

Proceedings of

11th Global

Ophthalmologist Annual Meeting

September 25-26, 2017 Dubai, UAE



Exhibitor



Conference Series

One Commerce Center-1201

Orange St. #600, Wilmington, Zip 19899, Delaware, USA, Toll Free: 1-888-843-8169

Kemp House, 152 City Road, London EC1V 2NX, UK, Toll Free: +0-800-014-8923

Toll Free: Japan: 81-345780247 | Singapore: 800-852-6126 / 65 8008526126 | USA/Canada: 1-650-889-4686

Email: ophthalmologists@ophthalmologyconferences.org



conferenceseries.com

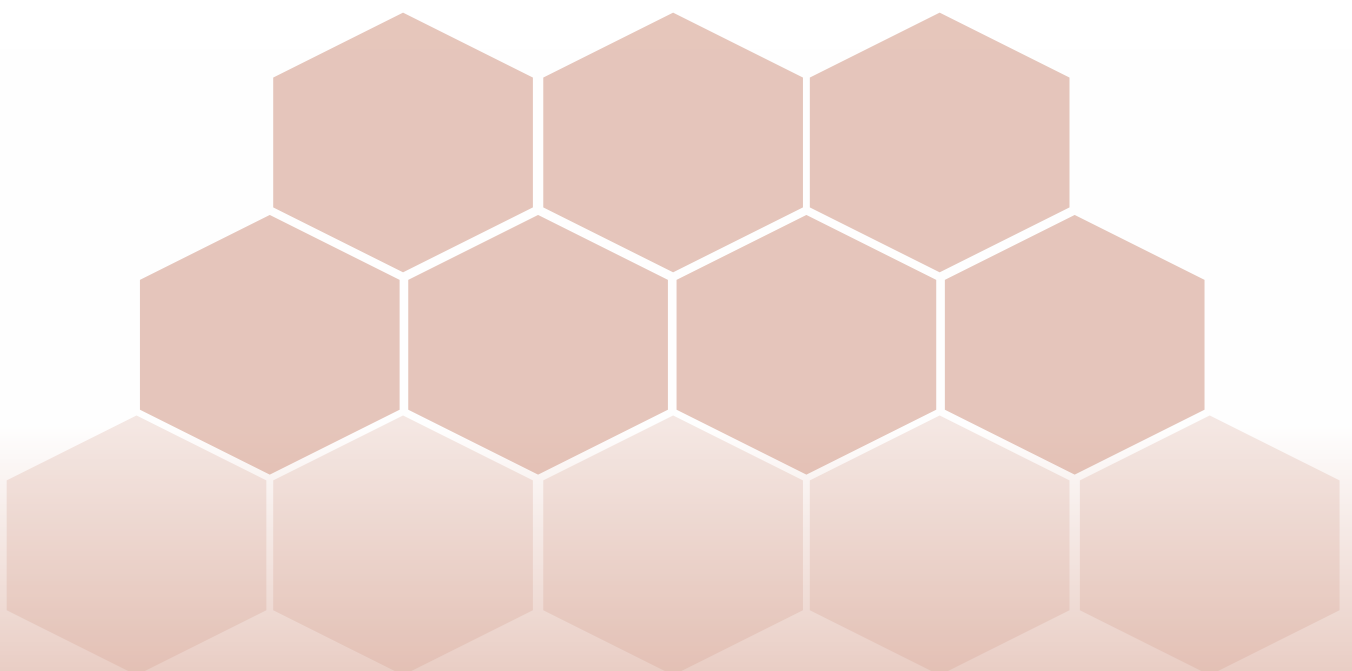


conferenceseries.com
1242nd Conference

11th Global Ophthalmologists Annual Meeting

September 25-26, 2017 Dubai, UAE

Keynote Forum (Day 1)



11TH GLOBAL OPHTHALMOLOGISTS ANNUAL MEETING

September 25-26, 2017 Dubai, UAE



Selwa A. F. Al-Hazzaa

King Faisal Specialist Hospital & Research Center, Kingdom of Saudi Arabia

Metabolic and genetic disorders that affect the eye

Metabolic and genetic disorders that affect the eye may cause significant visual disturbances and sometimes blindness. Furthermore, metabolic disorders may have characteristic ocular findings that assist in their diagnosis, making the ophthalmologist an invaluable member of the team that cares for these patients. Metabolic disorders generally are inherited in an autosomal recessive fashion. There is reduced or absent function of one or more enzymes in a biochemical pathway that is critical to normal cellular function, growth and development. Accurate biochemical or molecular genetic diagnosis is essential for treatment for genetic counseling and for monitoring future pregnancies and children. Prompt and accurate diagnosis of the systemic disease aids in determining the prognosis and clinical expectations regarding career and life planning for the affected individual. In addition, it allows the early institution of treatment, when available and the provision of genetic counseling on the risk of recurrence in siblings or in children. Measurement of enzyme levels or mutation analysis of DNA from fetal cells obtained through amniocentesis or chorionic villus sampling allow for prenatal diagnosis of many of these diseases. Ophthalmologic findings such as corneal opacities, cataracts, a cherry-red spot and retinal degeneration are the earliest signs of metabolic disorders. Advances in molecular biology, biochemistry and enzymology have allowed a better understanding of metabolic diseases and their chemical defects. Serum, leukocytes or cultured skin fibroblasts can be assayed for enzyme activity and molecular testing can be performed if the genetic defect is known, circumventing the need for biopsy of the liver, muscle or other tissues. The systemic and ophthalmologic manifestations of IEOM from newborn screening in which the enzyme deficiency results in visually significant or diagnostic ocular manifestations in Saudi population shows 16 diseases are screened for and the overall incidence is 1-1222 for live newborns. This is at least three to four times higher than average reported worldwide incidence.

Biography

Dr Selwa A. F. Al-Hazzaa; MD; FRCS (ophth) is a Shura Council Member
Professor of Ophthalmology; College of Medicine; Alfaisal University
Acting Chair; Dept. of Ophthalmology
Senior Clinical Scientist & Consultant in Genetics; Research Center
King Faisal Specialist Hospital & Research Center
Female Advocate & influential personality in Saudi Arabia
Named Arab Woman of year and most powerful Arab Woman by Forbes

hazzaa@kfshrc.edu.sa



conferenceseries.com

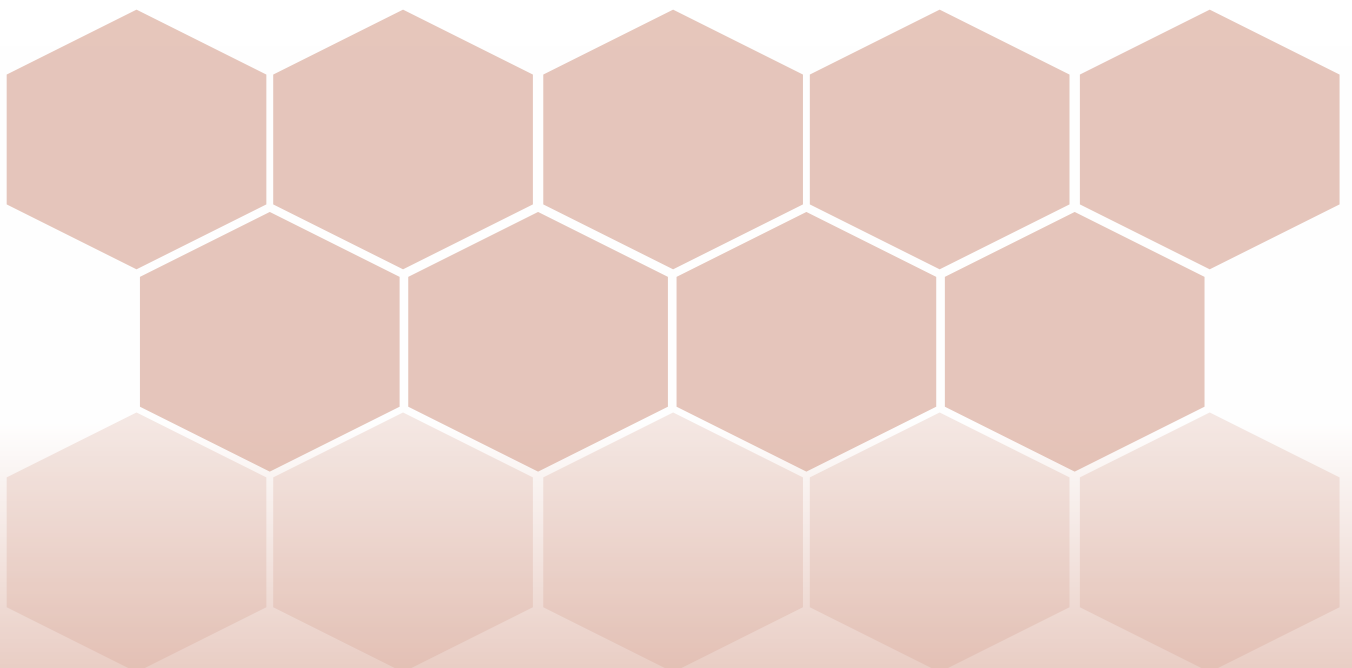


conferenceseries.com
1242nd Conference

11th Global Ophthalmologists Annual Meeting

September 25-26, 2017 Dubai, UAE

Keynote Forum (Day 2)



11TH GLOBAL OPHTHALMOLOGISTS ANNUAL MEETING

September 25-26, 2017 Dubai, UAE



Murad A Sunalp

Sunalp Laser Vision Inc., USA

Corneal axis marking of toric IOL with Sunalp YAG laser lens

Purpose: We have devised a new method to mark the corneal axis of Toric IOL that is inexpensive and precise.

Methods: In the office, a drop of ophthaine is placed on the eye and the patient is asked to place his/her chin on the chin-rest of the Yag laser. The Sunalp Yag laser lens is placed on the para limbal cornea with 90° lens corresponding to the 90° of the patient cornea. The Yag laser is focused at the mid cornea at 270° and a single laser pulse of 10 m-Joules is aimed at 270° with 1-3 pulses in line, 0.5 mm apart. The laser pulse marks the cornea with a small disruption and blanching of the stroma that remains visible for 48 hours or longer. The Sunalp Yag laser lens is a 1 cm, 12 diopter single-use, acrylic lens, which will be available in the near future.

Results: Presurgical corneal marking using the Sunalp Yag laser lens, a lens specially designed for the Yag laser, allows for accurate alignment of toric IOL during surgical implantation. The markings remain clearly visible throughout the procedure and for an additional 48 hours, giving ample time for pre op marking.

Conclusion: To avoid the pitfalls of preoperative unreliable marking with an ink pen, we have devised a method to mark the cornea using the Yag Laser. Using the Sunalp Yag laser lens, precise, durable marking can be made without the use of expensive equipment.

Biography

Murad A Sunalp has graduated from Oxford University Medical School at St. John's College and continued his Post-graduate medical education in Ophthalmology at Stanford and the University of Southern California. His most recent educational accomplishment has been an MBA at the University of Tennessee. Throughout his career he has remained up to date on medical advancements by both participating and teaching continuing medical education courses. He has provided state of the art ophthalmologic services in the San Joaquin valley for the last 30 years. He has developed innovative techniques to treat common eye diseases in a safe and effective manner.

murad.sunalp@gmail.com

Notes: