-centers/ophthalmology/education/basic-science-course-ophthalmology">https://www.vagelos.columbia.edu/departments-centers/ophthalmology/education/basic-science-course-ophthalmology</a> pag2109@cumc.columbia.edu Patricia Galvin The month-long Live Basic Science Course in Ophthalmology incorporates over 125 hours of lectures and workshops by a faculty of over 80 distinguished experts. Course Director - Professor Ronald Silverman.
30 January 2024	<b>Enseignement Post-Universitaire d'Ophtalmologie 2023-2024</b> Château de Colonster : Allée des Erables, 4000 Liège <b>Cas inhabituels de la cliniques ophtalmologique du CHR et du CHU</b> Dr .F.Korczewski (CHR) Pr. JM. Rakic (CHU) Conférences organisées par le Service d'Ophtalmologie de l'Université de Liège Parking gratuit sur place. Début des exposés: 20.00 heures

<b>20</b>	<b>February</b>	<b>2024</b>	<b>Enseignement Post-Universitaire d'Ophtalmologie 2023-2024</b> Château de Colonster : Allée des Erables, 4000 Liège <b>Prise en charge multidisciplinaire de l'artérite à cellules géantes: médecins ouvrez l'oeil</b> Dr. AC. Chapelle (CHU), Dr. M. Moonen (CHU), Dr. M. Sprynger (CHU), Dr. N. Lambert (CHU), Dr. O. Malaise (CHU) Conférences organisées par le Service d'Ophtalmologie de l'Université de Liège Parking gratuit sur place. Début des exposés: 20.00 heures
<b>15-16</b>	<b>March</b>	<b>2024</b>	<b>COPHY 2024</b> Athens, Greece <a href="http://cophy.comtecmed.com">cophy.comtecmed.com</a> The 15th Annual Congress on Controversies in Ophthalmology.
<b>16</b>	<b>March</b>	<b>2024</b>	<b>SBO Réunion de Printemps 2024</b> Namur <a href="https://ophtanet.be/user/login">https://ophtanet.be/user/login</a> laurent.levecq@chuclnamur.uclouvain.be Dr Laurent Levecq Thème: Errare humanum est.
<b>23</b>	<b>March</b>	<b>2024</b>	<b>AMICO 2024, Annual Meeting in Clinical Ophthalmology</b> Virtual <b>AMICO - Annual Meeting in Clinical Ophthalmology</b> Joint Meeting of the AOB Societies
<b>26</b>	<b>March</b>	<b>2024</b>	<b>Enseignement Post-Universitaire d'Ophtalmologie 2023-2024</b> Château de Colonster : Allée des Erables, 4000 Liège <b>L'Hypophyse dévoilée, approche en 3 temps</b> Dr. C. Andris (CHU), Dr. N. Potorac (CHU), Dr. G. Reuter (CHU) Conférences organisées par le Service d'Ophtalmologie de l'Université de Liège Parking gratuit sur place. Début des exposés: 20.00 heures
<b>23</b>	<b>April</b>	<b>2024</b>	<b>Enseignement Post-Universitaire d'Ophtalmologie 2023-2024</b> Château de Colonster : Allée des Erables, 4000 Liège <b>Le vieillissement cérébral en IRM</b> Dr. M. Tebache (CHR) Conférences organisées par le Service d'Ophtalmologie de l'Université de Liège Parking gratuit sur place. Début des exposés: 20.00 heures
<b>26-27</b>	<b>April</b>	<b>2024</b>	<b>ECLSO 2024 Congress - European Contact Lens &amp; Ocular Surface Congress</b> Hilton Hotel Bomonti, Istanbul, Turkey <a href="https://www.eclso.eu/">https://www.eclso.eu/</a>
<b>5-9</b>	<b>May</b>	<b>2024</b>	<b>ARVO 2024</b> Seattle, USA <a href="http://www.arvo.org">www.arvo.org</a>
<b>16-18</b>	<b>May</b>	<b>2024</b>	<b>TIR 2024 - Trends in Retina - Congress</b> IMO Barcelona, Spain <a href="http://www.trendsinretina.com/">www.trendsinretina.com/</a> Advances, Surgeries, Research and Future Therapies

## CONGRESS CALENDAR

21 May	2024	<b>Enseignement Post-Universitaire d'Ophtalmologie 2023-2024</b> Château de Colonster : Allée des Erables, 4000 Liège <b>Quand la neuro-ophtalmologie rencontre la rétine</b> Dr.A.Kozyreff (UCL) Conférences organisées par le Service d'Ophtalmologie de l'Université de Liège Parking gratuit sur place. Début des exposés: 20.00 heures
12-15 June	2024	<b>ESA - ISA 2024 European &amp; International Strabismological Associations</b> Toulouse, France <a href="https://esa-isa2024.org">https://esa-isa2024.org</a> registration@esa-isa2024.org
25 June	2024	<b>Enseignement Post-Universitaire d'Ophtalmologie 2023-2024</b> Château de Colonster : Allée des Erables, 4000 Liège <b>Uvéitis et syndrome de masquerade non néoplasique</b> Pr. F. Willermain (CHU) Conférences organisées par le Service d'Ophtalmologie de l'Université de Liège Parking gratuit sur place. Début des exposés: 20.00 heures
11-13 July	2024	<b>WSPOS - World Society of Paediatric Ophthalmology &amp; Strabismus</b> Kuala Lumpur, Malaysia <a href="https://www.wspos.org/">https://www.wspos.org/</a> World Congress of Paediatric Ophthalmology & Strabismus organised by WSPOS in conjunction with the Malaysian Society of Ophthalmology.
11-13 July	2024	<b>WSPOS - World Congress of Paediatric Ophthalmology &amp; Strabismus</b> Kuala Lumpur, Malaysia <a href="http://www.wspos.org">www.wspos.org</a> WSPOS organized by the World Society of Paediatric Ophthalmology & Strabismus in conjunction with the Malaysian Society of Ophthalmology.
16-19 August	2024	<b>World Ophthalmology Congress - WOC 2024</b> Vancouver Convention Centre in British Columbia, Canada <a href="https://icoph.org/world-ophthalmology-congress/">https://icoph.org/world-ophthalmology-congress/</a>
20-21 September	2024	<b>EPOS 2024</b> Paris <a href="https://www.epos-focus.org/">https://www.epos-focus.org/</a>
27-29 November	2024	<b>OB 2024</b> SQUARE, Brussels Meeting Center <a href="http://www.ophthalmologia.be">www.ophthalmologia.be</a>
4-8 May	2025	<b>ARVO 2025</b> Austin, USA <a href="http://www.arvo.org">www.arvo.org</a>
7-9 June	2025	<b>SOE 2025</b> Multi-Specialty Ophthalmic Meeting for general and specialist Ophthalmologists
26-28 November	2025	<b>OB 2025</b> SQUARE, Brussels Meeting Center <a href="http://www.ophthalmologia.be">www.ophthalmologia.be</a>



# **INFO**

**KLEINE  
AANKONDIGINGEN**  
**PETITES ANNONCES**

## KLEINE AANKONDIGINGEN / PETITES ANNONCES

7/11/2023

**UFSK 500 XLE** Efficiënte en ergonomische stoel voor poliklinische chirurgie. Gloednieuw. 13.750 HTVA

<https://www.ufsk-osys.com/en/products/surgical-tables-treatment-chairs/500-xle/>

Tel. **081/355668** – email: [Info@cdbv.be](mailto:Info@cdbv.be)

7/11/2023

### **OOGCENTRUM SCHILDE ZOEKT JONGE / DYNAMISCHE COLLEGA VOOR VERSTERKING BESTAAND TEAM ( 6 oogartsen)**

Het OOGCENTRUM SCHILDE is een bloeiende oogheelkundige praktijk waar momenteel zes (deeltijdse) oogartsen actief zijn: [www.oogcentrum-schilde.be](http://www.oogcentrum-schilde.be)

Overweegt U een heroriëntering van uw carrière of zoekt u als jonge oogarts een bijzonder fijne werkomgeving? Naast een volgeboekt agenda zijn wij overtuigd u dit te kunnen bieden.

Ons aanbod:

- Uiterst gunstige voorwaarden
- Een technisch optimaal ondersteunt extramurale oogcentrum
- Een efficiënte werkomgeving waar patiëntvriendelijkheid en kwaliteit centraal staan
- Hypermoderne ( nieuwbouw 2017) groepspraktijk in mooie en woonvriendelijke gemeente in het noorden van Antwerpen
- Deel- of voltijdse samenwerking is mogelijk
- Alle faciliteiten voor moderne extramurale oftalmologie zijn aanwezig:
  - 6 consultatieruimten - ( totale opp. 390m<sup>2</sup>)
  - Moderne ontvangstbalie waar focometrie, automatische refractie en pneumotonometrie tot de standaard vooronderzoeken behoren
  - 4 secretaressen
  - 5 technische lokalen
  - Yag- en Argonlaser, Humphrey & Octopus perimetrie, Synoptofoor, IOL-Master biometrie, Non-mydriatic funduscamera, Endotheelmicroscopie, Goldmann, Optopol Revo Fc OCT
  - Volledig uitgerust Droog Oogcentrum ( Meibometrie IDRA SBM, Lipiflow,IPL)
  - Alle consultatieruimten zijn uitgerust met gekoppelde automatische Phoropter
- Geen avondconsultatie (wel mogelijkheid, indien gewenst)
- Permanente secretaresse-ondersteuning

Gezocht profiel:

- Dynamische / enthousiaste doch vooral patiëntvriendelijke collega die de intentie heeft ons centrum te versterken op lange termijn
- Interesse in de kinderophthalmologie en/of oculoplastische heelkunde is een meerwaarde maar geen vereiste.

Interesse?

Dan contact opnemen met Luc Van den Bergh voor een vrijblijvend gesprek

Tel: **0477 77 37 31** – email: [luc\\_vandenbergh@skynet.be](mailto:luc_vandenbergh@skynet.be)

5/11/2023

### **vacature oogarts AZ Voorkeuren**

De oftalmologen van AZ Voorkeuren zoeken een collega voor versterking van de dienst. Je komt terecht op de raadpleging, hospitalisatie en daghospitalisatie met een zeer enthousiast verpleegkundig kader.

Profiel

- Je bent een enthousiaste collega, die het vak in de volle breedte uitoefent.
- Je curriculum vitae geeft blijkt van een degelijke kennis en ervaring.
- Je hebt een collegiale opstelling en bent communicatief vaardig.
- Ervaring in glaucoomchirurgie en/of traanwegchirurgie betekent een meerwaarde.

Aanbod

- De functie is combineerbaar met een privépraktijk. In de omliggende gemeenten zoals Brecht en Hoogstraten is hiervoor zeker nog plaats.
- Mogelijkheden tot persoonlijke ontwikkeling en verdere uitbouw van de dienstverlening.
- Aantrekkelijke, groene woonomgeving in de rand van Antwerpen die vlot bereikbaar is.
- Voor meer informatie, kijk op [www.azvoorkempen.be/werken-bij](http://www.azvoorkempen.be/werken-bij)

Verdere info kan je bekomen bij dr. Mark Accou hoofdtitularis oftalmologie (Mark.Accou@emmaus.be) en dr. Pieter Jan Simons, hoofdarts-medisch directeur (Pieterjan.Simons@emmaus.be).

Tel: **03 380 20 11** – email: [mark.accou@emmaus.be](mailto:mark.accou@emmaus.be)

31/10/2023

### **Eye disease and eye surgery consultation vacancy**

Are you an ophthalmologist, or an ophthalmologist in training, and would you like to be completely relieved of all organisational hassles and to work purely on eye diseases and eye surgery, and to do so in a very dynamic team in a state-of-the-art centre? Then this vacancy might be for you. Everything will be arranged for you and taken care of down to the last detail. We offer extremely favourable financial conditions, and the paramedical and organisational team assisting you has tons of experience. Interested? Call for a no-obligation consultation.

**Tel: 0497/170 360 – email: frankjr@goes.be**

27/10/2023

### **Vervanging gezocht voor optometrist in Oogkliniek Winksele van 18/03/24 t.e.m. 30/08/24 of 31/10/24**

Voor onze privépraktijk, Oogkliniek Winksele, in Winksele zijn we op zoek naar een optometrist voor een vervanging van 18 maart 2024 tem 30 augustus of 31 oktober 2024 n.a.v. zwangerschapsverlof.

#### Functieomschrijving:

- Zelfstandig uitvoeren van testen (opleiding mogelijk indien gewenst): gezichtsveld, OCT, pentacam, endoheel, IOL-master
- Hulp aan de balie: onthaal van patiënten, afrekenen, opmaken dossiers, telefoons beantwoorden, afspraken plannen...

#### Aanbod:

- Superfijn team van 5 dokters, 2 optometristen, 1 verpleegkundige en 2 medisch secretaresses
- Correcte verloning
- Jobtime van 70 à 75 %, te werken in vijf dagen (maandag tem vrijdag)
- Hypermoderne, volledig uitgeruste praktijk

Meer informatie: [www.oogkliniekwinksele.be](http://www.oogkliniekwinksele.be)

Sollicitaties of meer info via email

Oogkliniek Winksele  
Dalenstraat 2  
3020 Winksele

**Tel: 016/895 276 – email: lien.ooms@oogkliniekwinksele.be (office manager)**

20/10/2023

### **Cabinet privé à remettre**

Suite à un départ à la pension, Cabinet privé équipé, encore en activité à remettre-  
Rez-de-chaussée très bien situé boulevard Machtens à 1080 Bruxelles à partager avec kiné et ostéo.

**Tel: 0476/296 850**

12/10/2023

### **Oogcentrum Kortenberg zoekt een collega oogarts**

Oogcentrum Kortenberg is op zoek naar een enthousiaste en gedreven oogarts om ons team te versterken. Ons centrum is gelegen pal tussen Leuven en Brussel en is goed uitgerust met de meest recente toestellen. Technische onderzoeken worden uitgevoerd door onze opgeleide assistente, die eveneens de telefonie, inschrijvingen, afspraken en betalingen verzorgt, zodat jij je volledig kan focussen op je patiënten. Op vrijdagen wordt ons team ondersteund door een orthoptiste.

Ben jij een gemotiveerde oogarts die graag neemt uitmaakt van een jong, dynamisch team?

Aarzel dan niet om contact met ons op te nemen via [evadiltoer@oogcentrumkortenberg.be](mailto:evadiltoer@oogcentrumkortenberg.be) of 0475/96.03.26. Hopelijk tot snel!

**Tel: 0475/960 326 – email: evadiltoer@oogcentrumkortenberg.be**

9/10/2023

### **Spéculaire**

A vendre spéculaire TOMEY EM 3000 en parfait état . 5000 euros.

**Tel: 085/251 266 – email: halleuxophtalmo@skynet.be**

## KLEINE AANKONDIGINGEN / PETITES ANNONCES

3/10/2023

### Oogarts(en) gezocht Noord-limburg

Ben je op zoek naar een geslaagde start van je carrière als oogarts in een aangename werkomgeving in een nog niet overbevolkte regio ? Oogartsenpraktijk Lommel is een drukke maar vlot draaiende privé praktijk met zeer moderne en uitgebreide infrastructuur (OCT, digitale fluo,YAG, SLT, Pentacam,Verion...) en deskundig personeel. Zeer groot chirurgisch aanbod dankzij goede samenwerking met collega's in de regio. Ingrepen vinden plaats in ziekenhuis van Pelt. Geïnteresseerd in samenwerking, associatie en/of eventueel overname op termijn, neem dan contact op met Dr. C. De Smet.  
[www.Oogartsenpraktijkklommel.be](http://www.Oogartsenpraktijkklommel.be)

Tel: 011/522 001 – email: [oogartsenpraktijk@skynet.be](mailto:oogartsenpraktijk@skynet.be)

23/9/2023

### Cabinet privé recherche ophtalmologues

Cabinet d'ophtalmologie à Namur (Wepion) recherche collaborateurs/trices pour les activités de consultations et/ou chirurgicales. Bloc opératoire ultramoderne avec anesthésiste attitré.

Cabinets de consultations entièrement équipés: champs visuels, OCT, fluo angiographie, laser YAG/SLT/Argon, spéculaire, biomètre avec Verion, pentacam, IPL pour la sécheresse oculaire.

Pour plus d'informations n'hésitez pas à nous contacter.

Tel: 081/355 668 – email: [Ophtaju@gmail.com](mailto:Ophtaju@gmail.com)

19/9/2023

### Matériel de cons. quasi complet à vendre/ départ pension

Unité Topcon à 3 plateaux tournants :LAF Haag- Streit 900,Javal Haag-Streit,auto réfr. ARK Nidek, fauteuil et projecteur CSO. Laser Yag ( Light Med + table).

OCT Topcon 3d Maestro+ table et imprimante.

CV Humphrey et CV Goldmann.Lens analyser Humphrey.

Malette avec Scheppens portable.Divers petits instruments( verres ,monture, loupes, test vision colorée..)

2 tabourets et chaises.

Tel: 0475/558 138 – email: [cdeflorence@skynet.be](mailto:cdeflorence@skynet.be)

3/9/2023

### Vacature oogarts Noord-Limburg

Oogcentrum Lommel is een extramurale oogartsenpraktijk bestaande uit 2 oogartsen, 2 secretariaatsmedewerkers en een verpleegkundige. Omwille van de grote vraag naar oogheelkundige zorg in onze regio gaan we op zoek naar een enthousiaste collega om ons team te versterken.

Voor onze in 2020 opgestarte, modern uitgeruste praktijk zoeken we een collega oogarts met brede interesse in oftalmologie, eventueel in combinatie met een specifieke subspecialisatie zoals pediatrische oftalmologie, glaucoom, cornea, medische retina... Voor chirurgie is onze praktijk verbonden aan het Noorderhart ziekenhuis te Pelt.

Geïnteresseerde assistenten in opleiding of collega's die graag eens op gesprek komen, gelieve contact op te nemen via mail naar [info@oogcentrumlommel.be](mailto:info@oogcentrumlommel.be)

2/9/2023

### Job offer for new colleague ophthalmologist in new practice in Puurs

We're looking for a motivated colleague ophthalmologist to come work with us in our new practice in Puurs, Oogartsen Puurs-Sint-Amants.

Facilities present:

- automated perimeter, OCT and funduscamera, endothelial camera, biometer, echo B-scan, retinomax, YAG laser
- 2 cabinets
- intravitreal injection room / blepharoplasty room

Approved as extramural centre for intravitreal injections and blepharoplasties

website [www.oogartsenpuurs-sint-amants.be](http://www.oogartsenpuurs-sint-amants.be)

if interested please send an email to [ciliaaugustinus@gmail.com](mailto:ciliaaugustinus@gmail.com)

Tel: 0473/795 060 – email: [ciliaaugustinus@gmail.com](mailto:ciliaaugustinus@gmail.com)

30/8/2023

### Collega OOGARTS

Okio oogartsen is een dynamische groepspraktijk in Herent die dit jaar 5 jaar bestaat.

Er werkt momenteel een team van 6 oogartsen samen met een optometriste, orthoptiste, 2 verpleegsters en 2 medisch

secretaires.

We beschikken over alle moderne apparatuur (OCT, IOL master, Pentacam, Fluo-angiografie, Yag-laser, endotheelmeting,...). De oogartsen hebben verschillende subspecialiteiten en omdat we simultaan werken in 4 consultatieruimtes, kunnen we vlot met elkaar overleggen.

We beschikken ook over een technisch onderzoekslokaal en een laser ruimte. Daarnaast is er een operatiezaal waar ooglidchirurgie, cataractingrepen en intravitreale injecties gebeuren.

We zijn op zoek naar nieuwe collega oogarts, voor versterking van onze dienst medische retina.

Ook bij onze glaucoomraadpleging kunnen we versterking gebruiken.

Wil je graag bij ons komen werken? Graag een seintje.

Kathleen Leroux - kathleen.leroux@okio.be

Bie Schoolmeesters - bie.schoolmeesters@okio.be

Carolien De Graeve - carolien.degraeve@okio.be

**Tel: 016/239 295 – email: info@okio.be – www.okio.be**

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27/8/2023

### **Vacature Oogarts- regio Kempen**

Ben jij de collega die we zoeken in onze regio?

De Oogpraktijk zoekt een enthousiaste collega voor samenwerking parttime of fulltime, voor korte of lange termijn.

Als collega binnen de Oogpraktijk krijg je de kans om jezelf te ontwikkelen. Ons team steunt je in de uitbouw van je eigen traject, als arts, als collega maar ook als persoon. Je werkt in een dynamisch team waar openheid, luisterbereidheid en vertrouwen de kernstenen zijn van onze samenwerking.

Een gepersonaliseerde, hoog kwalitatieve oogzorg waarbij de belevening van de patiënt centraal staat, is onze topprioriteit. Jouw visie en creatieve bijdrage aan de optimalisatie van onze zorgtrajecten, is voor ons zeer belangrijk. Er bestaat een grote openheid en ondersteuning voor het door ontwikkelen naar een subspecialisatie. Vandaag werken we op 2 state-of-the-art uitgebouwde sites met de mogelijkheid tot een ruim gamma van extramurale chirurgische en andere behandelingen. De beide praktijken zijn vlot bereikbaar op een 30tal minuten van Leuven en Antwerpen.

Ben je gemotiveerd, flexibel, en wil je groeien? Dan zijn dit jouw toegevoegde waarden aan ons team, de patiënt en al de overige betrokken zorgverstrekkers.

Interesse om je te laten zien? Contacteer ons dan snel voor meer informatie.

**Tel: 014540409 – email: info@oogpraktijk.be – www.oogpraktijk.be**

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27/8/2023

### **Clinique privée recrute orthoptistes/optométristes**

La clinique du bois de la Vecquée recrute orthoptistes et optométristes!

Structure ophtalmologique médico-chirurgicale avec cabinets équipés pour activités autonomes/indépendantes et activités supervisées.

CV:

**Tel: 081/355 668 – email: info@cdbv.be**

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22/8/2023

### **Orthoptist/optometrist/TOA - Antwerpen-Centrum**

Oogkliniek in Antwerpen-Centrum zoekt orthoptist/optometrist/TOA (m/v/x)

U vervoegt een goed draaiend team van 4 oogartsen, 2 orthoptisten en 3 medische assistentes, met de bedoeling om nauw samen te werken met een oogarts tijdens consultaties en onderzoeken.

De oogkliniek is volledig uitgerust en beschikt over een erkende extramurale operatiefaciliteit, zodat oogheelkundige ingrepen ook binnenshuis uitgevoerd kunnen worden.

#### **Uw verantwoordelijkheden:**

- U verwelkomt patiënten en geeft hen uitleg over de uit te voeren onderzoeken
- U voert technische onderzoeken uit
- U assisteert de oogartsen tijdens de consultaties
- U voert diverse administratieve taken uit (afspraken maken, specifieke dossiers beheren, enz.)
- U werkt mee aan de verbetering van de zorg met inachtneming van de interne procedures

#### **Uw profiel:**

- U heeft een bachelordiploma in de orthoptie of optometrie
- U bent Nederlandstalig (een goede kennis van het Engels en/of Frans is een extra troef)
- Ervaring in de oogheelkunde is een meerwaarde, maar niet noodzakelijk
- U bent stressbestendig en kan zelfstandig werken
- U bent vriendelijk, efficiënt en accuraat
- U bent dynamisch, flexibel en toegewijd
- U beheert IT-basistoepassingen

## KLEINE AANKONDIGINGEN / PETITES ANNONCES

### Ons aanbod:

- Voltijdse betrekking
- Interne opleiding
- Eventueel volgen van externe vervolmakingscursussen
- Doorgroeimogelijkheden

### Contact:

- Dr. Anne-Marie Pinxten via pinxten.a@gmail.com

7/8/2023

---

### **Oogkliniek in Antwerpen-Centrum zoekt gemotiveerde collega-oogarts**

U vervoegt een goed draaiend team van 4 oogartsen, 2 orthoptisten en 3 medische assistentes. De oogkliniek is volledig uitgerust en beschikt over een erkende extramurale operatiefaciliteit, zodat oogheelkundige ingrepen desgewenst ook binnenshuis uitgevoerd kunnen worden.

### Welke collega zoeken wij?

- U bent erkend als oftalmoloog of u bent assistent in opleiding oftalmologie
- U heeft interesse in de brede waaier van de oftalmologie (een bijzondere interesse in de medische retina zou een meerwaarde zijn)
- U bent correct, gedreven en beschikt over goede communicatieve vaardigheden
- U streeft naar kwaliteitsvolle zorg waarbij het belang van de patiënt altijd vooropstaat

### Wat bieden wij aan?

- Alle gangbare diagnostische mogelijkheden zijn aanwezig op de consultatie (IOL Master, Humphrey, Scheimpflug camera, Aberrometer, Heidelberg OCT, Fluoangiografie, Funduscamera, Argon en Yag laser, A-scan biometer, Synoptofoor, Hess ...)
- De oogkliniek beschikt over een erkende extramurale operatiefaciliteit
- Regio met grote vraag naar oogheelkundige zorg
- Technische onderzoeken worden uitgevoerd door opgeleide assistentes
- Professionele omkadering. Telefonie, inschrijvingen, afspraken, betalingen en andere patiëntenadministratie wordt uit uw handen genomen

### Ons aanbod:

- Bespreekbaar
- Kan toegelicht worden bij serieuze interesse

### Contact:

- Dr. Anne-Marie Pinxten via pinxten.a@gmail.com

7/8/2023

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### **Oogcentrum Hasselt zoekt een orthoptist(e)**

Oogcentrum Hasselt, een veelzijdige praktijk bestaande uit vier oogartsen, is op zoek naar een orthoptist(e) om ons te versterken vanaf 1/10/2023 en dit minstens één dag per maand.

Je kerntaken bestaan uit het diagnostisch orthoptisch onderzoek, waaronder de pre- en postoperatieve onderzoeken.

Bij interesse mag je contact opnemen met info@oogcentrum-hasselt.be of op het nummer 0494681490.

**Tel: 0496/532 574**

**dr.goethals@gmail.com**

## Waarnemend oogarts

De Coöperatie Oogheelkunde van het Bravis ziekenhuis is op zoek naar een waarnemend oogarts voor 3 dagen per week voor vier maanden (februari tot en met mei 2024).

### We dagen jou elke dag uit

Je werkt als oogarts op de uitstekend geoutilleerde poliklinieken Oogheelkunde op de locaties Roosendaal en Bergen op Zoom. Er is de afgelopen jaren fors geïnvesteerd in moderne apparatuur (HD-OCT, widefield FAG/ICG, Pentacam, USG, Pascal- en YAG/SLT-laser etc.) en EPD (HiX en Forum voor oogheelkundige diagnostiek). Alle spreekuren worden door TOA en/of optometrist ondersteund. We hebben een eigen oogchirurgisch centrum dat beschikt over 2 dedicated oogheelkundige klasse 1 OK's met eigen personeel en planning. Er wordt cataract- (incl. premium lenzen), glaucoom-, vitreoretinale, strabismus-, ooglid- en traanwegchirurgie verricht. Daarnaast hebben we op beide locaties poliklinische OK's waar intravitreale injecties of kleine verrichtingen uitgevoerd worden.

### Werken in een gedreven team

De vakgroep Oogheelkunde bestaat uit 7 ambitieuze oogartsen. Er zijn 3 physician assistants werkzaam die zelfstandige spreekuren en kleine verrichtingen doen. De vakgroep verzorgt de opleiding van coassistenten uit het Erasmus MC en leidt de laatste jaren fellows op in cataractchirurgie. Verder werk je in een groot team van ca. 60 medewerkers met o.a. optometristen, orthoptisten, TOA's, dedicated oogheelkundige operatieassistentes en anesthesieassistenten, doktersassistentes en goede secretariële ondersteuners.

### Wij bouwen op jouw enthousiasme en expertise

Wij zoeken een allround oogarts. Je bent gewend hoge kwaliteit te leveren en je beschikt over goede sociale vaardigheden. Je stelt het belang van de patiënt centraal. Je neemt deel aan niet-patiëntgebonden activiteiten binnen de ziekenhuisorganisatie. Ook AIOS die binnenkort hun opleiding afronden zijn uitgenodigd om te reageren.

### Iets voor jou?

Neem dan contact op met L. Ho (oogarts) via [l.ho@bravis.nl](mailto:l.ho@bravis.nl)

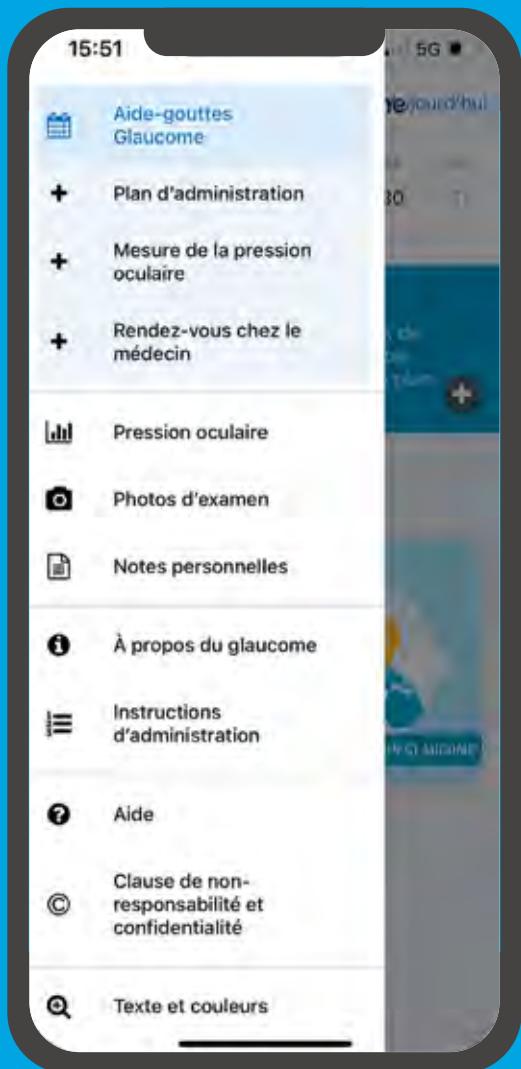


### Samen word je beter

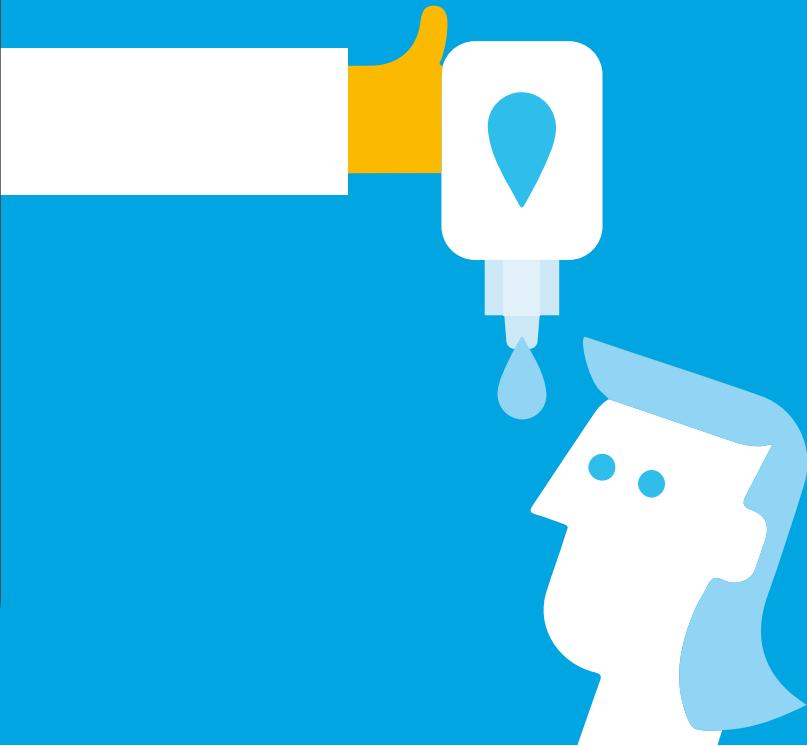
Het Bravis ziekenhuis is een ziekenhuis met twee hoofdlocaties (Roosendaal en Bergen op Zoom), een buitenpolikliniek (Etten-Leur) en vijf Bravis punten. Vanaf 2029 zal alle spoedeisende en complexe klinische ziekenhuiszorg worden verleend vanuit een nieuw ziekenhuis op locatie Bulkenaar Roosendaal. De vakgroep Oogheelkunde blijft echter op beide locaties poliklinische activiteiten uitvoeren.

Het ziekenhuis heeft een verzorgingsgebied van circa 300.000 inwoners en biedt een breed palet van medisch specialistische zorg voor de regio West-Brabant. In Bravis werken 300 medisch specialisten, 3.000 medewerkers en 250 vrijwilligers.

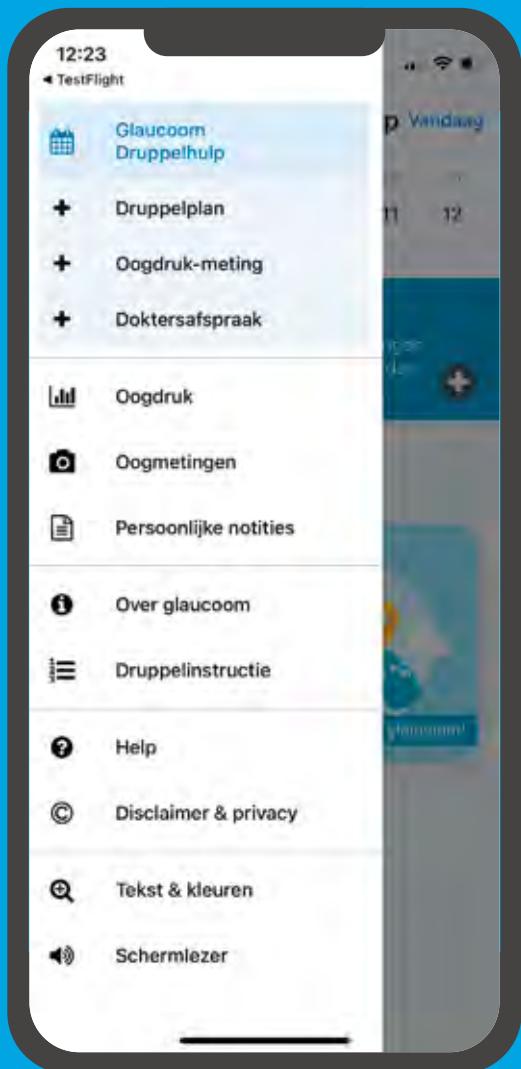
# Santen est fier de présenter l'application d'aide aux gouttes de glaucome pour vos patients.



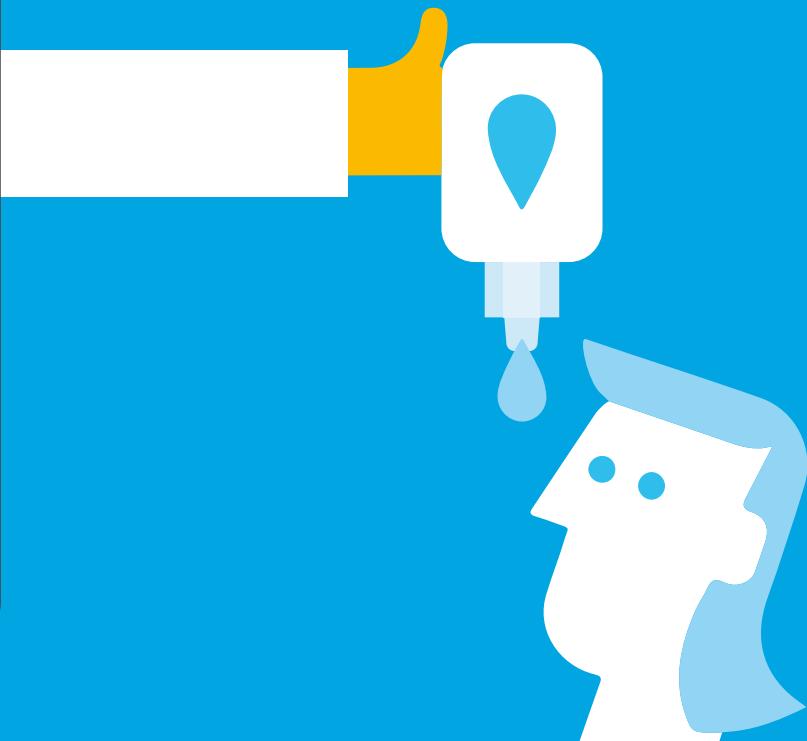
Venez à notre stand au OB pour plus d'informations.



# Met trots introduceert Santen de glaucoom- druppelhulp-app voor uw patiënten.



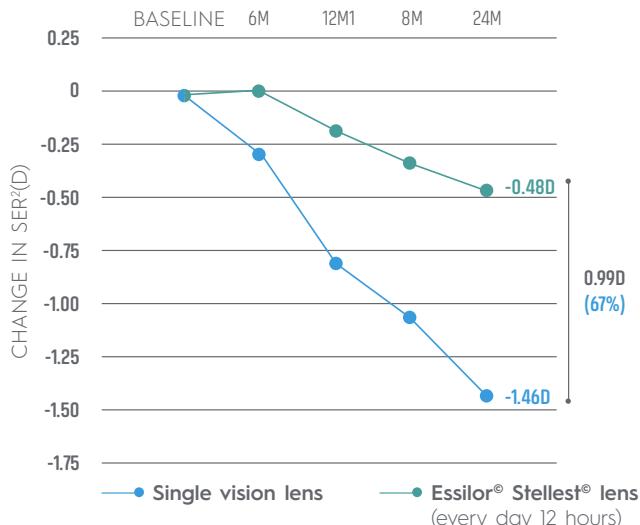
Kom naar onze  
stand op het  
OB voor  
meer informatie.



# ESSILOR® STELLEST® LENS

## Slow down myopia progression by 67% on average

Compared to single vision lenses, when worn by children at least 12 hours per day every day



Essilor® Stellest® lens slows down myopia progression by 55% (0.80D) on average for all subjects<sup>1</sup>

Wearing Essilor® Stellest® lens ≥ 12h/day every day<sup>1</sup>, increases efficacy to

**67% (0.99D)**

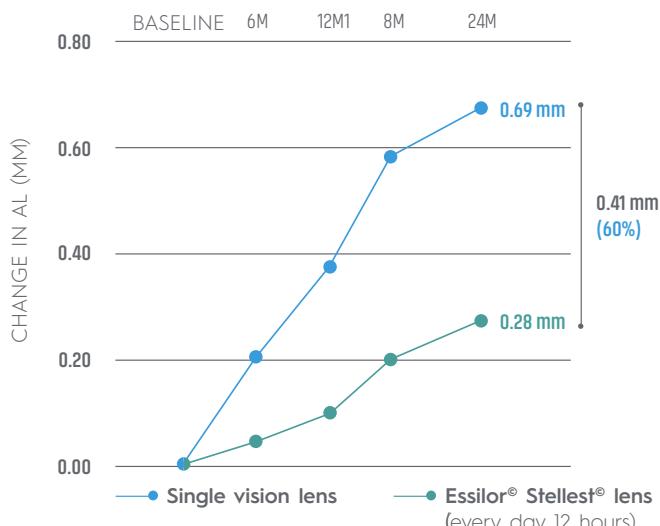
**100%**  
of children are fully adapted within a week<sup>2</sup>

**2 OUT OF 3**

children who wore Essilor® Stellest® lens have had a stable need in vision correction after the first year<sup>3</sup>

## Slow down axial elongation by 60% on average

Compared to single vision lenses, when worn by children at least 12 hours per day every day



Essilor® Stellest® lens slows down myopia progression by 51% (0.35mm) on average for all subjects<sup>1</sup>

Wearing Essilor® Stellest® lens ≥ 12h/day every day<sup>1</sup>, increases efficacy to

**60% (0.41mm)**

After the first year, the eye growth of

**9 OUT OF 10**

children wearing Essilor® Stellest® lenses was similar or slower than non myopic children<sup>3</sup>

## Discover the clinical trial results of the Essilor® Stellest® lens

### 2-year results



### 3-year results



**4-YEAR RESULTS**



<sup>1</sup> Compared to single vision lenses, when worn by children at least 12 hours per day every day. Bao, J., Huang, Y., Li, X., Yang, A., Zhou, F., Wu, J., Wang, C., Li, Y., Lin, E.W., Splegel, D.P., Drobe, B., Chen, H., 2022. Spectacle Lenses With Aspherical Lenses for Myopia Control vs Single-Vision Spectacle Lenses: A Randomized Clinical Trial. *JAMA Ophthalmol.* 140(5), 472-478. <https://doi.org/10.1001/jamaophthalmol.2022.0464>

<sup>2</sup> Two-year prospective, controlled, randomized, double-masked clinical trial results on 54 myopic children wearing Essilor® Stellest® lenses compared to 50 myopic children wearing single vision lenses. Efficacy results based on 32 children who declared wearing Essilor® Stellest® lenses at least 12 hours per day every day. Bao, J. et al. (2021). One-year myopia control efficacy of spectacle lenses with aspherical lenses. *Br J Ophthalmol.* doi:10.1136/bjophthalmol-2020-308367.

<sup>3</sup> Two-year prospective, controlled, randomized, double-masked clinical trial results on 54 myopic children wearing Essilor® Stellest® lenses compared to 50 myopic children wearing single vision lenses. Results based on 32 children who declared wearing Essilor® Stellest® lenses at least 12 hours per day every day. Eye growth of non-myopic children based on 700 datapoints of schoolchildren enrolled in the Wenzhou Medical University-Essilor Progression and Onset of Myopia (WEPOM) prospective cohort study. Stable correction need defined as a spherical equivalent refraction change on both eyes strictly lower than 0.50D.

**Stellest®**  




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NOV

24  
NOV

2023



**OB 2023**  
OPHTHALMOLOGICA BELGICA

Academia Ophthalmologica Belgica, AOB vzw-asbl

## Meet the OB 2023 Organizing Committee



Paulina Bartoszek  
**OB President**



Alexandra Kozyreff  
**Programme Director**



Werner Dirven  
**Treasurer**



Frank Goes jr  
**Wetlab**



Karel Van Keer  
**Wetlab**



Marc Veckeneer  
**Free Papers & Posters**



Nathalie Collignon  
**ICC**



Nacima Kisma  
**Social Event**



Emmanuel Van Ackeer  
**President AOB**

# Voorwoord



Dear Colleagues,

Just a few weeks from now starts our annual national congress Ophthalmologica Belgica - OB 2023 (the 31<sup>st</sup> edition), which will be held from 22 to 24<sup>th</sup> of November.

With my fellow colleagues from the Organising Committee, I warmly invite you to the Brussels Convention Centre 'SQUARE'. Thanks to all participating Belgian scientific societies, we dive once more, into the ophthalmology universe filled with high level content for every taste.

I particularly draw your attention to the AOB Academic Session, the highlight of the Congress, taking place on Wednesday morning 22<sup>nd</sup> of November and lifting the curtain on various subdomains of our specialty with world-class speakers : Thomas Kohnen, Dion Paridaens and Marc de Smet. Moreover, we will have the immense privilege of opening the session with AOB Lecture, awarded to Professor Philippe Kestelyn upon the vote of all Belgian ophthalmological scientific societies. I hereby thank them for their tremendous input, just as I express my gratitude to our industry partners for their continuous support.

I also invite you to join us at the Gala Dinner, organised at the prestigious Circle Royal Gaulois - two steps away from Square - on the 23<sup>rd</sup> of November. We hope to celebrate there with you our profession, diversity and the spirit of youth.

It has been a couple of years since I have been a member of the OB's Organizing Committee, and I would like to take this opportunity to thank all present and past colleagues I worked with during this time. It has been a true honour and a great pleasure to cross paths with specialists of different ages, domains, languages and cultures. My warmest thanks to all for your openness and collaboration.

As Albert Einstein once said: "*Not everything that counts can be counted, and not everything that can be counted counts.*" Let's remember that we all can be active actors of making the world a better place.

See you very soon !

**Paulina Bartoszek**  
OB 2023 President

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# OB 2023

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Ex-factory price (Excl. VAT)	€6 550
Amount of non-refundable part: Active	€12,10
Entitled to increased insurance allowance	€8,00



# ILUVIEN®

Fluocinolone Acetonide  
190 micrograms intravitreal  
implant in applicator

**One injection:** Up to **36 months** of **continuous release** of  
0.2 µg of fluocinolone acetonide per day<sup>1</sup>



ILUVIEN® is indicated for the treatment of vision impairment associated with chronic diabetic macular edema (DME) considered insufficiently responsive to available therapies.<sup>1</sup>

ILUVIEN® is indicated for the prevention of relapse of recurrent non-infectious uveitis in the posterior segment of the eye.<sup>1</sup>

**NAME OF MEDICINAL PRODUCT** ILUVIEN 190 micrograms intravitreal implant in applicator. **QUALITATIVE AND QUANTITATIVE COMPOSITION** Each implant contains 190 micrograms of fluocinolone acetonide. **PHARMACEUTICAL FORM** Intravitreal implant in applicator. Light brown coloured cylinder, approximately 3.5mm x 0.37mm in size. Implant applicator with 25-gauge needle. **THERAPEUTIC INDICATIONS** ILUVIEN is indicated for the treatment of vision impairment associated with chronic diabetic macular oedema, (DME) considered insufficiently responsive to available therapies. ILUVIEN is indicated for prevention of relapse in recurrent non-infectious uveitis affecting the posterior segment of the eye **POSOLGY AND METHOD OF ADMINISTRATION** Dosage The recommended dosage is one ILUVIEN implant in the affected eye. Simultaneous administration in both eyes is not recommended. Each ILUVIEN implant delivers fluocinolone acetonide for up to 36 months. Diabetic macular edema An additional implant may be administered after 12 months if the patient suffers from impaired vision or retinal thickening due to a recurrence or exacerbation of diabetic macular edema. Treatment should be repeated only when the potential benefits outweigh the risks. Only patients who did not respond adequately to previous treatment with laser photoocoagulation or other available treatments for diabetic macular edema should be treated with ILUVIEN. **Non-infectious uveitis affecting the posterior segment** No data are available to support repeat treatment in patients with a supplemental implant to prevent recurrence of recurrent non-infectious uveitis involving the posterior segment of the eye. **Pediatric Patients** There is no relevant use of intravitreally administered fluocinolone acetonide in pediatric patients for diabetic macular edema (DME). Safety and efficacy for the treatment of uveitis in pediatric patients have not been established. **Special populations** No dose adjustments are required for elderly patients or patients with renal or hepatic impairment. **Method of administration** ONLY FOR INTRAVITREAL USE. Treatment with ILUVIEN is for intravitreal use only and should be administered by an ophthalmologist experienced in intravitreal injections. The intravitreal injection procedure should be performed under controlled aseptic conditions, including use of sterile gloves, a sterile drape and a sterile eyelid speculum (or similar instrument). Before injecting the implant, appropriate anaesthesia and a broad-spectrum microbicide should be given. The injection procedure for ILUVIEN is as follows: Preoperative antibiotic drops may be administered at the discretion of the treating ophthalmologist. Just prior to injection, apply a local anaesthetic to the injection site (preferably the inferotemporal quadrant) in the form of one drop followed by either a cotton swab soaked in an anaesthetic or a subconjunctival administration of an appropriate anaesthetic. Apply 2-3 drops of an appropriate local antiseptic into the inferior fornix conjunctiva. The eyelids may be cleaned with cotton swabs soaked in an appropriate local antiseptic. Next, place a sterile eyelid speculum. Ask the patient to look up and apply a cotton swab soaked in appropriate antiseptic to the injection site. Allow the local antiseptic to dry for 30-60 seconds before injecting ILUVIEN. The outside of the foil package should **not** be considered sterile. An assistant (non-sterile) should remove the foil pack from the box and check the foil pack as well as the removable top for damage. If there is damage, the drug unit should not be used. If there is no damage, the assistant should remove the top of the foil package **without touching the inside**. Look through the clear window portion of the preloaded applicator to check for the presence of a drug implant. Remove the applicator from the foil package using sterile gloves **touching only the sterile surface and the applicator**. The protective cap on the needle should not be removed until ILUVIEN is ready to be injected. Before injection, the tip of the applicator should be held above the horizontal plane to ensure that the implant is correctly positioned in the applicator. To limit the amount of air delivered with the implant, the procedure for administration should be performed in two steps. Before inserting the needle into the eye, press and slide the button to the first position (at the curved black marks next to the slot into which the button slides). At the first position, release the button after which it jumps BACK UP again. If the button does not jump up, the medicine unit should not be used. The optimal implant placement is below the optic disc and behind the equator of the eye. Measure 4 millimeters inferotemporally from the limbus using a caliper. Carefully remove the protective cap from the needle and check the tip to ensure that the needle is not bent. Carefully move the conjunctiva so that the conjunctival and scleral injection sites do not align when the needle is removed. Any contact between the needle and the eyelid margin or eyelashes should be avoided. Insert the needle into the eye. Release the implant from the applicator by continuing to slide the button, while it is protruding, to the end of the slot. Then remove the needle. Note: Make sure the knob reaches the end of the slot before removing the needle. Remove the eyelid speculum and perform indirect ophthalmoscopy to verify implant placement, perfusion into the central retinal artery and the absence of other complications. Applying pressure to the sclera can improve visualization of the implant. Perfusion of the optic disc should also be checked immediately after injection. At the ophthalmologist's discretion, intraocular pressure (IOD) can be measured immediately. After the procedure, patients should be monitored for possible complications such as endophthalmitis, increased intraocular pressure, retinal detachment and vitreous hemorrhage or vitreous detachment and ocular hypotonia (observed up to 8 days after treatment). Between two and seven days after the implant is injected, biomicroscopy with tonometry should be performed. Afterwards, it is recommended to monitor patients at least every three months for possible complications because of the prolonged duration of fluocinolone acetonide release over a period of approximately 36 months **CONTRA-INDICATIONS** An intravitreal implant with ILUVIEN is contraindicated in the presence of pre-existing glaucoma or active or suspected ocular or periocular infection including most viral diseases of the cornea and conjunctiva, including active epithelial herpes simplex keratitis (dendritic keratitis), vaccinia, varicella, mycobacterial infections, and fungal diseases. ILUVIEN is contraindicated in patients with: hypersensitivity to the active substance or to any of the excipients; infectious uveitis. **UNDISERABLE EFFECTS** Summary of safety profile **Diabetic macular edema** Intravitreally administered fluocinolone acetonide was evaluated in 768 subjects (375 in the 0.2 µg/day/ILUVIEN group; 393 in the 0.5 µg/day group) with diabetic macular oedema across the FAME clinical trials. The most frequently reported adverse drug reactions included cataract operation, cataract and increased intraocular pressure. In the Phase 3 studies, 38.4% of subjects treated with ILUVIEN required IOP-lowering medication and 4.8% required IOP-lowering surgeries. The use of IOP-lowering medication was similar in subjects who received two or more treatments with ILUVIEN. Two cases of endophthalmitis were reported in subjects treated with ILUVIEN during the Phase 3 studies. This represents an incidence rate of 0.2% (2 cases divided by 1,022 injections). While the majority of subjects in the FAME clinical trials received only one implant (see Section 5.1), the long-term safety implications of retention of the non-bioerodable implant inside the eye are not known. In the FAME clinical trials, 3-year data show that events such as cataract, increased intraocular pressure and floaters occurred only slightly more frequently in subjects receiving 2 or more implants. This is considered a function of the increased exposure to the drug rather than an effect of the implant itself. In non-clinical studies, there were no indications of an increase in safety issues other than lens changes in the rabbit eyes with 2-4 implants over 24 months. The implant is made of polyimide and is essentially similar to an intracocular lens haptic; it is therefore expected to remain inert inside the eye. **Non-infectious uveitis affecting the posterior segment** The safety profile for non-infectious uveitis with posterior segment impairment of the eye is based on two main 36-month uveitis studies (PSV FAI 001 and PSV FAI 005). Data are currently available for 36 months of the PSV FAI 001 study and for 12 months of the PSV FAI 005 study. The most frequently reported adverse events were increased intraocular pressure, cataracts and conjunctival hemorrhage. Less frequently reported but more serious side effects were optic disc hemorrhage and retinal detachment. List of adverse reactions The following adverse reactions were considered to be treatment-related and are from the Phase III clinical trials (DME and uveitis) and spontaneous reports, and are classified as follows: very common ( $\geq 1/10$ ); common ( $\geq 1/100, < 1/10$ ); occasional ( $\geq 1/1,000, < 1/100$ ); rare ( $\geq 1/10,000, < 1/1,000$ ); and very rare ( $\leq 1/10,000$ ). Within each frequency group, adverse events are ranked by decreasing severity. **Infections and parasitic diseases** Sometimes: endophthalmitis **Nervous system disorders** Sometimes: headache. **Eye disorders** Very common: cataract<sup>1</sup>, increased intraocular pressure<sup>2</sup>; Common: glaucoma<sup>3</sup>, retinal detachment, hemorrhage of optic disc<sup>4</sup>, vitreous hemorrhage, decreased visual acuity, visual field defect<sup>5</sup>, macular fibrosis<sup>6</sup>, conjunctival hemorrhage<sup>7</sup>, blurred vision<sup>8</sup>, hypotonia of the eye<sup>9</sup>, vitreous opacification<sup>10</sup>, anterior chamber cells<sup>11</sup>, vitreous condensation<sup>12</sup>, foreign body sensation in the eyes<sup>13</sup>, dry eye<sup>14</sup>, photopsia<sup>15</sup>, eye pain<sup>16</sup>. Uncommon: retinal vascular occlusion<sup>17</sup>, optic nerve disease, maculopathy, optic atrophy, conjunctival ulcer, neovascularization of the iris, retinal exudates, vitreous degeneration, vitreous detachment, choroidal detachment<sup>18</sup>, corneal erosion<sup>19</sup>, corneal abrasion, posterior capsule opacification, iris adhesion, blepharospasm<sup>20</sup>, ocular edema<sup>21</sup>, ocular hyperemia, sclera thinning, ocular discharge, ocular pruritus. **Injuries, intoxications and operation complications** Sometimes: extrusion of implant, implant in facial line, operation complication, procedure pain. **Surgical and medical procedures** Very common: cataract surgery; Common: trabeculectomy, glaucoma surgery, vitrectomy, trabeculoplasty; Uncommon: removal of the extruded implant from the sclera. **General disorders and administration site disorders** Sometimes: displacement of the implant (implant migration), possibly leading to corneal edema. <sup>1</sup> Only observed in patients with uveitis. <sup>2</sup> Includes the MedDRA terms for cataract (unspecified), cataract subcapsular, cataract cortical, cataract nuclear and cataract diabetic. <sup>3</sup> Includes the MedDRA terms for intraocular pressure elevated and ocular hypertension. <sup>4</sup> Includes the MedDRA terms for glaucoma, open-angle glaucoma, borderline glaucoma, excavation of the optic nerve and decreased cup/disk ratio of the optic nerve. <sup>5</sup> Includes the MedDRA terms for conjunctival hemorrhage, conjunctival hemipema. <sup>6</sup> Covers the MedDRA terms for blurred vision and vision disorders. <sup>7</sup> Includes the MedDRA terms for mydriasis. <sup>8</sup> Includes the MedDRA terms for eye pain, eye irritation and ocular discomfort. <sup>9</sup> Includes the MedDRA terms for retinal vein occlusion, retinal artery occlusion, and retinal vascular occlusion. <sup>10</sup> Includes the MedDRA terms for ocular edema, conjunctival edema, corneal edema. Reporting of suspected adverse reactions Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via Federaal agentschap voor geneesmiddelen en gezondheidsproducten, Afdeeling Vigilantie, Postbus 97, B-1000 Brussel, Madou. Website: [www.eenbijwerkingmelden.be](http://www.eenbijwerkingmelden.be) e-mail: [adr@fag.be](mailto:adr@fag.be) **MARKETING AUTHORISATION HOLDER** Alimera Sciences Europe Limited, 77 Sir John Rogerson's Quay, Dublin 2, Ireland **MARKETING AUTHORIZATION NUMBER(S)** BE465662 **DELIVERY METHODE** UR **DATE OF REVISION** OF THE TEXT 05/2022

# OB Programme

# OB Programme overview by day

**WEDNESDAY**

| 22 NOVEMBER 2023 |

	COPPER	SILVER	HALL 400	HALL 300	COPPER FOYER	SPEAKERS CORNER
09:00-10:30	OBAO	ICC-1	ICC-2	ICC-3		AOB e-posters ↓
10:30-11:00			BREAK			
11:00-12:30			<b>ACADEMIC SESSION</b> AOB Lecture, Keynote speakers			
12:30-14:00			BREAK			AOB Rapid-Fire
14:00-15:30	OBAO	BOG	BSCRS	AOB FREE PAPERS 1	WETLAB-2 Phaco Beginners NL	
15:30-16:00			BREAK 15:30 - 16:00			
17:00-17:30	OBAO	BOG	BSCRS	ICC-4	WETLAB-3 Phaco Beginners FR	
17:30-18:30			AOB Board & General Assembly			

# THURSDAY

| 23 NOVEMBER 2023 |

	COPPER	SILVER	HALL 400	HALL 300	COPPER FOYER	SPEAKERS CORNER
09:00-10:30	BRS	BGS	BSA	ICC-5	WETLAB-4 Phaco Beginners NL	AOB e-posters ↓
10:30-11:00			BREAK 10:30 - 11:00			Commercial session Horus Pharma
11:00-12:30	BRS	BGS	BSA	ICC-6	WETLAB-5 Phaco Beginners NL	
12:30-14:00			BREAK			Commercial session Hasa Optix Commercial session Horus Pharma
14:00-15:30	BRS	BSOPRS	PEDLOWNOC	ICC-7	WETLAB-1 Iris Sutures	
15:30-16:00			BREAK 15:30 - 16:00			Commercial session CooperVision
16:00-17:30	BRS	BSOPRS	PEDLOWNOC	ICC-8	WETLAB-6 Glaucome	
19:30 – 24:00 CONGRESS DINNER / PARTY at Cercle Royal Gaulois, Brussels						

# OB Programme overview by day

**FRIDAY**

| 24 NOVEMBER 2023 |

	GOLD	COPPER	SILVER	HALL 400	HALL 300	SPEAKERS CORNER	
09:00-10:30	SBO				BVVB - OPBC	AOB e-posters ↓	
10:30-11:00				BOV - ABO			
11:00-12:30	SBO	BSONT NL	BSONT FR		ICC-9		
12:30-14:00	BREAK			AWARD CEREMONY			
14:00-15:30	BBO-UPBMO Ethics & Economy						
15:30-16:00	BREAK 15:30 - 16:00						
16:00-17:30	BBO-UPBMO Ethics & Economy						



# SHOCKINGLY BRILLIANT DISTANCE VISION, TIME AFTER TIME\*

**CLAREON® MONOFOCAL IOLs** give your patients functional intermediate vision while maintaining exceptional sharp, crisp distance vision.\*\* But what they see might surprise them.



\*Scan here for references

Please refer to relevant product direction for use for list of indications, contraindications and warnings.  
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Alcon

PP (TVA comprise)	Actif	WIGW
23,40 €	6,29 €	3,78 €

# COSOPT® SINE CONSERVANS<sup>1</sup>

Solution sans conservateur dans un flacon multidose facile à utiliser<sup>2</sup>



Remboursement  
d'application



Collyres contenant 20 mg/ml de dorzolamide + 5 mg/ml de timolol, en solution

## Facilité d'utilisation<sup>2</sup>

- Réduction durable de la PIO en flacon multidose facile à utiliser<sup>1,2</sup>
- Distribution précise des gouttes<sup>2</sup>

**TRIED. TESTED. TRUSTED.**

Indiqué dans le traitement de la pression intra-oculaire élevée (PIO) chez les patients présentant un glaucome à angle ouvert, ou un glaucome pseudoexfoliatif, lorsqu'une monothérapie par bêtabloquant administrée par voie oculaire est insuffisante.<sup>1</sup>

**DÉNOMINATION DU MÉDICAMENT:** COSOPT Sine Conservans 20 mg/ml + 5 mg/ml collyre en solution. **COMPOSITION QUALITATIVE ET QUANTITATIVE:** Chaque millilitre contient 22,26 mg de chlorhydrate de dorzolamide correspondant à 20 mg de dorzolamide et 6,83 mg de maléate de timolol correspondant à 5 mg de timolol. Une goutte (environ 0,03 ml) contient en moyenne 0,6 mg de dorzolamide et 0,15 mg de timolol. Excipients: hydroxyéthylcellulose, mannitol, citrate de sodium, hydroxyde de sodium pour ajustement du pH, eau pour préparation injectable. **FORME PHARMACEUTIQUE:** Collyre en solution. Solution claire, incolore ou presque, légèrement visqueuse pratiquement exempt de particules visibles, avec un pH entre 5,5 et 5,8 et une osmolalité de 242-323 mOsmol/kg. **INDICATIONS THÉRAPEUTIQUES:** Indiqué dans le traitement de la pression intra-oculaire élevée (PIO) chez les patients présentant un glaucome à angle ouvert, ou un glaucome pseudo-exfoliatif, lorsqu'une monothérapie par bêtabloquant administrée par voie oculaire est insuffisante. **POSÉOLOGIE ET MODE D'ADMINISTRATION:** Posologie: La dose est d'une goutte de COSOPT Sine Conservans dans le cul de sac conjonctival de l'œil (des yeux) atteint(s), deux fois par jour. En cas d'utilisation concomitante avec un autre collyre, COSOPT Sine Conservans et l'autre collyre doivent être administrés à 10 minutes d'intervalle au moins. Ce médicament est une solution stérile qui ne contient pas de conservateur. Les patients doivent être avertis de se laver les mains avant utilisation et d'éviter de mettre en contact le récipient avec l'œil ou les parties avoisinantes, cela pourrait provoquer une blessure à votre œil (voir mode d'emploi). Les patients doivent aussi être informés que les solutions ophthalmiques, incorrectement manipulées, peuvent être contaminées par des bactéries communes, connues pour entraîner des infections oculaires. L'usage de solutions contaminées peut provoquer des lésions graves de l'œil et par la suite une perte de vision. Population pédiatrique: L'efficacité n'a pas été établie chez l'enfant. La tolérance chez l'enfant de moins de 2 ans n'a pas été établie. Les données actuellement disponibles sur la tolérance chez l'enfant de ≥ 2 ans et de < 6 ans sont décrites dans la rubrique 5.1 du RCP complet. Mode d'administration: Le passage systémique est réduit par une occlusion nasolacrymale ou la fermeture des paupières pendant 2 minutes. Cette technique peut permettre une diminution des effets indésirables systémiques et une augmentation de l'efficacité locale. Les patients doivent être informés de l'utilisation correct du récipient multidose. Se référer à la rubrique 6.6 du RCP complet pour le mode d'emploi spécifiques. **CONTRE-INDICATIONS:** COSOPT Sine Conservans est contre-indiqué chez les patients ayant: une maladie réactive des voies aériennes incluant un asthme ou un antécédent d'asthme, ou une broncho-pneumopathie chronique obstructive sévère; une bradycardie sinusale, une maladie sinusale, un bloc sino-auriculaire, un bloc auriculoventriculaire de second ou troisième degré non contrôlé par un pacemaker, une insuffisance cardiaque patente, un choc cardiogénique; une insuffisance rénale sévère ( $\text{CrCl} < 30 \text{ ml/min}$ ) ou une acidose hyperchlорémique; une hypersensibilité à l'un ou aux deux principes actifs ou à l'un des excipients. Les contre-indications ci-dessus proviennent de celles de chacun des constituants et ne sont pas uniquement spécifiques de l'association. **EFFETS INDÉSIRABLES:** Dans une étude clinique avec COSOPT Unit Dose collyre en solution en récipient unidose (formulation sans conservateur) les effets indésirables rapportés ont été cohérents avec ceux précédemment rapportés avec COSOPT (formulation avec conservateur), le chlorhydrate de dorzolamide et/ou le maléate de timolol. Au cours des études cliniques, 1 035 patients ont été traités par COSOPT (formulation avec conservateur). Approximativement 2,4 % d'entre eux ont arrêté le traitement par COSOPT (formulation avec conservateur) en raison d'événements indésirables oculaires : approximativement 1,2 % des patients ont arrêté le traitement en raison d'événements indésirables locaux évocateurs d'allergie ou d'hypersensibilité (tels que inflammation de la paupière et conjonctivite). COSOPT Unit Dose (formulation sans conservateur) a montré un profil de sécurité d'emploi similaire à celui de COSOPT (formulation avec conservateur) dans une étude clinique comparative, en double-insu, à doses multiples. Comme d'autres médicaments à usage ophthalmique administrés par voie locale, le timolol passe dans la circulation générale. Cela peut induire les mêmes types d'effets indésirables que ceux survenant après administration par voie générale de bêtabloquants. L'incidence des effets indésirables systémiques après une instillation ophthalmique est plus faible qu'après une administration par voie systémique. Les effets indésirables suivants ont été rapportés avec COSOPT Unit Dose ou l'un de ses composants soit au cours des études cliniques soit depuis la mise sur le marché: Très fréquent ( $\geq 1/10$ ), fréquent ( $\geq 1/100, < 1/10$ ), peu fréquent ( $\geq 1/1 000, < 1/100$ ), rare ( $\geq 1/10 000 < 1/1 000$ ), fréquence indéterminée (ne peut être estimée sur la base des données disponibles). **Affections du système immunitaire:** COSOPT Unit Dose: Rare: signes et symptômes de réactions allergiques, incluant angioédème, urticaire, prurit, rash, anaphylaxie. Maléate de timolol, collyre en solution: Rare: signes et symptômes de réactions allergiques, incluant angioédème, urticaire, rash local et général, anaphylaxie. Indéterminé\*\*: prurit. **Troubles du métabolisme et de la nutrition:** Maléate de timolol, collyre en solution: Indéterminé\*\*: hypoglycémie. **Affections psychiatriques:** Maléate de timolol,

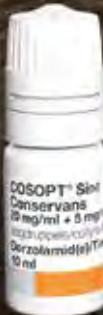
collyre en solution: Peu fréquent: dépression\*. Rare: insomnies\*, cauchemars\*, pertes de mémoire. Indéterminé\*\*: hallucination. **Affections du système nerveux:** Chlorhydrate de dorzolamide, collyre en solution: Fréquent: céphalées\*. Rare: étourdissements\*, paresthésies\*. Maléate de timolol, collyre en solution: Fréquent: céphalées\*. Peu fréquent: étourdissements\*, syncope\*. Rare: paresthésies\*, aggravation des signes et symptômes de myasthénie, diminution de la libido\*, accident vasculaire cérébral\*, ischémie cérébrale. **Affections oculaires:** COSOPT Unit Dose: Très fréquent: brûlures et picotements. Fréquent: hyperhémie conjonctivale, vision trouble, érosion de la cornée, démangeaisons oculaires, larmoiement. Chlorhydrate de dorzolamide, collyre en solution: Fréquent: inflammation palpébrale\*, irritation palpébrale\*. Peu fréquent: iridocyclite\*. Rare: irritations incluant rougeur\*, douleur\*, lésions crouteuses palpébrales\*, myopie transitoire (qui a disparu à l'arrêt du traitement), œdème cornéen\*, hypotonie oculaire\*, décollement de la choroid (après chirurgie filtrante)\*. Indéterminé\*\*: sensation de corps étranger dans l'œil. Maléate de timolol, collyre en solution: Fréquent: signes et symptômes d'irritation oculaire comprenant blépharites\*, kératites\*, hypoesthésie cornéenne et sécheresse oculaire\*. Peu fréquent: troubles visuels comprenant des modifications de la réfraction (dus parfois à l'arrêt du traitement par les myotiques)\*. Rare: ptosis, diplopie, décollement de la choride (après chirurgie filtrante)\* (voir rubrique 4.4 mises en garde spéciales et précautions d'emploi). Indéterminé\*\*: démangeaisons, larmoiement, rougeur, vision trouble, érosion de la cornée. **Affections de l'oreille et du labyrinth:** Maléate de timolol, collyre en solution: Rare: acouphènes\*. **Affections cardiaques:** Chlorhydrate de dorzolamide, collyre en solution: Indéterminé\*\*: palpitations, tachycardie. Maléate de timolol, collyre en solution: Peu fréquent: bradycardie. Rare: douleur thoracique\*, palpitations\*, œdème\*, arythmie\*, insuffisance cardiaque, congestive\*, arrêt cardiaque\*, bloc cardiaque. Indéterminé\*\*: bloc auriculoventriculaire, insuffisance cardiaque. **Affections vasculaires:** Chlorhydrate de dorzolamide, collyre en solution: Indéterminé\*: froidure des extrémités\*. **Affections respiratoires, thoraciques et médiastinales:** COSOPT Unit Dose: Fréquent: sinistrite. Rare: essoufflement, insuffisance respiratoire, rhinité, rarement bronchospasme. Indéterminé\*\*: dyspnée. Chlorhydrate de dorzolamide, collyre en solution: Rare: épistaxis\*. Maléate de timolol, collyre en solution: Peu fréquent: dyspnée\*. Rare: bronchospasme (surtout chez les patients ayant une maladie bronchospastique pré-existante)\*, insuffisance respiratoire, toux\*. **Affections gastro-intestinales:** COSOPT Unit Dose: Très fréquent: dysgueuse. Chlorhydrate de dorzolamide, collyre en solution: Fréquent: nausées\*. Rare: irritation de la gorge, sécheresse buccale\*. Maléate de timolol, collyre en solution: Peu fréquent: nausées\*, dyspepsie\*. Rare: diarrhée, sécheresse buccale\*. Indéterminé\*\*: dysgueuse, douleur abdominale, vomissements. **Affections de la peau et du tissu sous-cutané:** COSOPT Unit Dose: Rare: dermatite de contact, syndrome de Stevens-Johnson, nécrolyse épidermique toxique. Chlorhydrate de dorzolamide, collyre en solution: Rare: éruption\*. Maléate de timolol, collyre en solution: Rare: alopécie\*, éruptions psoriasiformes ou aggravation d'un psoriasis\*. Indéterminé\*\*: éruption cutanée. **Affections musculosquelettiques et systémiques:** Maléate de timolol, collyre en solution: Rare: lupus érythémateux disséminé. Indéterminé\*\*: myalgie. **Affections du rein et des voies urinaires:** COSOPT Unit Dose: Peu fréquent: lithiasis urinaire. **Affections des organes de reproduction et du sein:** Maléate de timolol, collyre en solution: Rare: maladie de La Peyronie\*, diminution de la libido. Indéterminé\*\*: dysfonctionnement sexuel. **Troubles généraux et anomalies au site d'administration:** Chlorhydrate de dorzolamide, collyre en solution: Fréquent: asthénie/fatigue\*. Maléate de timolol, collyre en solution: Peu fréquent: asthénie/fatigue\*. \* Ces effets indésirables ont également été observés avec COSOPT (formulation avec conservateur) depuis sa mise sur le marché. \*\* D'autres effets indésirables ont également été observés avec des bêtabloquants oculaires et peuvent potentiellement survenir avec COSOPT Unit Dose. Déclaration des effets indésirables suspectés: La déclaration des effets indésirables suspectés après autorisation du médicament est importante. Elle permet une surveillance continue du rapport bénéfice/risque du médicament. Les professionnels de santé déclarent tout effet indésirable suspecté via: Pour la Belgique : Agence Fédérale des Médicaments et des Produits de Santé - Division Vigilance, Avenue Galilée 5/03, 1210 BRUXELLES ou Boîte Postale 97, 1000 BRUXELLES, Madou. Site internet: www.notifieruneeffetindesirable.be, e-mail: adr@afmps.be - Pour le Luxembourg : Centre Régional de Pharmacovigilance de Nancy ou Division de la pharmacie et des médicaments de la Direction de la santé. Site internet: www.quichet.lu/pharmacovigilance **TITULAIRE DE L'AUTORISATION DE MISE SUR LE MARCHÉ:** Santen Oy, Niittyhaankatu 20, 33720 Tampere, Finlande **NUMÉRO D'AUTORISATION DE MISE SUR LE MARCHÉ:** BE530337 **MODE DE DÉLIVRANCE:** Médicament soumis à prescription médicale. **DATE DE MISE À JOUR DU TEXTE:** 04/2023

**Santen**

PP (incl. BTW)	Actief	WIGW
€ 23,40	€ 6,29	€ 3,78

# COSOPT® SINE CONSERVANS<sup>1</sup>

Bewaarmiddelvrije toepassing in een gebruiksvriendelijk multidose-flesje<sup>2</sup>



Terugbetaling  
van toepassing

## Gebruiksgemak<sup>2</sup>

- Aanhoudende IOD-verlaging in een gebruiksvriendelijk multidose-flesje<sup>1,2</sup>
- Nauwkeurige druppelafgifte<sup>2</sup>



20 mg/ml dorzolamide + 5 mg/ml timolol oogdruppels, oplossing

**TRIED. TESTED. TRUSTED.**

Geïndiceerd voor de behandeling van verhoogde intraoculaire druk (IOD) bij patiënten met openhoekglaucoom of Pseudo-exfoliatief glaucoom als monotherapie met een oogheelkundige bètablokker niet afdoende is.<sup>1</sup>

**NAAM VAN HET GENEESMIDDEL:** COSOPT Sine Conservans 20 mg/ml + 5 mg/ml oogdruppels, oplossing. **KWALITATIEVE EN KWANTITATIEVE SAMENSTELLING:** Iedere ml bevat 22,26 mg dorzolamidehydrochloride, overeenkomend met 20 mg dorzolamide, en 6,83 mg timololmaleaat, overeenkomend met 5 mg timolol. Een druppel (ongeveer 0,03 ml) bevat ongeveer 0,6 mg dorzolamide en 0,15 mg timolol. Hulpstoffen: hydroxyethylcellulose, mannitol, natriumcitraat, natriumhydroxide voor pH-aanpassing, water voor injecties. **FARMACEUTISCHE VORM:** Oogdruppels, oplossing. Helder, kleurloze tot bijna kleurloze, licht viskeuze oplossing, vrijwel vrij van zichtbare deeltjes met een pH tussen 5,5 en 5,9 en een osmolaliteit van 240-325 mOsmol/kg. **THERAPEUTISCHE INDICATIES:** Geïndiceerd voor de behandeling van verhoogde intraoculaire druk (IOD) bij patiënten met openhoekglaucoom of pseudo-exfoliatief glaucoom als monotherapie met een oogheelkundige bètablokker niet afdoende is. **DOSERING EN WIJZE VAN TOEDIENING:** Dosering: De dosering is één druppel COSOPT Sine Conservans tweemaal daags in (de conjunctival zak van) het/aangedane oog/ogen. Als er nog een andere lokale oogdruppel gebruikt wordt, moeten COSOPT Sine Conservans en het andere middel worden toegediend met telkens een interval van ten minste 10 minuten. Dit geneesmiddel is een steriele oplossing die geen conservermiddel bevat. De patiënt moet erop gewezen worden dat de handen gewassen moeten worden voor gebruik en dat de verpakking niet in contact met het oog of de omliggende structuren mag komen omdat dit het oog kan beschadigen (zie 'Instructies voor gebruik'). De patiënt moet er ook op gewezen worden dat verkeerde gebruik van oogoplossingen ertoe kan leiden dat de oogdruppels besmet kunnen raken met veelvoorkomende bacteriën die ooginfecties kunnen veroorzaken. Gebruik van besmette oogdruppels kan tot ernstige schade aan het oog en verlies van het gezichtsvermogen leiden. **Pediatrische patiënten:** De werkzaamheid bij kinderen is niet vastgesteld. De veiligheid bij kinderen jonger dan 2 jaar is niet vastgesteld. De huidige beschikbare gegevens betreffende de veiligheid bij kinderen van ≥ 2 jaar en < 6 jaar worden beschreven in rubriek 5.1 van de volledige SKP). **Wijze van toediening:** Bij gebruik van nasolacrimale occlusie of het sluiten van de oogleden gedurende 2 minuten wordt de systemische absorptie verminderd. Dit kan leiden tot een afname van systemische bijwerkingen en een toename van lokale activiteit. De patiënt moet geïnformeerd worden over het juiste gebruik van de verpakking met meerdere doses. Zie rubriek 6.6 van de volledige SKP voor instructies voor gebruik. **CONTRA-INDICATIES:**

COSOPT Sine Conservans is geconcentreerde bij patiënten met: reactieve luchtwagaandoeningen met inbegrip van astma bronchiale of een voorgeschiedenis van astma bronchiale, of ernstige chronische obstructieve luchtwagaandoeningen; sinusbradycardie, sick-sinussyndroom, sinoatrial blok, tweede- of derdegraads atrioventriculair blok zonder pacemaker, manifest hartfalen, cardiogene shock; ernstige nierfunctiestoornis (creatinehiklaring < 30 ml/min) of hyperchloremische acidose; overgevoeligheid voor de werkzame stoffen of voor een van de hulpstoffen. De bovengenoemde contra-indicaties zijn gebaseerd op de bestanddelen van het product en zijn niet beperkt tot de combinatie.

**BIJWERKINGEN:** In een klinisch onderzoek met COSOPT Unit Dose oogdruppels, oplossing in verpakking van éénmalig gebruik (formulering zonder conservermiddel) komen de waargenomen bijwerkingen overeen met bijwerkingen die eerder met COSOPT (formulering met conservermiddel) behaald. In klinisch onderzoek zijn 1.035 patiënten met COSOPT (formulering met conservermiddel) behaald. Bij ongeveer 2,4% van alle patiënten werd de behandeling met COSOPT (formulering met conservermiddel) op grond van lokale bijwerkingen aan het oog stopgezet; bij ongeveer 1,2% van alle patiënten werd de behandeling op grond van een lokale bijwerking die allergie of overgevoeligheid (zoals ooglontsteking en conjunctivitis) deed vermoeden, stopgezet. Het veiligheidsprofiel van COSOPT Unit Dose bleek in een dubbelblind vergelijkend onderzoek met herhaalde doses overeen te komen met dat van COSOPT (formulering met conservermiddel). Evenals andere lokaal toegediende oogmedicatie, wordt timolol geabsorbeerd in de systemische circulatie. Dit kan leiden tot bijwerkingen die vergelijkbaar zijn met die bij systemische bètablokken. Na lokale toediening in het oog is de incidentie van systemische bijwerkingen lager dan bij systemische toediening. De volgende bijwerkingen zijn met COSOPT Unit Dose of met een van de bestanddelen in klinisch onderzoek of spontaan postmarketing gemeld: Zeer vaak: (> 1/10), vaak: (> 1/100 tot < 1/10), soms: (> 1/1.000 tot < 1/100), zelden: (> 1/10.000 tot < 1/1.000), niet bekend (kan met de beschikbare gegevens niet worden bepaald). **Immunoontstaande aandoeningen:** COSOPT Unit Dose: Zelden: tekenen en symptomen van systemische allergische reacties, waaronder angio-oedeem, urticaria, pruritus, rash, anafylaxie. Timololmaleaat oogdruppels, oplossing: Zelden: tekenen en symptomen van allergische reacties waaronder, angio-oedeem, urticaria, lokale en gegeneraliseerde rash, anafylaxie. Niet bekend\*\*: pruritus. **Voedings- en stofwisselings-**

**stoornissen:** Timololmaleaat oogdruppels, oplossing: Niet bekend\*\*: hypoglykemie. **Psychische stoornissen:** Timololmaleaat oogdruppels, oplossing: Soms: depressie\*. Zelden: insomnia\*, nachtmerries\*, geheugenverlies. Niet bekend\*\*: hallucinatie. **Zenuwstelselaandoeningen:** Dorzolamidehydrochloride oogdruppels, oplossing: Vaak: hoofdpijn\*. Zelden: duizelgeheid\*, paresthesie\*. Timololmaleaat oogdruppels, oplossing: Vaak: hoofdpijn\*. Soms: duizelgeheid\*, syncope\*. Zelden: paresthesie\*, toename in tekenen en symptomen van myasthenia gravis, verminderd libido\*, cerebrovasculair accident\*, cérebrale ischemie. **Oogaandoeningen:** COSOPT Unit Dose: Zeer vaak: branden en prikkelen. Vaak: conjunctivale injectie, wazig zien, erosie van de cornea, jeuk aan het oog, tranen. Dorzolamidehydrochloride oogdruppels, oplossing: Vaak: ooglidontsteking\*, oogdilatatie\*. Soms: iridocyclitis\*. Zelden: irritatie, waaronder roodheid\*, pijn\*, korstjes op oogleden\*, voorbijgaande myopia (die bij stopzetting van de behandeling verdween), corneaedemeen\*, oculaire hypotonie\*, loslaten van de choroidea (na een glaucomoperatie)\*. Niet bekend\*\*: het gevoel iets in het oog te hebben. Timololmaleaat oogdruppels, oplossing: Vaak: tekenen en symptomen van oogirritatie, waaronder blefaritis\*, keratitis\*, verminderde gevoelighed van de cornea en droge ogen\*. Soms: visusstoornissen, waaronder veranderde refractie (in sommige gevallen door stopzetting van behandeling met een mioticum)\*. Zelden: ptosis, diplopie, loslaten van de choroidea na een glaucomoperatie\* (zie Bijzondere waarschuwingen en voorzorgen bij gebruik 4.4). Niet bekend\*\*: jeuk, tranen, roodheid, wazig zien, corneaeosie. **Evenwichtsorgaan- en ooraandoeningen:** Timololmaleaat oogdruppels, oplossing: Niet bekend\*\*: hartaandoeningen: Dorzolamidehydrochloride oogdruppels, oplossing: Niet bekend\*\*: hypertensie. Timololmaleaat oogdruppels, oplossing: Zelden: hypotensie\*, claudicatio, fenomeen van Raynaud\*, koude handen en voeten\*. **Aademhalingsstelsel-, borstkas- en mediastinumaandoeningen:** COSOPT Unit Dose: Vaak: sinusitis. Zelden: kortademigheid, respirator falen, rhinitis, zelden bronchospasme. Dorzolamidehydrochloride oogdruppels, oplossing: Zelden: epistaxis\*. Niet bekend\*\*: dyspneu. Timololmaleaat oogdruppels, oplossing: Soms: dyspneu\*. Zelden: bronchospasme (met name bij patiënten met een preexistente bronchospastische ziekte)\*, respirator falen, hoest\*. **Maagdarmstelselaandoeningen:** COSOPT Unit Dose: Zeer vaak: Dysgeusie. Dorzolamidehydrochloride oogdruppels, oplossing: Vaak: nausea\*. Timololmaleaat oogdruppels, oplossing: Soms: nausea\*, dyspepsie\*. Zelden: diarree, droge mond\*. Niet bekend\*\*: dysgeusie, abdominale pijn, braken. **Huid- en onderhuidaandoeningen:** COSOPT Unit Dose: Zelden: contactdermatitis, syndroom van Stevens-Johnson, toxicische epidermale necrolyses. Dorzolamidehydrochloride oogdruppels, oplossing: Zelden: rash\*. Timololmaleaat oogdruppels, oplossing: Zelden: alopecia\*, psoriasisiforme rash of exacerbatie van psoriasis\*. Niet bekend\*\*: huiduitslag. **Skeletspierstelsel- en bindweefselandaandoeningen:** Timololmaleaat oogdruppels, oplossing: Zelden: systemische lupus erythematosus. Niet bekend\*\*: myalgia. **Nier- en urinewegaandoeningen:** COSOPT Unit Dose: Soms: urolithiasis. **Voortplantingsstelsel- en borstaandoeningen:** Timololmaleaat oogdruppels, oplossing: Zelden: ziekte van Peyronie\*, verminderd libido. Niet bekend\*\*: seksuele disfunctie. **Algemene aandoeningen en toedieningsplaatsstoornissen:** Dorzolamidehydrochloride oogdruppels, oplossing: Vaak: asthenie/vermoeidheid\*. Timololmaleaat oogdruppels, oplossing: Soms: asthenie/vermoeidheid\*. Deze bijwerkingen zijn ook gemeld tijdens postmarketing gebruik met COSOPT (formulering met conservermiddel). \*\* Additionalle bijwerkingen zijn gezien met oogheelkundige bètablokken en kunnen mogelijk ook optreden met COSOPT Unit Dose. **Melding van vermoedelijke bijwerkingen:** Het is belangrijk om na toelating van het geneesmiddel vermoedelijke bijwerkingen te melden. Op deze wijze kan de verhouding tussen voordeelen en risico's van het geneesmiddel voortdurend worden gevolgd. Beroepsbeoefenaars in de gezondheidszorg wordt verzocht alle vermoedelijke bijwerkingen te melden via het Federaal Agentschap voor Geneesmiddelen en Gezondheidsproducten – Afdeling Vigilantie, Galileelaan 5/03, 1210 BRUSSEL of Postbus 97, 1000 BRUSSEL, Madou. Website: [www.eenbijwerkingmelden.be](http://www.eenbijwerkingmelden.be), e-mail: [adr@fagg.be](mailto:adr@fagg.be). **HOUDER VAN DE VERGUNNING VOOR HET IN DE HANDEL BRENGEN:** Santen Oy, Nittyhaankatu 20, 33720 Tampere, Finland **NUMMER VAN DE VERGUNNING VOOR HET IN DE HANDEL BRENGEN:** BE530337 **AFLEVERINGSWIJZE:** Geneesmiddel op medisch voorschrift. **DATUM VAN HERZIENING VAN DE TEKST:** 04/2023



Referentie: 1. SmPC Cosopt Sine Conservans 04/2023. 2. Kaamiranra K et al. Clinical Investigation 2018;DOI:10.4172.

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cumulative  
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\* Lam CS, et al. Myopia control in children wearing DIMS spectacle lens:  
6 years results. Invest Ophtalmol Vis Sci.2022;63:ARVO E-Abstract 4247

WEDNESDAY | 09:00 - 10:30 |

COPPER

## Tips and Tricks for general ophthalmologists

Moderators: Sofie VAN DER AUWERA, Gregoire VAN ACKER

- |       |  |
|-------|--|
| 09:00 | <b>Cornea: Dystrophy or degeneration?</b><br>TERMOTE K   |
| 09:30 | <b>Management of the vitreomacular interface - When to watch, when to intervene?</b><br>STALMANS P |
| 10:00 | <b>Uveitis: Lab tests and uveitis: What to order and how to interpret?</b><br>SCHAUVLIEGHE P       |
| 10:30 | <i>End of session - Part 1</i>   |

WEDNESDAY | 11:00 - 12:30 | plenary session

COPPER

## AOB Academic Session

### AOB Lecture, Keynote Speakers, President's ceremony

- 11:00   **AOB Academic Session - Welcome**  
          by Dr P Bartoszek - President OB 2023
- 11:02   *Introduction AOB Lecture Prof. Kestelyn*  
          Laudatio by Dr. Nathalie Collignon
- 11:05   **AOB LECTURE:**  
**Tropical ophthalmology, what's in a name?**  
KESTELYN P
- 11:25   *Introduction Keynote Lecture 1*  
          by Dr Karel Van Keer
- 11:30   **KEYNOTE LECTURE:**  
**Surgical Correction of Presbyopia in 2023**  
KOHNEN T
- 11:45   *Introduction Keynote Lecture 2*  
          by Dr Frank Goes
- 11:50   **KEYNOTE LECTURE:**  
**The Perfect Storm**  
PARIDAENS D
- 12:05   *Introduction Keynote Lecture 3*  
          by Dr Alexandra Kozyreff
- 12:10   **KEYNOTE LECTURE:**  
**Diagnosis and management of Ocular lymphoma what has changed over 30 years**  
DE SMET M
- 12:25   *End of Session*

## AOB Lecture



## Laureate AOB Lecture 2023

**Prof. Dr. Philippe KESTELYN**  
**Ghent, Belgium**

Professor Philippe Kestelyn received his training in ophthalmology under Professor François from 1975 to 1979. The next decade he established the department of ophthalmology at the Centre Hospitalier de Kigali in Rwanda, with a sabbatical leave in 1987-1988

to obtain a master in Public Health Ophthalmology at the Johns Hopkins University. He rejoined the department of ophthalmology at the Ghent University in 1991 as a full staff member under Professor Jean-Jacques Delaey and retired in 2013 as head of the department.

As a board member of several Belgian and European scientific societies he used his influence to improve the standards of clinical and scientific ophthalmology in Belgium and abroad. His most important contribution however was the vast number of residents he trained according to his high standards.

Professor Philippe Kestelyn, internationally recognized as an expert on HIV and the eye, contributed to ophthalmology as an author of more than 100 peer-reviewed articles and several book chapters, as a reviewer/associate editor/editor for national and international journals, and as a lecturer in four continents.

WEDNESDAY | 14:00 - 17:30 |

COPPER

## Tips and Tricks for general ophthalmologists

Moderators: Sofie VAN DER AUWERA, Gregoire VAN ACKER

14:00	<b>Refractive Surgery: What's hot &amp; happening in refractive surgery?</b> RAKIC J
14:20	<b>Glaucoma: Trabs vs newer tubes</b> LEMMENS S
14:40	<b>Glaucoma: What about those MIGS?</b> JANSSEN C
15:00	<b>Orbit / Oculoplastics: What the fleck?!</b> GOEMAERE J
15:30	Break
16:00	<b>Neuro-ophthalmology: Help! A swollen optic disc!</b> CHAPELLE A
16:30	<b>Paediatrics: Nothing is what it seems: Disease that imitate cranial nerve palsies</b> COUTEL M
17:00	<b>Medical retina: CSCR &amp; pachychoroid - What every ophthalmologist should know</b> RUYS J
17:30	<i>End of Session</i>

WEDNESDAY | 14:00 - 17:30 |

SILVER

## Uveitis: an overview

Moderator: Luc VAN OS

- 14:00 **Diagnostic testing in uveitis: Laboratory testing (Blood/microbiology etc)**  
RIGO S
- 14:15 **Diagnostic testing in uveitis: Invasive diagnostics**  
VAN CALSTER J
- 14:30 **Diagnostic testing in uveitis: Ophthalmological ancillary testing**  
MAKHOUL D
- 14:45 **Differential diagnosis in uveitis: Anterior uveitis**  
LE A
- 15:00 **Differential diagnosis in uveitis: Intermediate uveitis**  
KISMA N
- 15:15 **Differential diagnosis in uveitis: Posterior uveitis: retinitis**  
KOZYREFF A
- 15:30 Break
- 16:00 **Differential diagnosis in uveitis: Choroiditis**  
SCHAUVVLIEGHE P
- 16:15 **Differential diagnosis in uveitis: Pediatric uveitis**  
WILLERMAIN F
- 16:30 **Differential diagnosis in uveitis: Inflammatory complications: postsurgical, medication-induced etc**  
SELS L
- 16:45 **Treatment options in uveitis: Basic treatment (drops, injections, oral antivirals/ antibiotics, topical galucoma treatment)**  
JUDICE DE MENEZES RELVAS L
- 17:00 **Treatment options in uveitis: Advanced treatment: immunosuppression and others**  
LEPIECE G
- 17:15 **Treatment options in uveitis: Surgical options**  
LEFEBVRE P
- 17:30 End of Session

WEDNESDAY | 14:00 - 17:30 |

HALL 400

## Bringing your cataract surgery to the next level

*Moderators: Sorcha NI DHUBHGHAILL, Benoît GOLENVAUX*

- |       |  |
|-------|--|
| 14:00 | <b>Cataract surgery in the high myope and high hyperope</b><br>TASSIGNON M                                 |
| 14:12 | <b>Cataract surgery in the presence of keratoconus:<br/>classical and new insights</b><br>GOLENVAUX B      |
| 14:24 | <b>Optical profile of complex optics IOL</b><br>CASTIGNOLES F  |
| 14:36 | <i>Break for speaker questions</i>   |
| 14:45 | <b>Diffractive, multifocal, EDOF, what does it really mean?</b><br>CRAHAY F                                |
| 14:57 | <b>Blending lenses:<br/>combining multifocals, EDOF's and monofocals - what can we offer?</b><br>TERMOTE K |
| 15:09 | <b>Immediate same day bilateral cataract surgery<br/>(safety and reimbursement)</b><br>TEZCAN F            |
| 15:21 | <i>Break for speaker questions / round table discussion</i>  |
| 15:30 | <i>End of Session part 1</i>   |

WEDNESDAY | 14:00 - 17:30 |

HALL 400

## Bringing your refractive surgery to the next level

*Moderators: François-Xavier CRAHAY, Guy SALLET*

- |       |   |
|-------|---|
| 16:00 | <b>Can I use complex optic lenses after refractive surgery ?</b><br>CHAPELLE J, MATHYS b        |
| 16:12 | <b>Small-aperture IOLs: theoretical advantages vs. real-life implantation</b><br>DERVEAUX T     |
| 16:24 | <b>Presbyopia correction with phakic diffractive intra-ocular lens implantation</b><br>SALLET G |
| 16:36 | <i>Break for speaker questions</i>  |
| 16:45 | <b>Handling basement membrane dystrophies in refractive surgery</b><br>ALSABAI N                |
| 16:57 | <b>Dry eye - the constant enemy of the refractive surgeon</b><br>QIN V                          |
| 17:09 | <b>Sustainability in the operating room</b><br>COPPENS G  |
| 17:21 | <i>Questions &amp; round table session</i>  |
| 17:30 | <i>End of session</i>   |

THURSDAY | 09:00 - 10:30 |

COPPER

## Where all of retina meets -> FAB Case Presentations

*Moderators: Julie DE ZAEYTIJD, Laurence POSTELMANS*

- |       |  |
|-------|--|
| 09:00 | <b>Alterations in a young patient</b><br>JACOB J                                     |
| 09:06 | <b>Case in a young patient</b><br>BATENS M   |
| 09:15 | <b>Case report</b><br>RUYS J   |
| 09:24 | <b>Occlusive vasculitis after brolucizumab</b><br>COPPENS G                          |
| 09:34 | <b>What is hidden behind this bad vision ?</b><br>RASQUIN F                          |
| 09:42 | <b>An atypical pre-retinal vascular proliferation ...</b><br>BARTOSZEK P, KOZYREFF A |
| 09:52 | <b>The chicken or the egg ?</b><br>MABCHOUR A  |
| 10:02 | <b>Case report</b><br>WILLERMAIN F   |
| 10:10 | <b>What the **** ?</b><br>DE ZAEYTIJD J  |
| 10:20 | <b>Coincidence, or not ?</b><br>PEETERS F  |
| 10:30 | <i>End of Session</i>  |

THURSDAY | 11:00 - 12:30 |

COPPER

## Where all of retina meets -> Academic Session & Keynote Lectures

Moderators: Alexandra KOZYREFF, Julie DE ZAEYTIJD

- |       |  |
|-------|--|
| 11:00 | <b>Update on Macular Telangiectasis: novel imaging and treatment modalities</b><br>GAUDRIC A |
| 11:30 | <b>A new era in managing dry AMD ?</b><br>STAURENGHI G                                       |
| 12:00 | <b>Pachychoroid disease beyond CSCR:<br/>how to classify and how to handle ?</b><br>YZER S   |
| 12:30 | <i>End of session</i>  |

THURSDAY | 14:00 - 15:30 |

COPPER

## Uveitis Session: Drug induced uveitis

Moderators: François WILLERMAIN, Nacima KISMA

- |       |   |
|-------|---|
| 14:00 | <b>Immunotherapy induced uveitis</b><br>SCHAUVVLEGHE P                                    |
| 14:15 | <b>Vaccine induced uveitis</b><br>VAN OS L  |
| 14:30 | <b>Anti microbial drugs induced uveitis</b><br>KOZYREFF A                                 |
| 14:45 | <b>Brolucizumab and other anti-VEGF induced intraocular inflammation</b><br>VAN CALSTER J |
| 15:00 | <b>Ocular gene therapy induced inflammation</b><br>DE ZAEYTIJD J                          |
| 15:15 | <i>Panel discussion</i>   |
| 15:30 | <i>End Session</i>  |

THURSDAY | 16:00 - 17:30 |

COPPER

## Where all of retina meets - Rebel Session

Moderators: Leigh SPIELBERG, Fanny NERINCKX, Ernesto BALI, Joachim VAN CALSTER

16:00 **PART 1: KEYNOTE LECTURE**

Moderator: Fanny Nerinckx, Leigh Spielberg

16:01 **KEYNOTE SPEAKER**

**The Suprachoroidal Approach in Vitreoretinal surgery**

SAIDKASIMOVA S

16:29 **PART2: VIDEO SESSION**

**VR from the OR**

Moderator: Ernesto Bali, Jozef Depla

16:30 **Small-Incision Implantation of both Carlevale and Artificial Iris**

ACCOU G

16:40 **Our Technique for Carlevale implantation**

BOUSTANI G, BALI E

16:50 **VCR: Much Ado About Nothing?**

VECKENEER M

17:00 **PART 3:**

Moderator: Jean-Marie Rakic, Joachim Van Calster

17:01 **State of the Art: EDOF IOLs in Combined Phaco-Vitrectomy**

STALMANS P

17:10 **PART 4:**

Moderator: Jean-Marie Rakic, Joachim Van Calster

17:11 **Pros & Cons: Comparing Scleral Buckling & Vitrectomy for Standard Retinal Detachments in Younger Patients**

BALI E

17:30 **Champagne Cocktail Hour**

18:30 End of session

THURSDAY | 09:00 - 10:30 |

SILVER

## Glaucoma Tough Cookies

Moderators: Adèle EHONGO, Veva DE GROOT

09:00 *Welcome*

09:01 **Baby Boomers – Congenital glaucoma and pediatrics**

*LEMMENS S, CASTEELS I*

09:16 **Hot eyes – Uveitis specialist to calm down eye before trab**

*KESTELYN P Jr, KESTELYN P Sr*

09:31 **Red angles – Neovasc glaucoma and medical retina**

*HONDEGHEM K, SCHAUWVLIEGHE PP*

09:46 **Cloudy Cornea – Corneadecompensation after glaucoma tube surgery**

*VANDEWALLE E, SAELENS I*

10:01 **Fake News?!: Glaucoma and neuro ophthalmology**

*POURJAVAN S, BOSCHI A*

10:16 *Discussions / Remarks*

10:30 *End of Part 1*

THURSDAY | 11:00 - 12:30 |

SILVER

## Glaucoma Surgery Nightmares

Moderators: Ingeborg STALMANS, Nathalie COLLIGNON

- |       |  |
|-------|--|
| 11:00 | <b>Aqueous lost in translation – Aqueous misdirection after glaucoma surgery</b><br>VAN DE VEIRE S, VAN HOORDE T |
| 11:15 | <b>When the going gets tough... Choroidal effusion/hemorrhage and vitrectomy</b><br>STALMANS I, STALMANS P       |
| 11:30 | <b>When bugs get involved - Blebitis after glaucoma surgery</b><br>KIEKENS S, VAN DEN HEURCK J                   |
| 11:45 | <b>Drama cinema: glaucoma disasters video session</b><br>BARTON K  |
| 12:15 | <b>What you always wanted to know but never dared to ask - Q&amp;Q</b>   |
| 12:30 | <i>End of Session</i>  |

THURSDAY | 09:00 - 12:30 |

HALL 400

## Strabismus and refractive surgery

Moderators: Stéphanie VANDENBROUCKE, Stéphane COLONVAL

- |       |   |
|-------|---|
| 09:00 | <b>Introduction</b><br>BY SANDRINE DE TEMMERMAN   |
| 09:10 | <b>BSA Grant Laureates</b><br>MOSCHETTA L, HUPIN N  |
| 09:20 | <b>GUEST SPEAKER:</b><br><b>Diplopia after cataract and refractive surgery</b><br>KOWAL L                   |
| 10:05 | Discussion  |
| 10:30 | <i>Break</i>  |
| 1:00  | <b>Refractive surgery for children with special needs</b><br>POSTOLACHE L                                   |
| 11:20 | <b>Refractive surgery in young hyperopes:<br/>current indications and future perspectives</b><br>DERVEAUX T |
| 11:40 | <b>Role of multifocal glasses in strabismus</b><br>VAN AERSCHOT J   |
| 12:00 | <i>Q&amp;A - Discussions</i>  |
| 12:30 | <i>End of Session</i>   |

# BSOPRS

 - Belgian Society of Ophthalmic Plastic and Reconstructive Surgery

THURSDAY | 14:00 - 17:30 |

SILVER

## When there is more than meets the eye and collaboration is added value

Moderators: Sarah LIBERT, Antoine MOREAU

- |       |   |
|-------|---|
| 14:00 | <b>Orbital sarcoïdosis treated by pneumologist</b><br>GUIOT J                             |
| 14:20 | <b>Interventional radiology to and through the orbit</b><br>MOÏSE M                       |
| 14:50 | <b>Strabismus in Basedow orbitopathy</b><br>PARSA C                                       |
| 15:10 | <b>May the force be with two</b><br>MOMBAERTS I   |
| 15:30 | Break   |
| 16:00 | <b>Orbital cellulitis due to ethmoiditis</b><br>ROGISTER F                                |
| 16:20 | <b>Neurological ptosis (III + CBH)</b><br>BOSTAN A  |
| 16:40 | <b>Sphenoid wing meningiomas</b><br>REUTER G  |
| 17:00 | <b>Reconstruction and covery with flaps and grafts in the orbital region</b><br>FOUARGE A |
| 17:30 | End of Session  |

THURSDAY | 14:00 - 17:30 |

HALL 400

## EYE and SKIN Symposium

*Moderators: Natalie SCHAEKEN, Maëlle COUTEL*

- |       |   |
|-------|---|
| 14:00 | <b>NF type 1</b><br>CASSIMAN C, LEGIUS E            |
| 14:30 | <b>Tuberous Sclerosis</b><br>BOSCHI A, SANTALUCIA R |
| 15:00 | <b>Genetics of Albinism</b><br>BACCI G              |
| 15:30 | Break   |
| 16:00 | <b>Sturge Weber</b><br>GILLARD P, VIKKULA M         |
| 16:40 | <b>Allergy</b><br>ROELS D, LAPEERE H                |
| 17:20 | <i>Discussion</i>                                   |
| 17:30 | <i>End of Session</i>                               |

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# OPHTHALMOLOGICA BELGICA

## *OB congress dinner / party*



Thursday

**23**  
NOV

19:30 - 24:00

VENUE:  
Cercle Royal Gaulois  
Rue de la Loi, 5 - 1000 Brussels

Evening entertainment  
by DOMINO

# PRIMUM NON NOCERE



## SBO @ OB 2023

*'Of all sciences needful for men, the chief one is the knowledge of how to live, doing as little harm as possible.' L. Tolstoï*

**Square Brussels | Friday, 24 November 2023**

Room Gold | 9.00 to 12:30 am



FRIDAY | 09:00 - 10:30 |

GOLD

## Primum Non Nocere

Moderators: Laurence POSTELMANS, Maxime DEQUINZE

09:00 **Welcome**

09:05 **About the oath of Hippocrates**

DENEYER M

09:20 **Complaints in ophthalmology:  
what are they ? how to prevent them ? how to manage them ?**

VANDERHEYDEN M

09:35 **Can Artificial Intelligence predict ophthalmological complications ?  
Is Artificial Intelligence more empathic than us ?**

DELETAILLE S

09:50 **PRIMUM NON NOCERE and vitreo-retinal surgery**

VECKENEER M

10:05 **PRIMUM NON NOCERE and Micro Invasive Glaucoma Surgery**

SUNARIC MÉGEVAND G

10:20 **PRIMUM NON NOCERE and refractive surgery**

CRAHAY F

10:30 *End of Session*

FRIDAY | 11:00 - 12:30 |

GOLD

## Primum Non Nocere

*Moderators: Laurent LEVECQ, Antonella BOSCHI*

- |       |  |
|-------|--|
| 11:00 | <b>PRIMUM NON NOCERE and ocular oncology</b><br>BARTOSZEK P  |
| 11:15 | <b>PRIMUM NON NOCERE and our medication</b><br>KISMA N   |
| 11:30 | <b>The mental health of the doctor: condition for good treatment</b><br>DE LATHOUWER O                   |
| 12:00 | <b>The limits of expertise:<br/>new insights learned from Commercial Air transport</b><br>CERDAN LOPEZ W |
| 12:30 | <i>End of Session</i>  |

FRIDAY | 09:00 - 12:30 |

HALL 400

## What about eXotropia

Moderators: Odile VAN DAELE, Alicia COUREAU

- |       |   |
|-------|---|
| 09:00 | <b>Welcome by the President BOV-ABO</b>           |
|       | BAUWENS A   |
| 09:05 | <b>Primary exotropia</b>                          |
|       | ANTOONS L   |
| 09:25 | <b>Intermittent exotropia</b>                     |
|       | GODTS D   |
| 09:45 | <b>Near exotropia - Convergence insufficiency</b> |
|       | GUERIN R  |
| 10:05 | <b>Consecutive exotropia</b>                      |
|       | MAASSEN M   |
| 10:25 | <i>Break</i>                                      |
| 11:15 | <b>Paralytic exotropia</b>                        |
|       | MARAITE F   |
| 11:35 | <b>Surgical options of exotropia</b>              |
|       | SELLIER J   |
| 11:55 | <b>Cases incomitant exotropia</b>                 |
|       | VAN BELLINGHEN V                                  |
| 12:10 | <b>Case low vision and exotropia</b>              |
|       | SEGERS I  |
| 12:25 | <i>Closing remarks</i>                            |
| 12:30 | <i>End of Session</i>                             |

# BVVB - OBPC

- Belgische Vereniging ter Voorkoming van Blindheid  
- Organisation Belge pour la Prévention de la Cécité

FRIDAY | 09:00 - 10:30 |

HALL 300

## What each ophthalmologist should know about Low vision?

Moderators: Tanja COECKELBERGH, Inge JONIAU

- |       |   |
|-------|---|
| 09:00 | <b>Welcome and introductions</b>  |
| 09:02 | <b>Visual rehabilitation anno 2023 in Belgium</b><br>HOYDONGS L, DEPASSE F          |
| 09:22 | <b>Disability Classification</b><br>VAN DE WALLE A                                  |
| 09:42 | <b>Evaluation of fitness to drive and visual rehabilitation</b><br>TANT M           |
| 10:02 | <b>Becoming an ophthalmologist specialized in visual rehabilitation</b><br>JONIAU I |
| 10:22 | <i>Discussions and Remarks</i>  |
| 10:30 | <i>End of Session</i>   |

FRIDAY | 13:00 - 13:30 |

HALL 400

## Award Ceremony

*Introductions by Dr. Paulina Bartoszek and Dr Alexandra Kozyreff*

### FRO Laureats 2023

LEROY B

### COB - Cataract Surgery Training - Certificates of Completion AY 2022-2023

KOPPEN C

### ANNOUNCEMENT

### OB 2023 : Prize Best Poster & Best Free Paper

BARTOSZEK P, KOZYREFF A

FRIDAY | 14:00 - 15:30 |

GOLD

**SESSION ETHICS**

## The (re)newed Royal Decree Eye Care and the place of the ophthalmologist in it

*Moderators: Marnix CLAEYS, Hilde DECONINCK*

- 14:00 **Introductions**  
BY BBO PRESIDENT DR STEFAAN REYNDERS
- 14:05 **Referral prescription from ophthalmologist to orthoptist  
and optometrist**  
CLAEYS M
- 14:25 **Progression and current status Royal Decree  
orthoptic optometry 2023**  
DECONINCK H
- 14:45 **Possible legal action if RD orthoptics-optometry 2023 is not followed**  
DIERICKX A
- 15:05 **Medicolegal implications of Royal Decree orthoptics-optometry 2023**  
DE TROYER E
- 15:20 *Questions & Answers*
- 15:25 *Closing Remarks by SOOS President Dr Willekens Koen*
- 15:30 *End of Session Part 1*

FRIDAY | 16:00 - 17:30 |

GOLD

## SESSION ETHICS

### Sustainability in Eye Care

Moderators: Rajkumar LUCAS, Koen WILLEKENS

16:00 **Introduction**

BY DR RAJKUMAR LUCAS

16:05 **Sustainability in eye care is a systems issue: how Aravind Eye Care System tackles it** [-PRE RECORDED PRESENTATION-]

VENKATESH R

16:20 **Sustainability and Medical Liability: are you covered?**

APALIGAN O

16:40 **Sustainable ophthalmic medication use in the hospital setting**

BROUWERS K

16:48 **Contributing to sustainability in ophthalmology: a look at green practices from the industry**

COPEL L

16:55 **Ophthalmologists produce a huge amount of plastic waste. What can we recycle?**

COPPENS G

17:03 **Blind spots in making ophthalmology more sustainable: a glaucoma perspective**

VERMORGEN K

17:11 **Cataract surgery over the last 20 years: from reusables to disposables and back again**

DE LEPELEIRE K

17:18 **Sustainable ophthalmology: hurdles to overcome**

REUSER T

17:25 *Questions and answers*

17:30 *Closing by Dr Willekens*

# NEXUS

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- Peter Stalmans, MD, PhD, Belgium



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The Future of Ophthalmic Surgery.



FRIDAY | 09:00 - 15:00 |

COPPER

## Cataract / Glaucoom / Medische en Chirurgische Retina / Pediatricche pathologie

Moderators: Benny DE RIDDER, Carine SEGERS

09:00	<b>Soorten en behandelingen cataract (volwassenen en pediatriche)</b> SAELENS I
09:20	<b>Een overzicht van de verschillende types lensimplanten</b> ZEYEN P
09:40	<b>Een gepersonaliseerde aanpak voor elke glaucoompatiënt</b> LEMMENS S
10:00	<b>De Glaucoomoperatie: Van A tot X...</b> HONDEGHEM K
10:20	Koffie pauze
10:50	<b>Retinale vaatpathologie</b> PEETERS F
11:10	<b>Leeftijdsgebonden maculadegeneratie en erfelijke netvliesaandoeningen</b> DE ZAEYTIJD J
11:30	<b>De urgentie: de retinaloslating en endoftalmitis</b> STALMANS P
11:50	<b>De geplande ingreep: het maculair gaatje, de pucker en de floaters</b> DEPLA J
12:10	Lunch
14:00	<b>Onderzoek bij Kinderen</b> GODTS D
14:20	<b>Felle toename van bijziendheid bij kinderen</b> DELBEKE P
14:40	<b>Strabisme en andere aandoeningen bij kinderen</b> CASSIMAN C, VERYSER E
15:00	<i>End of Session</i>

# BSONT

- Belgian Society of Ophthalmic Nurses and Technicians

FRIDAY | 09:00 - 15:00 |

SILVER

## Plongée dans le segment postérieur

*Moderators: Maria PIPIRIG*

09:00	<b>Introductions et mot du Président</b> - Dr Bartoszek
09:05	<b>Tour de piste du segment postérieur</b>
	KOZYREFF A
09:20	<b>Les pathologies de l'interface vitréo-rétinien et la chirurgie 3D</b>
	SMETS M, LEFLOT M
09:40	<b>La rétinopathie diabétique</b>
	LOCHT B
10:00	<b>Les lésions traumatiques du segment postérieur et leur prise en charge chirurgicale</b>
	LADHA R
10:20	Questions et réponses
10:30	Pause Café
11:00	<b>Introduction DMLA</b>
	SANFILIPPO S
11:15	<b>DMLA - Les traitements actuels en futurs</b>
	LIPSKI D
11:30	<b>Association DMLA</b>
	DAGE M
11:45	Questions et réponses
12:00	Pause Lunch
13:30	<b>Implantation de rétine prothétique</b>
	STALMANS P
13:50	<b>Maladies génétiques</b>
	BALIKOVA I
14:10	<b>Inflammations oculaires</b>
	LE A, HAKAMI S
14:30	<b>Oncologie oculaire</b>
	BARTOSZEK P
14:50	Questions et réponses - Dr Kozyreff
15:00	End of Session

WEDNESDAY | 14:00 - 15:30 |

HALL 300

## AOB Free Papers

Moderators: Marc VECKENEER, Nathalie COLLIGNON

- 14:00 **Evaluation of tear film osmolarity changes after corneal refractive surgery and comparison between two tear substitutes**  
CRAHAY F, PAPART S
- 14:10 **Ruthenium Brachytherapy in eye tumors**  
MISSOTTEN G, VAN CALSTER J
- 14:20 **LUNet: Deep Learning for the Segmentation of Arterioles and Venules in Fundus Images**  
VAN EIJGEN J, FHIMA J, BEHAR J, CHRISTINAKI E, STALMANS I
- 14:30 **Neurotrophic keratitis: where do we stand?**  
WOUTERS C, SAELENS I, DELBEKE H
- 14:40 **Laser trabeculoplasty, a literature review**  
SEMOULIN C, LEMMENS S
- 14:50 **Wriggling surprise during cataract surgery.**  
KOULALIS J, MAYALA T, KOLLER J, HARDY R, DUGAUQUIER A
- 15:00 **Refractive and visual outcomes of SMILE® with the ZEISS VisuMax 500 vs. the Zeiss VisuMax 800 femtosecond laser**  
GOES W
- 15:10 **Efficacy and Safety of endocyclophotocoagulation for Intraocular Pressure Reduction in glaucoma patients: A nonrandomized prospective pilot study on 13 eyes**  
VAN ACKER G, HAFFANE I, POURJAVAN S
- 15:20 *Discussion*
- 15:30 *End of Free Paper Session*

WEDNESDAY | 12:45 - 13:30 |

SPEAKERS CORNER

## AOB Rapid Fire Session

Moderators: Marc VECKENEER, Karel VAN KEER

- 101 12:45 **Surgical reconstruction using corneal patch graft after limbal lipodermoid excision**

DESCHUTTERE C, ROELS D

- 108 12:50 **A series of acute corneal edema and residual subepithelial haze after bilateral selective laser trabeculoplasty**

NIJS J, VANDEWALLE E, WALGRAVE V, SOMERS A, LEMMENS S

- 115 12:55 **Optical Coherence Tomography angiography volume measurements of the posterior pole of the eye in children under myopia control treatment. The effect of one-month daily atropine 0.1% eye drop use**

KOULALIS J, NELIS P, COOLS W, TEZCAN F, KUIJPERS R

- 121 13:00 **Results of the survey on sustainability in eyecare among Belgian ophthalmologists; current measures and future opportunities**

VERMORGENT K

- 125 13:05 **Refining the Diagnostic Technique to Determine Prevalence of Demodex Mites in Eyelash Hair Follicles Within Standard Ophthalmic Practice: A Single-Center Outpatient Clinical Study**

BOEL C, GOEZINNE F

- 127 13:10 **Bartonella henselae-related conjunctival granuloma – case report and literature review**

LEDOUX P, BARTOSZEK P

- 128 13:15 **Macular neovascularization in chorioretinal coloboma: A case report of a 17-year-old patient**

CARDON P, JOKE RUYS

# EEN ANDERE KIJK OP HET LEVEN

## UNE AUTRE FAÇON DE VOIR LA VIE

Op weg naar inclusie  
van blinde en  
slechtziende personen  
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des personnes aveugles  
et malvoyantes*



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# E-POSTERS

All e-Posters on show during the entire congress  
at the speakers corner.

# AOB e-Posters

All e-Posters on show during the entire congress

## SPEAKERS CORNER

- 101 **Surgical reconstruction using corneal patch graft after limbal lipodermoid excision**  
DE SCHUTTERE C, ROELS D
- 102 **Management of epithelial downgrowth after uncomplicated cataract surgery**  
VANDER EECKEN M, VAN DORPE J, ROELS D
- 103 **Spiroplasma species as a rare cause of congenital keratouveitis, cataract and glaucoma**  
VAN HAECKE H, ROELS D, JONIAU I
- 104 **Photographical overview of successful treatment of PAM with severe atypia using topical MMC**  
BATENS M, ROELS D
- 105 **Intraocular hypertension caused by elevated episcleral venous pressure following arteriovenous fistula embolization**  
KHALATYAN G, POURJAVAN S, OTJACQUES L, MARINESCU C
- 106 **Postoperative pain management in pterygium excision**  
HELLINCKX L
- 107 **Rhinoscleroma: a case report**  
DE SCHUTTERE C, NINCLAUS V
- 108 **A series of acute corneal edema and residual subepithelial haze after bilateral selective laser trabeculoplasty.**  
NIJS J, VANDEWALLE E, WALGRAVE V, SOMERS A, LEMMENS S
- 109 **Comparison of Scheimpflug Corneal Tomography and Anterior Segment Optical Coherence Tomography measurements in Corneal Cystinosis**  
VERCAUTEREN L, CONSEJO A, DE VRIES MJ, KROLO I, KOPPEN C, NI DHUBHGHAILL S
- 110 **Ocular torsional deviation in a unilateral paramedian thalamo-mesencephalic infarction**  
MISSA E, WANG Z, TOPCIU M-F, BUELENS T

# AOB e-Posters

All e-Posters on show during the entire congress

## SPEAKERS CORNER

- 111 **Treatment of Metastatic Uveal Melanoma**  
MISSOTTEN G, VANAKEN L, VAN GINDERDEUREN R, THAL D, BECHTER O, CLEMENT P
- 112 **A curious case of recurrent transient diplopia**  
VERMEULEN L, DE KEIZER RJW, KERSTENS J, VAN LINT M
- 113 **Posterior ciliary arterial system occlusion after treatment for epistaxis**  
LEDOUX P, ATES E, BUGHIN A, LEVECQ L
- 114 **The Role of Topical Insulin on Ocular Surface Restoration**  
SEDER A, KROLO I., BEHAEGEL J., TERMOTE K., NI DHUBHGHAILL S., NI DHUBHGHAILL S.
- 115 **Optical Coherence Tomography angiography volume measurements of the posterior pole of the eye in children under myopia control treatment. The effect of one-month daily atropine 0.1% eye drop use**  
KOULALIS J, NELIS P, COOLS W, TEZCAN F, KUIJPERS R
- 116 **Unilateral diffuse retinal bleeding and explosive choroidal neovascularization after coughing in a patient with angiod streaks**  
GIELEN C, GUAGNINI A-P
- 117 **The belgian endothelial surgical transplant of the cornea (best cornea):**  
DE BRUYN B, NI DHUBHGHAILL S, DUCHESNE B, KOPPEN C
- 118 **Atypical Birdshot Chorioretinopathy Mimicking Lymphoma:  
A Case Report**  
AFIFI Y, HAKAMI S, MISSA E, MAKHOUL D, WILLERMAIN F, LE A
- 119 **Efficiency and safety of Rho Kinase inhibitors and Beta-blockers in the treatment of primary open angle glaucoma after 3 month: a systematic review with meta-analysis of randomized controlled trials**  
NANA WANDJI B, EHONGO A, BACQ N, CASTETBON K
- 120 **Inter-observer variability of human optic disc evaluation on fundus photos and implications for AI-research**  
BOURGUIGNON G, POURJAVAN S

# AOB e-Posters

All e-Posters on show during the entire congress

## SPEAKERS CORNER

- 121 **Results of the survey on sustainability in eyecare among Belgian ophthalmologists; current measures and future opportunities**  
VERMORGEN K
- 122 **IOP measured by non-contact tonometry and age and gender in Congolese patients**  
KAIMBO WA KAIMBO D, KAIMBO MT
- 123 **Acute corneal haze after Selective Laser Trabeculoplasty : case report**  
BOURGUIGNON G, VAN ACKER G, ATES E, POURJAVAN S
- 124 **Investigating peripapillary vessel density on OCT angiography after instillation of topical Brimonidine versus Dorzolamide**  
CAHILL T, POURJAVAN S
- 125 **Refining the Diagnostic Technique to Determine Prevalence of Demodex Mites in Eyelash Hair Follicles Within Standard Ophthalmic Practice: A Single-Center Outpatient Clinical Study**  
BOEL C, GOEZINNE F
- 126 **DMEK versus DSAEK: Which corneal transplantation technique is superior?**  
LAMMENS M, CLAERHOUT I
- 127 **Bartonella henselae-related conjunctival granuloma – case report and literature review**  
LEDOUX P, BARTOSZEK P
- 128 **Macular neovascularization in chorioretinal coloboma: A case report of a 17-year-old patient**  
CARDON P, JOKE RUYS
- 129 **Combining a monofocal with an EDOF IOL: Is there an improvement in quality of vision after cataract surgery over bilateral monofocal IOL implantation?**  
VAN SCHOOR R, TERMOTE K, NI DHUBHGHAILL S
- 130 **Real-World Visual Performance of a non-diffractive IOL with Extended Depth of Focus in Patients Implanted in Belgium**  
PAPART S, CRAHAY F-X

# AOB e-Posters

All e-Posters on show during the entire congress

## SPEAKERS CORNER

- 131 **Out of the blue... a case of orbital Ewing sarcoma mimicking a vascular lesion**  
LESOINNE P, XHAUFLAIRE G, RAKIC J M
- 132 **Visual Threatening Papilledema Resistant to Endoscopic Third Ventriculostomy**  
SADEGHI N
- 133 **Acquired diplopia without oculomotor palsy : a case series of 25 patients**  
ZAHER S, BOYER C, HEMPTINNE C, COUTEL M, BOSCHI A
- 134 **Overall Visual Outcomes from a Real-World Study of Presbyopia-Correcting IOLs in a Large Population**  
CRAHAY F
- 135 **A not-so-innocent pupil-sparing oculomotor nerve palsy**  
SIMONS A, TOUSSEYN T, MOMBAERTS I

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Installing the compact COMBI Series is a straightforward process. Setup can be completed within a **maximum of 2 days**. The COMBI provides an **attractive solution for rooms with limited height** (2 meters) and confined false ceiling space, presenting a potential alternative to built-in ceiling laminar flow systems.



#### Cost-effective solution

The COMBI unit stands out not only for its cost-effectiveness but also for its durability and semi-mobility, contributing to optimal operational efficiency. Through its significant enhancement of overall air quality, our COMBI devices establish themselves as **self-reliant, validated cleanroom ventilation systems**, providing a compelling alternative to more expensive laminar flow systems.



COMBI 3.0. with positive pressure



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# **INTERACTIVE CLINICAL COURSES**

# INTERACTIVE CLINICAL COURSE

WEDNESDAY | 09:00 - 10:30 |

SILVER

## ICC 1:

### A case-based lecture on contact lens usage in the current ophthalmology practice

### Interactive Clinical Courses

BASIC

Delbeke Heleen, Saelens Isabelle, Miltenburg-Soeters Nienke, Gert Van Schoenwinkel  
UZ Leuven, Visser + Ophthalmo

This ICC will expand your knowledge on medical contact lenses by using real life cases. The game changing effect of medical contact lenses for keratoconus patients is well-known, as they tremendously improved quality of life of our patients. As this effect is true for other pathologies; this ICC will equally elaborate on other indications such as diplopia, nystagmus, mydriasis, aphakia and severe keratoconjunctivitis sicca.

09:00	<b>Speaker 1</b> VANSCHOENWINKEL G
09:22	<b>Speaker 2</b> GEYSEN C
09:44	<b>Speaker 3</b> DELBEKE H
10:07	<b>Speaker 4</b> SAELENS I
10:30	<i>End of ICC 1</i>

# INTERACTIVE CLINICAL COURSE

WEDNESDAY | 09:00 - 10:30 |

HALL 400

## ICC 2: The way to a stressless phaco: no magic, just tips and tricks

BASIC

D'HOLLANDER Filip, VANDER MIJNSBRUGGE Joris  
OLV Ziekenhuis Aalst & KULeuven

In this video-based course we explain from a physical point of view how tissues behave, why complications occurred and how to avoid and solve them. We are convinced that mastering the details of a cataract extraction makes the difference between a starting and an experienced surgeon. Those small tricks are often picked up by coincidence by a surgeon over a long period of years. Teaching those details can make the learning curve easier and faster for surgeons of a beginning and intermediate level.

Programme outline:

09:00	<b>Speaker 1</b> D'HOLLANDER F
09:45	<b>Speaker 2</b> VANDER MIJNSBRUGGE J
10:30	<i>End of ICC 2</i>

# INTERACTIVE CLINICAL COURSE

WEDNESDAY | 09:00 - 10:30 |

HALL 300

## ICC 3: Astigmatism correction during cataract surgery

INTERMEDIATE

GOLENVAUX Benoît, SALLET Guy, VAN CAUWENBERGE Françoise

Centre Hospitalier Delta (CHIREC), Bruxelles

Ooginstituut, Aalst

CHU du Sart Tilman, Liège

This course will provide pragmatic and comprehensive information on surgical correction of astigmatism for the cataract surgeon. Surgical correction of astigmatism, either by incisional/femtosecond laser surgery or with toric IOL's will be covered. Selection of candidates, determination of axis, calculation formulae, Toric IOL's on the market, and experience with low and high-tech alignment devices will be discussed. Clinical cases will be shared and discussed interactively, with the audience.

09:00	<b>Introduction - Astigmatism: Basics</b>
	GOLENVAUX B
09:09	<b>Corneal astigmatism measurement</b>
	SALLET G
09:18	<b>Axis marking: instruments, technologies, procedures</b>
	GOLENVAUX B
09:33	<b>Incisional surgery: Blade</b>
	GOLENVAUX B
09:43	<b>Surgical procedure &amp; results: femtosecond AK &amp; Toric IOL's</b>
	SALLET G
09:58	<b>Toric IOL's : indications, IOL's on the market</b>
	GOLENVAUX B
10:07	<b>Unexpected astigmatism after TIOL: what should I do?</b>
	VAN CAUWENBERGE F
10:21	<b>Clinical case: What did I do wrong?</b>
	GOLENVAUX B
10:25	<b>Clinical case: What did I do wrong?</b>
	SALLET G
10:29	<i>Conclusion</i>
10:30	<i>End of ICC 3</i>

# INTERACTIVE CLINICAL COURSE

WEDNESDAY | 16:00 - 17:30 |

HALL 300

## ICC 4: What's new in intraocular lenses : seeing the wood for the trees!

INTERMEDIATE

GOES Frank Jr, BERTELOOT Sophie, TACK Michele  
Goes Eye Centre  
Tielt Eye Centre

In recent years, many new types of intraocular lenses have appeared on the market, which means you may not be able to see the wood for the trees. We explain the difference and use of monofocal-plus lenses, Edoflenses, sectoral addition lenses, bifocal, trifocal and other multifocal lenses. The difference and use of aberration-free, aberration-correcting and aberration-neutral lenses is also gone over. The whole is substantiated with many clinical examples. A practical flow-chart will be shared.

**An extensive, didactic and clinically oriented overview of different types of monofocal and multifocal implant lenses**

16:00 **Speaker 1**

GOES F

16:30 **Speaker 2**

BERTELOOT S

17:00 **Speaker 3**

TACK M

17:30 *End of ICC 4*

This session will be using polling feature.

Download the Congress App to participate in the polling.

# INTERACTIVE CLINICAL COURSE

THURSDAY | 09:00 - 10:30 |

HALL 300

## ICC 5: Corneal topography made easy

BASIC

ALSABAI Nashwan, KOPPEN Carina  
UZ Antwerp  
Focus Eye Clinic

Corneal topography is a non-invasive imaging technique crucial for ophthalmologists in refractive surgery and the diagnosis of ectatic corneal diseases. It enables the detection of abnormalities, early disease diagnosis, classification, and effective disease monitoring. This interactive course aims to equip ophthalmologists with the necessary knowledge and skills to utilize and interpret corneal topography confidently in clinical practice.

09:00 **Topography made easy - Speaker 1**

ALSABAI N

09:45 **Topography made easy - Speaker 2**

KOPPEN C

10:30 *End of ICC 5*

# INTERACTIVE CLINICAL COURSE

THURSDAY | 11:00 - 12:30 |

HALL 300

## ICC 6: 33 years of interesting ophthalmic pathology cases

BASIC

DELBEKE Heleen, VAN GINDERDEUREN Rita, KUSMIERCZYK Jaroslaw, VAN CALSTER Joachim

UZ Leuven

Diest

Reinier de Graaf Ziekenhuis, Delft

After a fellowship in ophthalmic pathology in 1990 in Iowa (USA); ophthalmologist Dr. Rita Van Ginderdeuren has gathered 33 years of interesting cases where pathology helps or substantiate a clinical diagnosis.

The importance and beauty of pathology in ophthalmology will be discussed in this ICC by showing clinical cases of anterior segment diseases, vitritis and ocular and eyelid tumors.

As pathology helps understanding the core of a disease, this ICC will be interesting for all ophthalmologist

11:00 **ICC 6: 33 years of interesting ophthalmic pathology cases - Speaker 1**  
VAN GINDERDEUREN R

11:22 **ICC 6: 33 years of interesting ophthalmic pathology cases - Speaker 2**  
KUSMIERCZYK J

11:44 **ICC 6: 33 years of interesting ophthalmic pathology cases - Speaker 3**  
VAN CALSTER J

12:07 **ICC 6: 33 years of interesting ophthalmic pathology cases - Speaker 4**  
DELBEKE H

12:30 *End of ICC 6*

# INTERACTIVE CLINICAL COURSE

THURSDAY | 14:00 - 15:30 |

HALL 300

## ICC 7:

### How to perform glaucoma surgery and deal with their respectively postoperative management

BASIC

VANDEWALLE Evelien, HONDEGHEM Kathy, LEMMENS Sophie  
University Hospital Leuven  
New Vision Oogkliniek Zuid Antwerp

In preparation of the glaucoma wetlab. We will go through the steps how to perform a trabeculectomy and Xen implantation. Last but not least, glaucoma surgery requires meticulous postoperative care. The most appropriate policy at different times during postoperative course increases success rate of the procedure. However, making the best choice is not always obvious: restarting topical medication? An additional surgery? Wait and see? We guide you through the postoperative management.

- |       |  |
|-------|--|
| 14:00 | <b>All the ins and outs of implanting a Xen</b><br>HONDEGHEM K             |
| 14:30 | <b>How to perform an old fashioned trabeculectomy</b><br>VANDEWALLE E      |
| 15:00 | <b>How to handle the postoperative follow up as an expert</b><br>LEMMENS S |
| 15:30 | <i>End of ICC 7</i>  |

This session will be using polling feature.  
Download the Congress App to participate in the polling.

# INTERACTIVE CLINICAL COURSE

THURSDAY | 16:00 - 17:30 |

HALL 300

## ICC 8: OCT & OCTA in Glaucoma. Atelier Francophone de Glaucome (AFG)

INTERMEDIATE

POURJAVAN Sayeh, COLLIGNON Nathalie, EHONGO Adele  
CHU de Liège  
Cliniques Universitaires Saint Luc, UCL

OCT's high-resolution imaging of the optic nerve & RNFL facilitates early detection and quantitative analysis of glaucoma. OCTA offers a new perspective by visualizing microvascular changes in glaucoma, serving as a complementary tool for identifying perfusion abnormalities and understanding their role in disease pathogenesis.

This ICC underscores the pivotal role & cutting-edge application of OCT/OCTA in elevating glaucoma treatment in the hands of real cases for advanced clinicians.

16:00     **Practical OCT examination in glaucoma: Principles and pitfalls**  
                COLLIGNON N

16:30     **OCT in Glaucoma caseS studies**  
                EHONGO A

17:00     **OCTA and it's added value in glaucoma**  
                POURJAVAN S

17:30     *End of ICC 8*

# INTERACTIVE CLINICAL COURSE

FRIDAY | 11:00 - 12:30 |

HALL 300

## ICC 9: Your medical retina clinic revisited

INTERMEDIATE

RUYS Joke, DIRVEN Werner, DE ZAEYTIJD Julie  
AZ Turnhout  
UZ Gent  
ZNA Middelheim

### Your medical retina clinic revisited

Diabetic macular edema: will DME overwhelm our future clinics or may upcoming treatments provide relief?

Masqueraders of dry AMD: future geographic atrophy treatments make the differential diagnosis of GA crucial.

Genetics will be part of our medical retina clinics: embark on an era and inform your patients well.

Program outline:

- |       |  |
|-------|--|
| 11:00 | <b>Masqueraders of dry AMD: future geographic atrophy treatments make the differential diagnosis of GA crucial</b><br>RUYS J |
| 11:30 | <b>Genetics will be part of our medical retina clinics: embark on an era and inform your patients well.</b><br>DE ZAEYTIJD J |
| 12:00 | <b>Diabetic macular edema: will DME overwhelm our future clinics or may upcoming treatments provide relief?</b><br>DIRVEN W  |
| 12:30 | End of ICC 9   |

This session will be using polling feature.  
Download the Congress App to participate in the polling.

# **WETLABS**

# WETLABS

The Phaco Wetlabs will teach you a basic understanding about cataract surgery. Standard procedures such as incision, sideports, capsulorhexis, phacopower, flow, vacuum, use of the foot pedal, and implant lens injection will be covered.

## **IMPORTANT:**

Attending the [online preliminary theoretical presentation about Phacodynamics on Monday 20 November at 20:00](#) is mandatory if you wish to attend this wetlab.

**WEDNESDAY | 14:00 - 15:30 |**

**COPPER FOYER**

## **Wetlab 2 - Phaco beginners NL**

*Teacher: Dr Frank Goes Jr*

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**WEDNESDAY | 16:00 - 17:30 |**

**COPPER FOYER**

## **Wetlab-3: Phaco beginners FR**

*Teacher: Dr Emmanuel Van Acker*

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**THURSDAY | 09:00 - 10:30 |**

**COPPER FOYER**

## **Wetlab-4: Phaco beginners NL**

*Teachers: Dr Isabelle Saelens / Heleen Delbeke*

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**THURSDAY | 11:00 - 12:30 |**

**COPPER FOYER**

## **Wetlab-5: Phaco beginners NL**

*Teachers: Dr Karel Van Keer*

# WETLABS

THURSDAY | 14:00 - 15:30 |

COPPER FOYER

## Wetlab Corneal Iris Sutures

Teachers: Dr François-Xavier Crahay

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THURSDAY | 16:00 - 17:30 |

COPPER FOYER

## Glaucome

Teachers: Dr Vandewalle Evelien, Dr Hondeghem Kathy en Dr Lemmens Sophie

As a follow up to the theoretical part in the ICC 7. We will go through the steps how to perform a trabeculectomy and Xen implantation.

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**HASA OPTIX**  
Belgium

# EXPERIENCE IN TRANSITIONING TO SINGLE-USE INSTRUMENTS

## Speakers Corner:

Exploring McKnight Eye Centers Case Study  
with Eric T'Scharner

**23 November 2023**  
**13:00 - 13:30**

Ophthalmologica Belgica Congress 2023  
at SQUARE Brussels Meeting Center



**Eric T'Scharner**

# **Commercial sessions in the speakers corner**

# Commercial Sessions

THURSDAY

SPEAKERS CORNER

10:30 - 11:00 | HORUS PHARMA

**Topic: Amniotic membranes**

*Lyophilized amniotic membranes for anterior and posterior segment reconstruction*

*Commercial session*

Delbeke H.

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13:00 - 13:30 | HASA OPTIX

**Experience in transitioning to single-use instruments**

*Exploring McKnight Eye Centers Case Study*

T'Scharner E.

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13:30 - 14:00 | HORUS PHARMA

**Topic: Glaucoma**

*Optimizing tolerance without compromising efficacy -*

*Belgian experience with a preservative-free latanoprost*

Collignon N.

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15:30 - 16:00 | COOPERVISION

**Myopia Management**

*MiSight® 1 day - The world's only myopia management lens supported by a 7 year clinical trial*

Teblick K. and Kaczmarek C.



CooperVision®  
Myopia Management

# Speaker Session

Thursday, November 23<sup>rd</sup>

15:30-16:00 - Presentation:

**Katherine Teblick, Catherine Kaczmarek**

Professional Affairs Managers CooperVision



**MiSight® 1 day - The world's only myopia management lens supported by a 7 year clinical trial**

The longest-running soft contact lens study among children

## Part 1<sup>1</sup> 3 years

### Objective:

Assess difference in myopia progression (SERE/AL\*) between two treatment groups

### Age: 8–12

Randomized, double-masked, parallel, controlled

## Part 2<sup>2</sup> 3 years

### Objective:

Compare myopia progression between children new to MiSight® 1 day and those wearing MiSight® 1 day for the previous 3 years

### Age: 11–15

All subjects wearing MiSight® 1 day

## Part 3<sup>3</sup> 1 year

### Objective:

To identify if treatment benefit is retained at cessation of MiSight® 1 day

### Age: 14–18

All subjects wearing Proclear® 1 day

Control

Proclear® 1 day  
n=74



MiSight® 1 day  
n=56

T3†

Proclear® 1 day  
n=40

Test

MiSight® 1 day  
n=70



MiSight® 1 day  
n=52

T6†

Proclear® 1 day  
n=38

0

3 years

6 years

7 years

Time (years)

Sites: UK; Portugal; Singapore; Canada

**MiSight® 1 day**