

Film Festival

电影节

The Film Festival is one of the highlights of the APACRS meeting. Producers will be competing for the top APACRS Film Festival Awards.

电影节视频交流是亚太白内障及屈光手术医师学会 (APACRS) 最精彩的部分之一。创作者将为了获取 APACRS 电影节视频交流奖而努力竞争。

Categories 种类:

- FF1 – Cataract / Implant Surgery 白内障 / 人工晶体植入术
- FF2 – Cataract Complications / Challenging Cases 白内障并发症 / 复杂病例
- FF3 – Refractive / Corneal Surgery 激光 / 眼角膜手术
- FF4 – General Interest 其他

Judging Criteria 挑选规则:

- Originality 独创性
- Applicability & Education Value 使用&教育价值
- Cinematic & Technical Excellence 电影与技术卓越
- Scientific Content 科学内容
- Clarity 清晰度

Producers are encouraged to attend the Film Festival Awards Ceremony. Results will only be announced at the Awards Ceremony held from 16:00-17:30hrs on Friday, 2 June 2017. A cocktail reception will be held in the foyer of Hangzhou Hall 1 after the Awards Ceremony.

Films are available for viewing at the ground floor, HICC from 1 June to 3 June 2017, 08:30 to 17:30hrs.

Sponsored by



FF1: Cataract / Implant Surgery 白内障 / 人工晶体植入术

TITLE	PRODUCER
FF1-01 Capsulorrhexis	Nitin UPADHYE India
The objective of this video is to demonstrate the ideal way of doing capsulorrhexis. The video will show the basic technique by animation followed by surgical demonstration. It also includes how to control a rhexis from becoming too small or from rhexis run off. It also includes rhexis in difficult situations such as hypermature cataract, calcified anterior capsule, accidental injury to anterior capsule, and posterior capsulotomy.	
FF1-02 Observation of Anterior Chamber with a Slitlamp During Cataract Surgery	Hisaharu SUZUKI Japan
During phacoemulsification, various factors can damage the corneal endothelium. The most reasonable method for the protection of the tissue is to keep ophthalmic viscosurgical devices (OVDs) in the anterior chamber during surgery. However, the detail of OVD behavior in the anterior chamber has not been well demonstrated. We will present a novel method for the observation of the anterior chamber using a slitlamp, which can show the behavior of OVDs during surgery.	
FF1-03 Management of Uveitic Cataracts – Not Really Complicated	Suchitra PRADEEP India
Uveitic cataract is synonymous with complicated cataract. The presence of posterior synechiae, occlusio and seclusio pupillae, shallow anterior chamber, peripheral anterior synechiae, and a membrane over the lens makes it complicated. With proper planning and a thoughtful approach, these road blocks in uveitic cataract surgery can easily be overcome in most cases. Accurate preoperative observations of cataract, appropriate investigations to localize the uveitic pathology, and arriving at a proper anatomical diagnosis of uveitis are the prerequisites. With adequate control of preoperative inflammation and apt surgical planning, most cases are really not complicated. This video shows the step-by-step approach to address the nitty-gritty of uveitic cataract from both the cataract surgeon's and the vitreo-retinal surgeon's perspectives.	

Film Festival

电影节

FF1-04 Femto Comparison	Sergey SHUKHAEV Russia
<p>This video demonstrates a new objective in vivo methodology, which allows comparison of different phaco ultrasound/hydrodynamic parameters as well as different phaco needles/sleeves and different phaco machines in one eye. After femtosecond laser pretreatment is done, the nucleus is divided into several equal pieces according to the laser cuts. Then each piece can be removed with the use of different ultrasound/fluidic settings, different sleeves/tips, different phacomachines in one eye under identical surgical conditions. Aspiration time, ultrasound energy, fluid consumption, and other parameters show which settings, devices or phacomachines are more efficient.</p>	
FF1-05 Umbrella Flip Approach without Hydrodissection to Phacoemulsification	Tsukasa HANEMOTO Japan
<p>This video shows an efficient phacoemulsification technique for nucleus division without hydrodissection. After capsulotomy, the upper part of the nucleus was removed semicircularly using a Kelman tip, a longitudinal trench was made in the lower part of the nucleus like the shape of an umbrella without hydrodissection. The nucleus was divided longitudinally, then the nucleus piece was flipped with the phaco tip and removed by phacoemulsification. This technique enables efficient nucleus division without hydrodissection.</p>	
FF1-06 Sutureless Scleral Fixation IOL: A Cowboy Technique	Arjun MALLA BHARI Nepal
<p>A sutureless scleral fixation technique has been popularized as the most revolutionary secondary PCIOL implantation technique in the absence of capsular support. The procedure is done with the help of vitreoretinal 26-G forceps. However, a cowboy technique for scleral fixation is more versatile and easy to do without using forceps. A 8'0 vicryl suture is bridged across the chamber and both haptics with tips bent are tied with cowboy knots before pulling out on sclera and securing in the scleral tunnel. This cowboy technique is therefore easier to do with no need of the expensive forceps.</p>	
FF1-07 Ray Tracing Aberrometry for Cataract Surgeons	Ashima BAJAJ India
<p>Ray tracing aberrometry is an effective objective tool for quality of vision analysis. However the effective use of ray tracing in routine practice is not clearly understood by all clinicians. We demonstrate in this video, applications of ray tracing in cataract practice. The use of ray tracing is in identifying and selecting the right patient for the right lens, counseling and educating patients for different lenticular conditions, and understanding dysfunctional lens syndrome. This video brings the educational component of ray tracing with different case scenarios such as in the postoperative period, microspherophakia, lens coloboma, etc, and its impact on quality of vision. The viewers will understand the importance of using ray tracing in cataract practice, which could be a useful surgeon's tool for practice development.</p>	
FF1-08 Computer Assisted Toric IOL (tIOL) Alignment	Ana VERGAMOTA Portugal
<p>In patients with high astigmatism, the implantation of a tIOL is the best therapeutic method. The authors present an educational video of cataract surgery with tIOL implantation through a computer-assisted method. The alignment of the IOL is made through an integrated system that uses a swept-source optical coherence tomography (SS-OCT) biometry device (IOLMaster700®) to obtain data, being the information automatically transmitted to the surgical microscope, with no previous corneal marking needed. With this method, patient data is imported and reference images are used to do a comparison with the microscope image, so we can confirm that data and calculus are reliable. This type of system is a safe and effective method that allows to obtain stable and precise refractive outcomes.</p>	
FF1-09 Hydro-insertion – A Visco Free Technique for IOL Implantation	Shirish THORAT India
<p>1,000 eyes were studied over 1 year. 500 eyes were randomly distributed in each group, i.e., study group (eyes undergoing hydro implantation of IOL) and control group implantation of IOL under viscoelastic).</p> <p>Intraoperatively, duration, and amount of fluid entering the eye, while postoperatively anterior chamber correction, IOL centration, intraocular pressure, and pachymetry were studied at day 1, 3, 8, and 30.</p> <p>In the hydroinsertion group, viscoelastic was completely removed with less fluid entering the eye and considerably less intraoperative time. Both the groups were comparable in terms of postoperative corneal edema whereas the hydro-insertion group fared better in terms of postop IOP rise, safety from TASS or infections apart from cost effectiveness.</p>	
FF1-10 Techniques for Obtaining Perfect Anterior and Posterior Capsulotomy in Paediatric Cataract	Shirish THORAT India
<p>Achieving a perfect capsulotomy in pediatric cataract is itself a challenge. We analyzed 50 eyes, in whom anterior and posterior capsulotomy was obtained by either capsulorhexis using forceps or by using a vitrector. Primary IOL implantation was planned in children above 2 years of age. Primary anterior vitrectomy was done in all cases below 5 years of age.</p> <p>Intraoperatively, time, incidence of complications, IOL centration, and postoperative visual results were studied.</p> <p>Our experience reveals that vitrectomy- assisted capsulorhexis is superior in achieving a precisely sized and well-centered capsulotomy. Incidence of capsular phimosis was considerably less and ease for secondary IOL insertion was greater in the vitrectomy group.</p>	

Film Festival

电影节

FF1-11 Retrofixated Iris Claw IOL in Marfan's Syndrome	Leila SANKARANARAYANAN India
Many systemic conditions in children such as Marfan's lead to subluxated lenses, which are progressive until the pupil is bisected by the equator of the lens and neither the phakic nor the aphakic area is visually correctable. We have options such as scleral-fixated IOLs, which is cumbersome in vitrectomized eyes and in collagen-defective eyes as in Marfan's—the sutures can give way and dislocation can occur in the long run. AC IOLs have the problems of corneal decompensation and glaucoma. Ring segments are used successfully, but with the threat of the sutures of the segment giving way at some point of time. Iris claw IOLs are less cumbersome in the pediatric vitrectomized eye and results are encouraging. This video shows how we go about it.	
FF1-12 Just When You Thought It Was Safe...	WEE Tze Lin Singapore
Cataract surgery has a strange way of teaching you lessons. Oftentimes, just when surgeons think they have reached a procedural stage in phacoemulsification cataract surgery where the case is a slam-dunk and they are home free, things can take a strange turn. This video shares a collection of such cases.	
FF1-13 Terminator: Chopper Use in the Terminal Chop Technique for Full-Thickness Nuclear Segmentation in Mature Hard Cataract	Rajendra PRASAD India
The chopper plays an important role in nuclear segmentation along with the phaco probe. Many variations of choppers have been developed and classified. We aim to demonstrate "Terminator", a new and specially designed chopper used in terminal chop, an acclaimed, recently introduced technique for complete nuclear segmentation in hard mature cataract. Terminator is designed for safe, efficient, and easy maneuvering of the nucleus in the aforementioned technique.	

FF2: Cataract Complications / Challenging Cases 白内障并发症 / 复杂病例

TITLE	PRODUCER
FF2-01 Locked-In – Optic Capture Revisited	Shail VASAVADA India
This film revisits the technique of optic capture of intraocular lens (IOL). Although not a novel technique, the role of optic capture is highlighted in pediatric/adult cataracts to "lock-in" epithelial cells and prevent posterior capsule opacification. Furthermore, it provides excellent IOL stability and centration by locking-in the IOL, especially where the anterior/posterior capsule are discontinuous.	
FF2-02 PCR and Beyond	Mohan RAJAN India
Today's cataract and refractive surgery outcomes need to be better than the best, as the patients' expectations are too high. This video highlights the Tough Ten complications of phacoemulsification surgery, such as capsulorrhexis tear, nucleus drop, posterior capsular rupture, iridodialysis, etc, which will clearly educate and explain the prevention and management of such complications and give the best results.	
FF2-03 OMG... I Lost My Flap!	Kanchan SAINANI India
Laser in situ keratomileusis has stood the test of time. Complication rates in both femtosecond and microkeratome LASIK are acceptably small (0.3%). Flap-related complications occur more often with microkeratome than femtosecond LASIK. These include partial flaps, buttonholes, thin or irregular flaps, and least common although most dreaded complication of free flaps (0.012%). Our video highlights various microkeratome-related flap complications and their management. An unusual case was referred to us after the patient's free flap could not be retrieved. The patient presented with highly irregular corneal topography and epithelial thickness profile. We used topo-guided customized ablation to treat this highly aberrated and irregular cornea. Favorable outcomes in terms of regularization of the topography and epithelial thickness, improvement in patient's uncorrected visual acuity, and quality of vision were achieved.	
FF2-04 IOL Antics	Mohan RAJAN India
This video highlights unexpected complications which ophthalmologists can encounter during intraocular lens (IOL) implantation and the steps to be taken to prevent these problems. In spite of extensive planning and preparation, sometimes during surgery we encounter unexpected problems during IOL implantation due to various factors including IOL design, improper loading of the IOL or poor surgical technique. In this video, we will show some unforeseen problems during IOL implantation and steps to be taken to prevent these problems to ensure a successful outcome for the patient and the surgeon. Careful attention to IOL loading and surgical technique can prevent unexpected complications during IOL implantation.	
FF2-05 Femtosecond Laser IOL Explantation Surgery	Chandra BALA Australia
Opacified large plate haptic hydrophilic IOLs are a challenge to explant. Traditionally, they require large wounds to allow scissors to reach the length of the 13-mm plate. This video demonstrates the explantation of an opacified hydrophilic lens (Occulentic; following retinal surgery) 3 years after implantation. An in-the-bag femtosecond laser transection is shown. The technique for separation of the IOL fragments and explantation of the IOL fragment through a 3-mm clear corneal wound is demonstrated. A new hydrophobic IOL is placed in the bag.	

Film Festival

电影节

FF2-06 Surgeon Vs Posterior Polar Cataract: How to Always Win the War	Ashok Kumar MOOLANI India
<p>Posterior polar cataracts are hands down the trickiest cataract surgeries for any anterior segment surgeon. Primarily hereditary and bilateral, they may also be sporadic. Seen in all ages, they pose many challenges due to the weak or incomplete posterior capsule leading to capsular rents, vitreous loss, and inability to place the intraocular lens. A thorough preoperative evaluation, the right technique, cautious parameters, and use of good viscoelastics can arm the surgeon to tackle such cases and thereby avoid and manage any complications. This educational video shows our approach to manage posterior polar cataracts, keeping complications at bay using tips and tricks such as gentle maneuvers, visco-dissection of cortex, and lowering parameters as shown so that the surgeon is always victorious.</p>	
FF2-07 Never a Simple Black and White Surgery; Decoding White Mature Cataracts	Ashok Kumar MOOLANI India
<p>In developing countries, we are more often than not standing face to face with bright white cataracts shining at us. Patient's expectations, however, are still high and we are expected to be the magicians to perform, sutureless, topical surgeries with no complications and deliver 20/20 vision on postoperative day 1. This is where we push ourselves to develop techniques and maneuvers to increase safety in such complicated cases. This video showcases various steps and techniques of phacoemulsification cataract extraction and delivers results meeting the highest level of expectation both of the surgeon and the patient.</p> <p>A step by step video of managing these unpredictable time bombs with grace and skill.</p>	
FF2-08 Hydrodelineation Come First in Managing Posterior Polar Cataract for Beginner	Sumanjaya SISKI Indonesia
<p>Phacoemulsification in posterior polar cataract should be performed in a way that minimizes the risks of posterior segment complications and maximizes the benefits of posterior capsule intraocular lens fixation. The surgical challenge is the removal of the soft nucleus as well as the protection of the posterior capsule. It is suggested that beginners do hydrodelineation in posterior polar cataracts. Hydrodelineation is performed to separate the endonucleus from the epinucleus. The epinuclear layer can protect the posterior capsule from the forces of flow and vacuum during phacoemulsification of the endonucleus. The epinucleus was removed by soft irrigation/aspiration as hydrodissection does not reach the central plaque, while the central plaque was lifted and aspirated at the last stage.</p>	
FF2-09 Cataract Phacoemulsification Surgery in 105-year-old Patient with Head and Eye Movement Under Topical Anesthesia	Wensheng LI China
<p>We present one case of 105-year-old patient with binocular mature cataracts treated successfully by phacoemulsification and intraocular lens implantation under topical anesthesia, even with head and eye movement. To our knowledge, the present case is the oldest patient to be reported in the literature. We focus on the operation of a patient, 105 years old, to assist surgeons to further understand this special condition, as well as to know how to operate in very elderly patients. The presented experience supports the belief that a good clinical outcome can be expected even in very elderly patients.</p>	
FF2-10 CAT in Intumescent Cataracts	Y.C. LEE Malaysia
<p>Capsular complications during surgery for white, intumescent cataracts are usually due to the sudden explosive release of fluid cortical material when the anterior capsule is punctured at the initiation of capsulorhexis (CCC). The high intralenticular pressure can then cause posterior extension of the CCC rip.</p> <p>This video illustrates the Cortex Aspiration Technique (CAT) which utilizes ophthalmic viscosurgical devices to indent the central anterior capsule and displace the fluid cortex peripherally, therefore lowering the intralenticular pressure before initiating the CCC.</p> <p>The CAT is used in conjunction with an intraoperative digital image overlay to assist in CCC centration as well as a micropatterned silicone ring for CCC guidance which allows a well-centered and round CCC even in the intumescent cataract.</p>	
FF2-11 Femtosecond Laser and Cionni Modified Capsular Tension Ring Assisted Cataract Surgery for Traumatic Lens Subluxation	Yongxiang JIANG China
<p>A 54-year-old man experienced a severe traumatic lens subluxation, complicated by secondary glaucoma, prolapse of vitreous and pupillary sphincter injury. We performed stabilization of the capsular bag with capsule hooks, anterior vitrectomy with triamcinolone staining, removal of the subluxated lens by femtosecond laser-assisted phacoemulsification, followed by an insertion of a Cionni modified capsular tension ring with 1-point scleral suture fixation with implantation of intraocular lens in the capsular bag. The applied multisurgical technique proved to be effective.</p>	
FF2-12 In-The-Bag Phacoemulsification for Dislocated Lens Removal Followed by Sutured/Sutureless Scleral IOL Fixation	Wei FAN China
<p>In this movie, we present a modified phacoemulsification technique for dislocated lens in patients with trauma or pseudoexfoliation, in which the capsular bag may not be retained based on preoperative evaluation. This procedure is completed through a 2.0–2.2-mm scleral tunnel/clear corneal incision and a small continuous curvilinear capsulorhexis (3–5mm), with/without the aid of capsular hooks. Phacoemulsification and removal of cortex is performed completely in the bag. Following that, an anterior vitrectomy is employed to clear the capsules and anterior vitreous. A posterior chamber intraocular lens is implanted using sutured/sutureless scleral fixation. The advantages of this approach include a stable anterior chamber, minimal disturbance of vitreous and lower risk of intra- and postoperative complications such as hemorrhage, vitreous loss, and retinal detachment.</p>	

Film Festival

电影节

FF2-13 A Rescue Technique for Luxated IOL	Tetsu ASAMI Japan
We present a rescue technique for luxated or subluxated IOL that reuses the dislocated IOL and sutures the haptic with a capsular bag to the ciliary sulcus using a cow-hitch knot. This method is simple and the surgeon can obtain an excellent fixation of IOL because the capsular bag prevents slipping of the haptics and the IOL.	
FF2-14 IOL the SAVIOUR: Scaffolding a Novel Technique Enables Successful PCR Management While Maintaining a Small Incision	Sonu GOEL India
The IOL scaffold is a useful technique to prevent complications and achieving a successful visual outcome after posterior capsular rupture (PCR). Intended for use in cases where PCR occurs with a non-emulsified, moderate to soft nucleus using three-piece IOL as a scaffold to compartmentalize the anterior and posterior chambers, thereby preventing vitreous prolapse and nucleus drop. Because the IOL is inserted through the existing corneal incision, the IOL scaffold technique has advantages for maintaining anterior chamber stability and IOP while also preserving the astigmatic benefit of small incision surgery and same IOL implanted into the sulcus after lens removal. This video shall highlight the challenge faced in a brown cataract with PCR and how the IOL acts as a savior.	

FF3: Refractive / Corneal Surgery 激光 / 眼角膜手术

TITLE	PRODUCER
FF3-01 A New Hydro-Expression Technique for Lenticule Removal During SMILE	Alex L.K. NG Hong Kong
This video demonstrates a modified “hydro-expression” technique for lenticule removal during small-incision lenticule extraction (SMILE) surgery. In the standard SMILE technique, the stromal lenticule is extracted with forceps through a small peripheral opening after femtosecond laser application and manual dissection of the lenticule. In the new hydro-expression technique, instead of using forceps for lenticule removal, an irrigation cannula is placed underneath the lenticule, and balanced salt solution is then injected. The hydrostatic pressure gradient leads to spontaneous expression of the stromal lenticule through the small incision. This technique is simple and safe, reduces surgery time, and helps detecting areas of incomplete lenticule dissection. This technique is particularly useful for the beginning SMILE surgeons.	
FF3-02 Simple Limbal Epithelial Transplantation (SLET): A Transforming Approach to Unilateral Limbal Stem Cell Deficiency	Anand PASARI India
This video illustrates an approach to the management of unilateral limbal stem cell deficiency with simple limbal epithelial transplantation and elaborates on its surgical technique and improved outcomes. This video briefly discusses the architecture of limbal stem niche and development of limbal stem cell deficiency following chemical injury. Meticulous pannus dissection is a crucial step and requires knowledge of different techniques. This is followed by transplantation of limbal explants harvested from a limbal biopsy from a healthy donor eye on an amniotic membrane. The technique stabilizes the ocular surface with rapid epithelialization and leads to gratifying visual and anatomical outcomes which are maintained over subsequent long-term follow-ups. This novel technique is cost effective and can be performed as a single-stage procedure at any ophthalmic institution.	
FF3-03 Known Devil, Unknown Work	Rashmi DESHMUKH India
3,350 patients underwent uneventful refractive surgery over the last year at our institute. 134 of these patients were found to be unhappy. This video aims to describe a stepwise approach to decipher symptoms in these unhappy patients. The first step was assessment of tears, epithelial mapping (Optovue), stroma and internal optics (iTrace). Next step was anatomical assessment consisting of lenticular changes, biomechanics (Corvis-ST), and in vivo confocal microscopy (Rostock Corneal Module/Heidelberg Retina Tomograph II). The third step was electrophysiology along with visual fields and contrast sensitivity. The fourth and fifth steps were neurological and psychological examinations, respectively, with pupillometry (Konan RAPDx) and neuroimaging in patients with no ocular diagnosis. We found 85.7% had dry eye, 16.08% epithelial abnormalities (poor vision due to scatter),	
FF3-04 Flap Vs Flapless: Devil's Advocate	Tushar GROVER India
One of the most debated topics in the field of refractive surgery today is whether small incision lenticule extraction (SMILE) or Femtosecond Laser-Assisted In Situ Keratomileusis (FS – LASIK) is better. In this video, we play devil's advocate and question various aspects of both these procedures, such as visual outcomes, corneal biomechanics, corneal nerve regeneration, and postoperative dry eye. We also highlight the unknown aspects, which include corneal deformation using a novel Inverse-Finite Element Model (I-FEM), microstructural differences on high-resolution optical coherence tomography (OCT), and differences in corneal wound healing by evaluating the inflammatory and wound healing markers in tears and cadaveric cornea. Taking a holistic approach, we attempt to shed more light on this much debated topic and provide the final answer on which surgery is truly better.	

Film Festival

电影节

FF3-05 Complex Flap Wrinkles – Management	Sujatha MOHAN India
Despite the high success rate of laser in situ keratomileusis (LASIK), creation of the corneal flap has been associated with a known complication of postoperative flap wrinkles or striae. These result from misalignment of the corneal flap after flap replacement, movement of the corneal flap during the first postoperative day, or the tenting effect of the corneal flap over the ablated stromal bed. This video describes the techniques to remove visually significant flap wrinkles.	
FF3-06 Retrieving the Lost Bubble	Sujatha MOHAN India
Big-bubble DALK has been a game changer in anterior lamellar corneal transplants. Creating the air-filled cavity separates the deep stroma from Descemet's and allows the baring of Descemet's membrane which results in minimal interface haze and a good postop visual outcome. However, perforation while trying to open the bubble can be a substantial complication which may result in conversion to full-thickness keratoplasty. This video highlights how the bubble was retrieved in a case of perforation; the DALK was completed with good visual outcome.	
FF3-07 Dark Side of the Moon: Corneal Cross Linking Outcomes	Pooja KHAMAR India
Corneal crosslinking (CXL) is one of the most commonly done procedures for corneal stabilization. However, many times we encounter situations in the perioperative and postoperative period that highlight the dark side of CXL. This video demonstrates five scenarios that may result in unusual outcomes of CXL in practice. <ol style="list-style-type: none">1. Epithelial removal techniques and their effect on outcome.2. Corneal haze and its impact on repeatability.3. Postoperative infection.4. Pediatric CXL and its link to genetics.5. Role of biomarkers in influencing outcomes. This video will enhance our understanding of abnormal outcomes and mechanisms responsible for the same. The final scenario purports to connect clinical outcomes with lab data and makes our understanding of the dark side of CXL better.	

FF4: General Interest 其他

TITLE	PRODUCER
FF4-01 Tell Me Why?? - The Story of Posterior Corneal Astigmatism	Sheetal BRAR India
It has been realized that posterior corneal astigmatism may play a significant role, especially in the outcomes of toric intraocular lenses implanted at the time of cataract surgery. Most of the available peer-reviewed literature discusses the various effects of posterior corneal astigmatism on total corneal power. However, the cause or origin of posterior corneal astigmatism has not been ascertained previously. The purpose of this video is to attempt to find an explanation for the cause of posterior astigmatism and propose a "cast-mould" theory of posterior corneal astigmatism, which originates from the embryological development of the anterior segment of the eye. This would help the clinicians understand the concepts of corneal astigmatism in a better way.	
FF4-02 White Traps	Bryan Hung Yuan LIN Chinese Taipei
White cataract is one of the more challenging scenarios faced by cataract surgeons. Before, the outcome of the surgery only depended on the experience of the surgeon. However, every surgery deserves the highest level of skill. In this video, we will demonstrate how to take cataract surgical skills to the new era using 3-D animation and 360-degree virtual reality videos to review a step-by-step description of the procedures for improving your surgical skill in white cataract. It can show you a lot about where you are in the anterior chamber, how close you are to the posterior capsule during the critical steps of phacoemulsification. Pay attention to these details and learn best through your eyes and what you see.	
FF4-03 Outtakes in Cataract Surgery	Ronald YEOH Singapore
This video is a celebration of the beauty and uniqueness of the eye, cataracts, and cataract surgery. Cataracts and cataract surgery provide us with a seemingly endless range of spectacular still and video images. This compilation of unusual images of cataract surgery can educate and entertain viewers.	
FF4-04 Establishing Eye Surgery in Uganda – One Step to a Better Life in East Africa	Florian KRETZ Germany
The aim of this project was to describe the difficulties that faced in establishing eye care in East Africa. Challenging surgeries and building up the infrastructure for long-term consistency is difficult, but seeing the joy of people who have been treated effectively shows that it is the right step. The demand for ophthalmological treatment in Third World countries is still large. Many patients suffer treatable blindness.	

Film Festival

电影节

FF4-05 Which Topographer Do I Buy? Playing Devil's Advocate...	Rushad SHROFF India
<p>Corneal topography, since its advent, has become the gold standard to study the corneal surface. Currently, there are different topographers available; however, the hunt for the perfect topographer continues. This video presents an insight into the advantages and disadvantages of different topographers and how to effectively use topographers to avoid complications related to inadequate screening. Knowledge of these innovations allows the refractive surgeon to improve results and streamline management guidelines in their refractive practice. This video shall also highlight newer advances in the machine and their practical utility. This video shall also attempt to play Devil's advocate and shall try to help clinicians decide on which topographer is ideally suited for their practice.</p>	
FF4-06 Artificial Intelligence: A Holistic Approach to Link Tomography and Biomechanics in Progressive Keratoconus	Pallak KUSUMGAR India
<p>Keratoconus is characterized by progressive thinning and ectasia of the cornea. Defining disease progression and threshold for surgical intervention in keratoconus patients remains a challenge. Prediction or measurement of degraded zone of keratoconic cornea would be invaluable in the management of the disease.</p> <p>We present a novel artificial intelligence (AI) approach to estimate the growth of the degraded zone in progressive keratoconus. A 3-D geometrical model of the cornea was constructed using tomography (OCULUS Optikgerate GmbH, Germany). The model was used to compute the shape and size of the region of localized weakening in progressive keratoconus using AI and finite element method (FEM) AI can play a crucial role by using efficient algorithms to link topographic progression with the biomechanics of the soft tissue.</p>	
FF4-07 The Oscar Dream: Low Cost, High-Definition Surgical Video Recorder	Annamalai ODAYAPPAN India
<p>High-quality surgical videos are an excellent source for teaching and presentations. Mountable microscopes, cell phones, and photography cameras can be used. Microscopy and photography cameras are cost prohibitive, and less expensive cell phone cameras have battery, heating, and storage problems. Despite innovations, there is a need for low-cost, quality recording devices. This film shows the RaspiCam developed using a Raspberry Pi system.</p>	
FF4-08 Boating' Out Migrated Ozurdex	Yee Lin LO Malaysia
<p>It is rare for anterior chamber migration of an Ozurdex implant from the vitreous cavity, but it is seen more frequently in aphakic eyes or in pseudophakic cases with zonular dehiscence. Anterior dislocation of intravitreal implant of dexamethasone can be managed by repositioning to the vitreous cavity or removing it through a corneal limbal incision. Ozurdex is a friable implant, especially after a few weeks post implantation. Therefore, removal of the implant by grasping or aspiration may lead to its fracture or dispersion of the implant material. This video demonstrates a simple, fast and effective technique to remove a migrated Ozurdex implant from the anterior chamber using a modified silicone tip.</p>	
FF4-09 Autologous Advanced Tenon Grafting Combined with Conjunctival Flap in Scleromalacia after Pterygium Excision	Jong Soo LEE South Korea
<p>When the choroid is exposed, any reinforced operative treatment for the scleral thinning or scleromalacia is required due to high risk of secondary infection and possible prolapse of ocular contents, even with minor trauma. Thus, many operative methods and grafting materials such as sclera or temporalis fascia have been introduced in the treatment of these defects. However, there is a clinical need for new graft material that compensates the disadvantages and limitations of conventional graft materials. Therefore, we utilized an autologous advanced tenon graft as a strategy for maintaining the integrity of the globe in patients with scleral thinning or scleromalacia after pterygium excision without graft materials or scleral thinning without inflammation.</p>	
FF4-10 Expressing Me Softly: Intense Pulsed Light Therapy Makes Meibomian Gland Expression a Gentle Experience	Kendrick Co SHIH Hong Kong
<p>Meibomian gland dysfunction is the leading cause of dry eye disease and is characterized by obstructed glands with toothpaste-like secretions. Meibomian gland expression is a commonly performed office-based procedure that can relieve obstructed glands. However, it can be an extremely unpleasant and traumatizing experience, with erythema, bruising, and discomfort experienced up to hours to days after the procedure. Intense pulsed light therapy (IPL) is an eyelid warming procedure that is rapidly gaining popularity in ophthalmology. Here, our team demonstrates the cumulative change in medium quality and expressibility after two courses of IPL therapy (1 month apart). The more fluid medium facilitates gentle expression using a cotton bud and without the need for local anesthetic. On follow-up, patients have significantly improved tear film metrics and dry eye symptom scores.</p>	
FF4-11 Building Your Own Dry Eye Clinic	KrishnaPoojita VUNNAVA India
<p>Dry eye disease is one of the most common conditions for which patients visit an ophthalmologist today. The clinics need to have a thorough clinical and scientific approach with appropriate imaging and investigations for better management. This video describes the approach to setting up a dry eye clinic from the base level to scaling up to a tertiary care center for dry eye management. It will discuss the machinery and techniques needed for this growth.</p> <p>The main theme is to encourage and guide fellow ophthalmologists to carve out a specialty clinic for dry eye in their practice which would distinguish them from the rest.</p>	