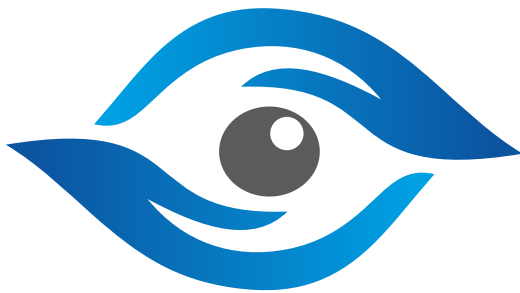


# e'News

**Vol. IV**  
Issue 1, 2022



## **ISMSICS**

International Society of Manual  
Small Incision Cataract Surgeons

### **Editors:**

Dr. Ranjit S. Dhaliwal  
Dr. Purvi Bhagat

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## From the Editors.....

# Our Social Responsibility

## Outreach Checkup Camps & Free Clinics at the Base Hospital

We might be world leaders, but till the time we have even one poor Indian out on road and he is not able to get medical aid, we have to continue with our free service projects

In the general context of third world Ophthalmology, particularly Indian Ophthalmology, the need of organizing eye camps has been an established fact. The need, of having to conduct camp surgery, was felt because of the long distances the poor, illiterate and ill-informed had to travel, to reach the operating centres. The concept was to provide free or subsidized cheap quality eye care (including surgery) at the doorstep of the patient and be able to perform large volume surgery to minimize the ever-increasing backlog of cataract surgery. Initially Govt. hospitals, Medical colleges and organizations conducted camps in far-flung areas. Then the NGOs, social service organizations, various clubs and institutions joined the cause. Even individuals started organizing eye camps with the help of willing surgeons.

Eye camps of yester years have been an extraordinary means of high volume cataract surgery, and excellent training grounds for post graduates and young Ophthalmologists. Even now the institutions conducting fellowships follow the same concept of providing free service to the poor, and compensate themselves by charging the trainees.

With time, because of factors like the application of CPA to the medical profession, the developing sense of consumerism in the minds of people, surgeons have been rethinking about their participation in these camps. Insurance companies back out of providing the professional indemnity insurance cover for surgery in camp OTs. Camp OTs, previously improvised in the temple, school, community halls or panchayat ghar are an obsolete phenomenon. The sterilization of those camp OTs was never of desirable standards. Once the camp was over, the organizers did not have alternate arrangement for patients needing the post operative services of the surgeon. The negative publicity that goes with the non availability of the surgeon, once the camp is over, as also the lack of proper acknowledgment of the surgeon's services by the organizers, press and the general public at large, also burdens the surgical psyche and are pertinent dissuading factors for the operating surgeon.



To address these issues, organize free outreach eye checkup camps in far flung villages. A local body like a sports club or an organization of young people is involved for the logistics in the village. The information regarding the camp is given out to the villagers by regular announcements from the public address system of the local Temple, Gurudwara or Mandir. The adjoining villages are also similarly involved. On the day of the camp, they even organize a tea and light refreshment free langar for the visiting patients. A complete eye checkup of each patient is performed. Free medicines are provided to all the patients who require these. After refraction, the needy patients are registered for the provision of free spectacles, and these are provided within a week. The patients requiring surgery are examined for their economic status and accordingly called to the base hospital, three at a time, as walk-in patients, and given appointments for the same. On any given day, do not operate more than five cases, keeping two slots vacant for your paid cases. Every walk-in patient is subjected to the same surgical protocol that your regular paid patients get. For the post-operative care, they can come back to the base hospital at designated timings.

In addition to free outreach, base in camps, one can have free eye clinics in one's hospital which can function at designated timings. In this clinic, poor patients, who cannot afford to visit a private clinic otherwise, can be examined and managed free. The management would include free medicines and free or subsidized surgery. The rich can be dissuaded from coming to this clinic by giving alternate appointments and can rather be motivated to sponsor free surgery for poor patients. Most of the medicines that are required for free distribution can be out of the physician's samples. Many cooperative pharmaceutical companies would gladly maintain your stocks by providing bulk supplies of free samples. Medicines required for post-operative treatment can be on the house, but if a patient says he/she can buy the medicines, they can be given the prescription. Laboratory tests and dark glasses for the surgery cases may also be on the house.

The practice of medicine is not merely a profession - it is an instrument of service to humanity as well. Our care and concern of our patients must extend beyond the scope of Ophthalmology. Our patients are our friends, neighbors and family. To care less is to practice something other than medicine. Our profession embodies the tenets of all religions of the world and automatically puts its practitioner on the path of 'Nirvana'. Medical profession provides us the facility of practicing the religious tenet of 'Kirt karni, Naam japna and Vand ke chhakna' as laid down by our great Gurus, without having to resort to rituals. 'Kirt karni' is an ethical practice of the profession, 'Naam japna' is regular updating & thorough knowledge of the ophthalmic science & 'Vand ke chhakna' is the provision of our services to the poor, down trodden & the needy through media such as the outreach eye camps & free clinics at the base hospitals.

To cater to one's inner call for service to the less privileged of the society, one need not go out for eye camps. Working under those substandard conditions, many illustrious careers and reputations are jeopardized. Outreach eye check-up camps with surgery cases being transported to the base hospitals can also be organized. With free clinics in every hospital or clinic at least once a week and with outreach eye check-up camps, each one of us is able to organize more than 52 free clinics and camps a year. This way, the poorest have an access to all the modern facilities like slit lamps, keratometers, autorefractometers, ultrasound scans, perimeters, computers, operating microscopes, Phaco, lasers, etc., hitherto available only to the rich. The poor patient does not run the risk of being labeled 'lost to follow-up' at the end of the eye camp and can come to the surgeon again and again, as per the demands of his problem. A pertinent issue that is solved once for all is that there is an optimum utilization of ophthalmic personnel and every surgeon remains busy throughout the year.

National Society for Prevention of Blindness has laid down certain conditions for organizing eye camps. One of these is that eye camps must be organized at distant places, at least 30 km from static operating centres. This is to provide services at the doorstep of the patient. In the present day scenario, in most areas there is no place that is more than 20 km from a government or a private eye operating centre.

So regular free eye clinics at the base hospital or 'The Social Responsibility Projects' as I prefer to call it can be the 'in thing'.

I am not a rich person who can just squander away his earnings & savings. I am neither a believer in the conventional sense (you may even call me an atheist), nor do I claim to be the first to run such free clinics and conduct these outreach walk-in eye camps. These are the results of my experiments with Ophthalmology and Life. These free clinics have provided my family and me another purpose in life.

I wish more and more surgeons take up such projects of social responsibility.



**Ranjit S. Dhaliwal, MD, DOMS**

Editor, ISMSICS e'Newsletter

Web Editor, ISMSICS

Chairperson, Punjab Chapter ISMSICS



2020 and 2021 have been years marked with fear and apprehension. 'Negative' has become a news of relief and 'positive' is no more about optimism. But we have learnt to work differently and exchange ideas virtually. We have learnt skills that we thought we never could. We continue to utilise opportunities and fulfil all the promises made; and so we bring to you here, the next edition of the **ISMSICS e'Newsletter**.

In spite of these difficult times, ISMSICS has continued to conduct its resourceful web events and flourish further through more global chapter formations. A major breakthrough has been the launch of its official journal, '**Global Journal of Cataract Surgery and Research in Ophthalmology (GJCSRO)**' under the guidance and leadership of its Editor-in-chief, Dr Barun Nayak. GJCSRO is an open-access peer-reviewed international journal, to be published tri-annually. It accepts original articles, review articles, case series, case reports, letters to editor and articles of educational value to trainees and general ophthalmologists, in the field of cataract, cataract management, medical, clinical, surgical, laboratory and molecular ophthalmology. With your support and contributions, we aim to have the journal indexed in reputed and recognised agencies at the earliest. Do visit the journal website at <https://gjcsro.com> for more information and submit your research work on <https://editorialassist.com/gjcsro>.

I hope you find this Newsletter informative and we look forward to your comments and contributions for both, the Newsletter as well as the journal.

**Dr. Purvi Bhagat**  
Editor, ISMSICS Newsletter  
Managing editor, GJCSRO  
Chairperson, Gujarat Chapter ISMSICS

# MSICS - technique talk

## SNARE TECHNIQUE

Dr Anil Shah

In this article, I am going to demonstrate use of my specially designed SNARE to bisect or trisect any grade of nucleus in the anterior chamber (AC) and remove through a 3.5 - 4.5 mm incision. Snare can be used for all sizes of pupil and all types of nuclei.

### Objectives

- To reduce the size of incision close to a phaco incision.
- To allow early visual rehabilitation and better unaided vision.
- To allow implantation of foldable and premium IOLs.
- To allow handling of all types of cataracts - mature, black, hyper mature, morgagnian, traumatic, calcified, dislocated, colobomatous and complicated.

### Do It Yourself (DIY) Bisector

#### Materials:

Two disposable 18 G needles, 36 G steel wire (Bingo string Piano wire available at any departmental store), emery stone, scissors, plier.

#### Procedure:

Take the 18G needle and rub its tip on the abrasive stone to make the tip blunt.

Rub the wall of the needle on the abrasive stone. A small dimple will be seen on the wall of the needle. Perforate the dimple with another sharp needle to make a hole. This is done on either side, so that the holes are made opposite to each other.

Take about 9 inch of the steel wire and pass both ends of wire through these side holes of the needle. The wire should pass through the lumen and come out of the hub of the needle to form a loop of about 13 - 15 mm size at the blunt tip of needle.

---

Take another 18 G needle, rub its tip and make it blunt.

The steel wire coming out of the hub of the needle is passed through the lumen of the other 18 G blunt needle. Fix the steel wire into the wall of the 18 G needle using a plier.

This 2nd needle will act as a handle of the snare.

The snare is now ready for use.

The loop size can be made smaller or larger by pulling or pushing the handle of needle respectively. Rotation of the loop is also possible by rotating the body of the needle.

**To view the steps, [click here](#)**

Advantages of the two holes at the tip of the snare

The loop remains totally open while pulling and pushing the handle of the snare in the anterior chamber (AC).

The loop size can be adjusted to the size of nucleus and this avoid sloop contact with the endothelium, iris or posterior capsule.

When the body of the snare is rotated externally the loop gets rotated internally without collapsing the anterior chamber or displacing the nucleus. Due to this, easy over-riding of the loop over the nucleus is possible.

The holes allow for smooth movement of the loop in the anterior chamber.

Contraindications for snare

Subluxated cataract.

Precautions

- If the eye ball is tense and hard.
- If the nucleus is not free floating in the AC
- If AC is persistently shallow and or devoid of visco elastic substance.  
Never use a snare when the AC is filled with saline or BSS.
- If surgeon is not confident to use snare.

Sterilization of snare and reuse

It can be autoclaved and can be reused. After multiple autoclaving cycles, the wire loop loses its tensile strength and may become fragile and break.

## **Nucleus fragmentation with snare**

[To watch the video, click here](#)

After the nucleus prolapse in to the AC, inject viscoelastic above, below and to the sides of the nucleus. This makes the nucleus free floating and provides adequate space for the movement of snare into the AC.

Before using the snare, check the following:

- Push and pull the handle of the snare and observe the smooth movement of wire loop.
- Reshape the loop to make it oval.
- If the loop shape is irregular, then discard that snare and use a fresh snare.
- Loop size should not be too small or too big. Small loop size will fail to engage nucleus and large loop size will damage intraocular structures.
- Judge the size of the nucleus, size of wound and adjust the size of loop.

Bisection–

- Hold the hub of the body of snare between thumb and forefinger of left hand and the handle in the right hand.
- Partly close the loop before passing it into the AC. Pass the loop obliquely in slightly tilted position to the left side angle of the AC. One arm of the loop should go below the nucleus and the other above it.
- Shift the loop to vertical position and simultaneously adjust the loop to the size of nucleus by pushing holder.
- Rotate the hub of needle externally until internally it encircles the body of nucleus in sagittal plane proper position. (Figure 8)
- Hold the nucleus properly in the wire loop. Try to keep wire loop in the center of the nucleus. Constrict the loop by pulling the wire loop posteriorly.
- Hold the snare firmly and divide the nucleus into two equal halves.
- The nucleus portions frequently adhere to each other like warm wax. Inject viscoelastic in the groove of the nucleus, to force them apart. Separate the nucleus and demarcate these two halves clearly. (Figure 9)

## Trisection-

If the nucleus is large, engagement is done of the lateral 1/3rd of the nucleus. Bisection is done. AC is deepened again by injecting viscoelastic. The nucleus is rotated obliquely followed by re-engagement of another 1/3rd of the nucleus to make another section.

- After bisecting or trisecting the nucleus, the sections are aligned longitudinally and individually removed by preferred technique.

## Complications

Mainly related to improper engagement of nucleus and manipulation of snare - inferior Iridodialysis, corneal edema.

## Cleaning of snare

Remove the steel wire. The nuclear debris and visco are removed from the holes and lumen using a sharp needle and fluid flush.

# Wetlab training in MSICS

## Wetlab training in MSICS – A narrative with a dual perspective.

### Dr Kajal H Kataria

Assistant Professor, Ophthalmology Department,  
Smt. B. K. Shah Medical Institute & Research Centre.  
Sumandeep Vidyapeeth (Deemed to be University)

Cataract surgery is the most common ophthalmic surgery performed worldwide; and therefore makes it a cornerstone of residency training in ophthalmology. Manual small incision cataract surgery (MSICS) is a 'must know' surgery for all ophthalmology post graduates. MSICS, without the use of sophisticated or advanced technology, has the ability to provide equivalent outcomes as phacoemulsification. MSICS is also well suited to treat all grades and risks of cataracts. Considering its cost effectiveness (does not require complex equipment or expensive consumables), shorter learning curve and effectiveness, MSICS is the preferred technique needed to be learnt by one and all, even in this 'Femto era' and it can significantly assist in eliminating cataract blindness in developing countries. A wetlab training in this technique goes a long way in helping post graduate students to learn MSICS during their residency.

### My experience on the MSICS wetlab training as a student:

In the initial process of learning MSICS surgical technique, I was quite apprehensive. Practicing on human cadaveric and goat eyes proved very helpful. I also had the opportunity to experience and learn on the MSICS Simulator. There were many differences in the surgical and tissue feel of a goat's eye, human cadaveric eye and a live patient's eye but what I learnt was how to adjust our posture and rest our fingers and get accustomed to different steps till they are carried out at a subconscious level. When the same steps were performed subsequently on patients, I was more confident and did not need to over think, which helped to operate with ease, save time and allowed to even perform better during stages of difficulty. It helped me to get acquainted with depth perception, hand eye coordination, handling of instruments with swiftness and in building reflexes for different maneuvers. The occurrence of many intraoperative complications, so frequently witnessed during a training period like tunnel button holing, premature entry, iris prolapse, iridodialysis, Descemet's detachment, zonular dehiscence and posterior capsule rent; as well as post operative complications like microcystic corneal edema, irregular pupil, residual cortical matter and presence of vitreous in anterior chamber; were significantly reduced in my surgeries after wetlab training. Wetlab and Simulator training benefitted me by boosting my surgical confidence, improving my surgical skills and allowing me to provide better outcomes in my patients. The basic surgical training also helped me to perform and deliver better in other ophthalmic surgeries.



## **My views on the MSICS wetlab training as a medical teacher:**

Ophthalmic surgery is different from most other surgical arenas as it requires additional skills of hand eye coordination and fine hand movements. Microsurgery allows only one surgeon to operate at a time under the microscope; and therefore does not allow ample time for the supervisor to intervene before any complication occurs. Post graduate students usually operate under stress and highly demanding environments, especially during their initial phases, which may hamper their growth as skilled surgeons. The mentor or faculty's aim should be to provide an effective stress free training to the residents during their residency to reduce complications and uplift their morale. Wetlab training helps the residents to master the achievement of stereoscopic vision, hand eye coordination and microsurgical skills in an artificially created convenient setting. This exposure allows the individual trainees to develop self-awareness, identify their limitations and work on them, increase their proficiency, enhance their confidence and all the while of course increasing the safety of future patients. The innate skill levels of each resident also vary; so wetlab training provides a fair chance for improvement and brings the least skillful resident also to a basic essential level. It should be well understood by all students that practicing on human cadaveric, goat's eye or even the highest-end simulator will not give the same experience as performing on a living patient's eye in the operating room with varied and often unpredictable challenges. In the process of obtaining expertise in surgeries, one definitely needs to do more and more 'real' surgeries rather than on believing only on tissue practices. The need to mandate wetlab training in ophthalmology as a part of the curriculum in postgraduate training in India requires serious consideration to enhance the confidence and surgical skills in the students and improve patient related surgical outcomes.

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# Announcement

ISMSICS e-News,  
Vol. IV, Issue 1, 2022



ISMSICS proudly launches the Global Journal of Cataract Surgery and Research in Ophthalmology (GJCSRO), its official journal.

Print ISSN: Awaited, Online ISSN: Awaited

## Global Journal of Cataract Surgery and Research in Ophthalmology

Official Publication of International Society of Manual Small Incision  
Cataract Surgeons (ISMSICS)

Editor-in-Chief  
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### About the Journal

The Global Journal of Cataract Surgery and Research in Ophthalmology (GJCSRO) is an open-access peer-reviewed journal committed to publishing high-quality articles in the field of Cataract, Cataract Management, Medical, Clinical, Surgical, Laboratory and Molecular Ophthalmology. The journal is owned by the International Society of Manual Small Incision Cataract Surgeons (ISMSICS) and published by the Scientific Scholar.

### Aims & Scope

Will cover studies encompassing clinical, experimental, basic science and translational research related to cataract and cataract management.

Will also include ophthalmic research of clinical interest and or implication.

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- Case Report
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## D Y Patil Hospital Nerul Navi Mumbai under the aegis of **Woman's wing of ISMSICS**

Presents a debate on steps of SICS Cataract Surgery by  
PGs "Which Option will I choose ?"

**Date: Friday 16<sup>th</sup> July 2021 • Time: 7:00 pm Onward**

**Weblink: <http://entodpharma.livestreamvc.com/ISMSICS/WW-MH-PhenocainePlus/>**

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### Prayer to invoke blessings of the Lord



**Dr. Manjiri Malekar Oak**

### Journey of ISMSICS



**Dr. J Boramani**

### Debate Part 1

#### A scan- (Immersion Vs Optical Biometry)

**Dr. Sumer Doctor**

V/S

**Dr. Manasi More**

#### Corneal evaluation ( Keratometer/Corneal Topography)

**Dr. Sneha Kukreja**

V/S

**Dr. Minal Pathak**

#### Introduction of Chief Guest



**Dr. Usha Johari**

#### Key Note Address By:



**Dr. Shirish Patil**

Vice Chancellor of D Y Patil University

## Debate Part 2

### Frown and straight incision

Dr. Kartik Kolha

V/S

Dr. Rachna Shah

### Two sideports/Single sideport

Dr. Lynn D'cunha

V/S

Dr. Priyanka Rao

From LTMMC, Mumbai

From LTMMC, Mumbai

### Capsulorhexis and Capsulotomy

Dr. Aditya Sane

V/S

Dr. Shreyas Gore

From GMC Aurangabad

From GMC Aurangabad

### Life Beyond Ophthalmology



Dr. Amulya Sahu

Founder of ISMSICS

## Debate Part 3

### Nucleus Delivery (Under AC maintainer Vs Under Visco)

Dr. Milli Arora

V/S

Dr. Nishika Jain

### Reformation of AC (Fluid vs Air)

Dr. Akarshan Mehta

V/S

Dr. Saurav Patil

### Incision closure post SICS (Tissue Glue vs Suture)

Dr. Dipti Singh

V/S

Dr. Pooja Kumari

D Y Patil Nerul

D Y Patil Nerul

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Dr. Nita Shanbhag

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# INSTALLATION CEREMONY OF NIGERIA & SIERRA LEONE CHAPTER

Date: 17<sup>th</sup> July 2021  
Time: 8:00 PM (IST) 3:30 PM (WAT) 2:30 PM (GMT)  
Nigeria: 3:30 PM – Sierra Leone: 2.30 PM

Weblink: <http://entodpharma.livestreamvc.com/ISMSICS/NigeriaSierraLeone-PhenocainePlus/>

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## SPEAKERS



**Dr. Adamu Dantani Mohammed**  
Topic: The Challenges of MSICS in Nigeria



**Dr. Muhammad Murtala Umar**  
Topic: An Overview of training for MSICS in Nigeria



**Dr. John Gbortu Mattia**  
Topic: CCC in MSICS in Sierra Leone



**Dr. Jagannath Boramani**  
Topic: Principles of Wound Construction in SICS



**Dr. M S Ravindra**  
Topic: MSICS - Safe and Deligent Surgery

## Video Presentation



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# Installation Ceremony of the Research Committee of ISMSICS

Date: Monday, 20<sup>th</sup> December 2021  
9:00 PM (IST) / 3.30 PM (GMT)

Weblink: <http://entodpharma.24fd.com/ISMSICS/RESEARCH/PhenocainePlus/index.html>

## ISMSICS Office Bearers



**Dr. Amulya Sahu**  
Founder Chairman  
ISMSICS



**Dr. J. Boramani**  
Executive Chairman  
ISMSICS



**Dr. P. Gogate**  
Vice Chairman  
ISMSICS



**Dr. Satanshu Mathur**  
Chief National Co-ordinator  
ISMSICS



**Dr. D. Bhattacharya**  
President  
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**Dr. Shrinivas Joshi**  
Secretary  
ISMSICS



**Dr. Aarti Heda**  
National Coordinator  
ISMSICS

## Mentors



**Dr. Barun Kumar Nayak**



**Dr. Abhay Vasavada**



**Dr. Samar Basak**



**Dr. M S Ravindra**



**Dr. Kasturi Bhattacharjee**



**Dr. Santosh Honavar**



**Dr. Satanshu Mathur**

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India



**Dr. Jagannath Boramani**  
India



**Dr. Boris Malyugin**  
Russia



**Dr. Susan MacDonald**  
USA



**Dr. Pamela Gonzalez**  
Mexico



**Dr. Parikshit Gogate**  
India



**Dr. Annick Mwilambwe**  
Canada



## Speakers



**Dr. Barun Kumar Nayak**

Topic: Democratization of research:  
Path to publication opportunities for all



**Dr. Jatinder Bali**

Topic: Harnessing the wisdom of the pyramid:  
our collective vision :

## Chairman:

Research Committee of ISMSICS



**Dr. Jatinder Bali**

Delhi

## Moderator



**Dr. Nilutparna Deori**

Assam

## Executive Members



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Assam



**Dr. Suvir Dev**

New Delhi



**Dr. N Z Farooqui**

New Delhi



**Dr. Ashok Kumar Nanda**

Orissa



**Prof. Manisha Rathi**

Rohtak Har ana



**Dr. Purvi Bhagat**

Gu arat



**Dr. Aarti Heda**

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**Dr. Manisha Nadda**

Rohtak Har ana



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Gurgaon, Haryana



**Dr. Pradip Mohanta**

West Bengal



**Dr. Anuprita Gandhi Bhatt**

Maharashtra

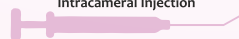


**Dr. Nilutparna Deori**

Assam

## Video Presentation

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# INSTALLATION CEREMONY OF TANZANIA CHAPTER

Date: Saturday 31<sup>st</sup> July 2021  
Time: 8:30 PM (IST) 6:00 PM (EAT) 4:00 PM (WAT) 3:00 PM (GMT)  
Tanzania: 6:00 PM

Weblink: <http://entodpharma.livestreamvc.com/ISMSICS/TANZANIA-PhenocainePlus/>

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ISMSICS



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Vice Chairman  
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**Dr. Satanshu Mathur**  
Chief National Co-ordinator  
ISMSICS



**Dr. D. Bhattacharya**  
President  
ISMSICS



**Dr. Shrinivas Joshi**  
Secretary  
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**Dr. Aarti Heda**  
ISMSICS National Coordinator

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Chairman



**Dr. Mwita Bokango Mchage**  
Vice Chairman



**Dr. Secondri Njau**  
President



**Dr. Grace Mathias Temba**  
Secretary



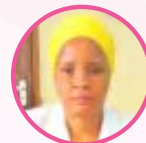
**Dr. Theresia George Masochi**  
Joint Secretary



**Dr. Frank Sandi**  
Executive Member



**Dr. Jacinta Mweni Feksi**  
Executive Member



**Dr. Zayana Rajabu Mshana**  
Executive Member



**Dr. Emeritus Chibuga**  
Executive Member



**Dr. Elisante Jackson Muna**  
Executive Member



**Dr. Upendo Magiri**  
Executive Member



**Dr. Anath Musa Kalokola**  
Scientific Committee



**Dr. Fatma J.Omar**  
Scientific Committee



**Dr. Bernadetha R. Shilio**  
Scientific Committee



**Dr. Kazim Akber Dhalla**  
Scientific Committee



**Dr. Eligreater Joseph Mnzavas**  
Scientific Committee

## MODERATORS



**Dr. Aarti Heda**



**Dr. Shrinivas Joshi**

## SPEAKERS




**Dr. Pamela Gonzalez**  
(Mexico)   
Topic: MSICS in Short Eyes



**Dr. Ravi Trehan**  
(India)   
Topic: 10 Commandments to Control SIA



**Dr. Bernadetha Shillio**  
(Tanzania)   
Topic: Challenges facing Cataract Surgical performance in Tanzania



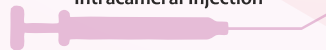
**Dr. Mustafa Bature**  
(Nigeria)   
Topic: Historical Perspectives of Cataract Surgery



**Dr. Saqalain Kassamali**  
(Tanzania)   
Topic: Results and Safety Profile of Trainee Cataract Surgeons In A Community Setting In East Africa

## Video Presentation

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# Installation of YO (Young Ophthalmologists) Chapter of ISMSICS

Date: Sunday, 2<sup>nd</sup> January 2022  
10:00 AM (IST) / 4:30 AM (GMT)

Weblink: <http://entodpharma.24fd.com/ISMSICS/YOCHAPTER/PhenocainePlus/index.html>

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Founder Chairman  
ISMSICS



**Dr. J. Boramani**  
Executive Chairman  
ISMSICS



**Dr. P. Gogate**  
Vice Chairman  
ISMSICS



**Dr. Satanshu Mathur**  
Chief National Co-ordinator  
ISMSICS



**Dr. D. Bhattacharya**  
President  
ISMSICS



**Dr. Shrinivas Joshi**  
Secretary  
ISMSICS



**Dr. Aarti Heda**  
National Coordinator  
ISMSICS

## ISMSICS Advisory Board



**Dr. Amulya Sahu**



**Dr. Jagannath Boramani**



**Dr. M S Ravindra**



**Dr. Harsha Bhattacharjee**



**Prof. Manisha Rathi**



**Dr. Satanshu Mathur**



**Dr. Neeta Dodwad**



**Dr. Kimaya Chavan**

## Mentors



**Dr. Deepak Mishra**



**Dr. Praveen Subudhi**



**Dr. Manas Nath**



**Dr. Aarti Heda**



**Dr. Biswajit Dey**



**Dr. Nilutparna Deori**

## Topics to Discuss



**Dr. Maneck Nicholson**  
Topic: Residency Program  
for Teaching SICS



**Dr. Karan Bhatia**  
Topic: SICS in Weak Zonules



**Dr. Rakhi De Cruz**  
Topic: Astigmatic  
Correction with SICS



**Dr. Aman Khanna**  
Topic: Tackling Hard Cataract  
in Colobomatous eye



## ISMSICS Yo (Young Ophthalmologists) Office Bearers

Chairman



Dr. Karan Bhatia

President



Dr. Nandini Chandak

Secretary



Dr. Rakhi De Cruz

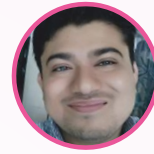
## Scientific Committee



Dr. Maneck Nicholson



Dr. Aparna Naik



Dr. Deepanjan Ghosh



Dr. Abhijit Patil



Dr. Prasanth Gireesh



Dr. Bharat Gurnani

## Executive Members



Dr. Ram Mohan Paidi



Dr. Kirandeep Gurnani



Dr. Sauvik Baruah



Dr. Aman Khanna



Dr. Anuprita Gandhi Bhatt

Moderator



Dr. Nilutparna Deori

## Video Presentation



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OPHTHALMOLOGICAL  
SOCIETY**

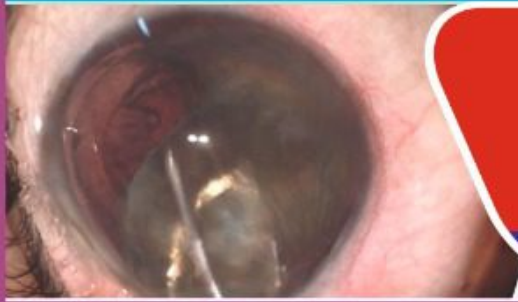


**THE INTERNATIONAL SOCIETY  
OF MANUAL SMALL INCISION  
CATARACT SURGEONS**

**Date: 25th July 2021, Sunday**

**Time: 06:00 PM to 08:52 PM**

<http://entodpharma.livestreamvc.com/ISMSICS/JHOS-PhenocainePlus/>



# MID TERM CONFERENCE 2021

**A Virtual Conference - PART I**

## SESSION - I

### Dr. R. P. Tandon Extramural Oration Session

#### CHAIRPERSONS



**Dr. B. P. Kashyap**  
Past President  
JHOS



**Dr. Anand Thakur**  
Incoming President  
JHOS



**Dr. Rajnikant Sinha**  
HOD, Ophthalmology  
Dhanbad Medical College



**Dr. S. P. Jakhanwal**  
Past President  
Jamshedpur Ophthalmological Society



**Dr. Sushil Bajoria**  
HOD, Ophthalmology  
TMH, Jamshedpur



**Dr. Manish Narayan**  
Director  
Sudrishti Eye Care, Dhanbad

#### JHOS OFFICE BEARERS



**Dr. Lalit Jain**  
President  
Jharkhand Ophthalmological Society



**Dr. Bibhuti Bhushan**  
Secretary  
Jharkhand Ophthalmological Society



**Dr. Bharthi Kashyap**  
Chairman Scientific Committee  
Jharkhand Ophthalmological Society

**Dr. R. P. Tandon  
Extramural Oration**



**Dr. Chitra Ramamurthy**  
Chairman AIOS-ARC

**Topic: Why is Cataract Surgery poised to be  
"Refractive Cataract Surgery" Today!**

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Polyethylene Glycol + Propylene glycol)





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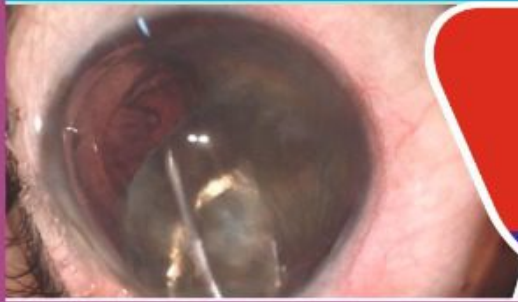


**THE INTERNATIONAL SOCIETY  
OF MANUAL SMALL INCISION  
CATARACT SURGEONS**

**Date: 25th July 2021, Sunday**

**Time: 06:00 PM to 08:52 PM**

<http://entodpharma.livestreamvc.com/ISMSICS/JHOS-PhenocainePlus/>



# MID TERM CONFERENCE 2021

**A Virtual Conference - PART I**

## SESSION - II

### SICS Symposium

#### CHAIRPERSONS



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Founder Chairman  
ISMSICS



**Dr. J. Boramani**  
Executive Chairman  
ISMSICS



**Dr. D. Bhattacharya**  
President  
ISMSICS



**Dr. Satanshu Mathur**  
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ISMSICS



**Dr. Parikshit Gogate**  
Vice Chairman  
ISMSICS



**Dr. Shrinivas Joshi**  
Secretary  
ISMSICS

#### MODERATORS



**Dr. Rahul Prasad**  
Joint Secretary,  
ISMSICS, Jharkhand Chapter



**Dr. Deepak Lakra**  
Scientific Member,  
ISMSICS, Jharkhand Chapter

#### SPEAKERS



**Dr. Sahebaan Sethi**



**Dr. J. Boramani**



**Dr. Ravi Kulkarni**



**Dr. Asim Sil**



**Dr. Anil Shah**



**Dr. Deepak Megur**



**Dr. Bharthi Kashyap**



**Dr. Rahul Prasad**



**Dr. Sohel Khan**



**Dr. Sajjad Fazili**



**Dr. Karan Bhatia**



**Dr. Malay Dwivedi**



**Dr. Nidhi Gadkar**



**Dr. B. P. Kashyap**



**Dr. Hemlata Bharati**

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# South-Asian Academy Ophthalmology Conference

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# SAO Conference 2021

Breaking Barriers in Ophthalmology

17th - 19th Dec 2021 | (Virtual Conference)

## ISMSICS SESSION

FRIDAY 17. 12. 2021, 19. 00 HRS to 20. 30 HRS (IST)

### CHAIRPERSONS



Dr Amulya Sahu



Dr Namrata  
Sharma



Dr Jagannath  
Boramani



Dr Lalit Verma

### CO CHAIRPERSONS

### CONVENER



Dr Satanshu Mathur

### MODERATORS



Dr Anurag Mishra



Dr Aarti Heda

### SPEAKERS



Dr M S Ravindra



Dr Hossam Ziada



Dr Neto  
Rosatelli



Dr Jagannath  
Boramani



Dr Karla Pamela  
González Daher



Dr Deepak Megur



Dr Parikshit  
Gogate



Dr Nilutparna  
Deori



Dr Sunil Kumar  
Thangaraj

SPEAKER	COUNTRY	TOPIC
Dr M S Ravindra	India	Advnces in phacosection
Dr Hossam Ziada	Egypt	When MSICS saved me twice
Dr Neto Rosatelli	Brazil	Mechanical Cortical Cleaving in Posterior Polar Cataract
Dr Jagannath Boramani	India	Managing Astigmatism in SICS
Dr Karla Pamela González Daher	Mexico	MSICS in low endothelial cell count
Dr Deepak Megur	India	Nucleus bisection technique in MSICS
Dr Parikshit Gogate	India	Comparing SICS and Phaco - a meta analysis
Dr Nilutparna Deori	India	My experience with 2 mm SICS
Dr Sunil Kumar Thangaraj	India	Errant Wound Management in SICS



55<sup>th</sup> Annual U.P. State Ophthalmological Society

# Hybrid Conference 2021

Swatantra Bhavan BHU, Varanasi



**ISMSICS**

International Society of Manual  
Small Incision Cataract Surgeon

10<sup>TH</sup> - 12<sup>TH</sup>  
DEC, 2021

SAVE  
THE  
DATE

## UPSOS ISMSICS Session

DATE - 11TH DECEMBER 2021, SATURDAY

TIME: 9 AM TO 10 AM HALL - B

### CHAIRPERSON



Dr Amulya Sahu



Dr Jagannath  
Boramani



Dr Anil  
Srivastava



Dr Gopesh  
Mehrotra



Dr Dharmendra  
Nath

### MODERATOR



Dr Satanshu Mathur



Dr Aarti Heda

### PANELISTS



Dr Ranjit S.  
Dhaliwal



Dr Deepak Mishra



Dr Amit  
Tarafdar



Dr Umang Varma



Dr BNR Subudhi



Dr Parikshit  
Gogate

### SPEAKERS



Dr Virendra  
Kumar Pal



Dr Jagannath  
Boramani



Dr Parikshit  
Gogate



Dr Ashok  
Kumar Nanda



Dr Divya M



Dr Nilutparna Deori

### SPEAKER

Dr Virendra Kumar Pal  
Dr Boramani Jagannath  
Dr Parikshit Gogate  
Dr Ashok Nanda  
Dr Divya M  
Dr Nilutparna Deori

### TOPIC

SICS Key of Community ophthalmology  
Principles of scleral tunnel  
Astigmatism management in SICS  
Preventing complications in SICS  
SICS in compromised cornea  
My experience with 2 mm SICS

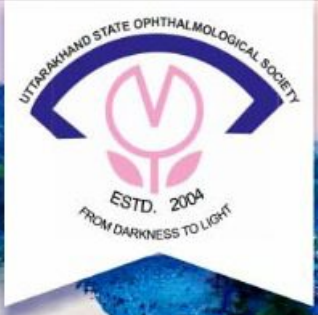


# UTTARA EYECON 2021



**ISMSICS**

International Society of Manual  
Small Incision Cataract Surgeons



## UTTARAKHAND STATE OPHTHALMOLOGICAL SOCIETY

### UKSOS ISMSICS SESSION

### Platform - Virtual

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Dr. Jagannath Boramani



Dr. BNR subudhi



Dr. Satanshu Mathur



Dr. Harsh Bhadur



Dr. GS Titiyal



Dr. Deepak Mishra  
Convener



Dr. Aarti Heda  
Moderator



Dr. Nitin Mehrotra  
Co-Convener



Dr. Shilpa Joshi  
SICS in compromised  
cornea



Dr. Ravi Trehan  
10 commandments to  
have control on SIA/SCA



Dr. Surpriya  
Journey from wetlab  
to OR. Pereginnation for beginners!



Dr. Philip Kuruville



Dr. Rahul Deshpandey  
why SICS is must to know by all



Dr. Devprasad  
Topical SICS



Dr. Karan Bhatia  
SICS in weak zonules/ZD  
SICS in challenging situations

#### PANELISTS



Dr. Vinod Arora



Dr. LC Madharia



Dr. Srinivas Joshi



Dr. Parikshit Gogate



Dr. Prof Rajendra Chauhan



Dr. Prof Inder Mohan Rastogi

Date: 17th October 2021, Sunday | Time: 9.30am – 10.40 am



# INSTALLATION CEREMONY OF NEW DELHI CHAPTER

Date: Wednesday 24<sup>th</sup> November 2021  
Time: 8:00 PM (IST) / 2:30 PM (GMT)

Weblink: <http://entodpharma.24fd.com/ISMSICS/NEWDELHI/PhenocainePlus/index.html>

## ISMSICS Office Bearers



## ISMSICS Delhi Office Bearers



## MODERATORS



## SPEAKERS



## EXPERT PANELISTS



## Video Presentation





# INSTALLATION CEREMONY OF MANIPUR CHAPTER

Date: Wednesday 6<sup>th</sup> October 2021 • Time: 6:00 PM (IST) / 12:30 PM (GMT)

Weblink: <http://entodpharma.24fd.com/ISMSICS/MANIPUR/PhenocainePlus/index.html>

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Founder Chairman  
ISMSICS



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Executive Chairman  
ISMSICS



**Dr. P. Gogate**  
Vice Chairman  
ISMSICS



**Dr. Satanshu Mathur**  
Chief National Co-ordinator  
ISMSICS



**Dr. D. Bhattacharya**  
President  
ISMSICS



**Dr. Shrinivas Joshi**  
Secretary  
ISMSICS



**Dr. Aarti Heda**  
National Coordinator  
ISMSICS

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Chairman



**Dr. Raj Kumar Victor**  
President



**Dr. Surpriya Hawaibam**  
Executive Secretary



**Dr. Vikram Singh Khoisnam**  
Joint Secretary



**Dr. Kamson Anthony**  
Joint Secretary



**Dr. Ronel Soibam**  
Chairman  
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**Dr. Dinakumar Yambem**  
Member  
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**Dr. Yengkhom Shailendra Singh**  
Member  
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Executive Member



**Dr. Chongtham Sarda Devi**  
Executive Member



**Dr. Bharati Phuritsabam**  
Executive Member

## MODERATORS



**Dr. Aarti Heda**



**Dr. Surpriya Hawaibam**



**Dr. Suraj Senjam**  
Key Note Speaker

Topic:  
"Current Magnitude and Causes of  
Visual Impairment in India:  
National Blindness Survey 2015 - 2016"



**Dr. M S Ravindra**  
Key Note Speaker

Topic:  
Advanced in MSICS

## SPEAKERS



**Dr. Vikram Singh Khoisnam**  
Topic:  
Cataract Scenario in  
Manipur



**Dr. Jayashree Baruah**  
Topic:  
"Training and Learning  
Curve in MSICS"



**Dr. Rakhi Raj**  
Topic:  
Wound Construction and  
Capsulorrhexis In SICS



**Dr. Ankit Jain**  
Topic:  
Nucleus Management

## EXPERT PANELISTS



**Dr. Amulya Sahu**



**Dr. MS Ravindra**



**Dr. Rajkumari Vidyarani**



**Dr. BNR Subuddhi**

## Video Presentation

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invites you to a Webinar

## Building Bridges Through Innovation: High Fidelity MSICS Simulation-based Training and Cataract Blindness

July 31, 2021 | Saturday 5:30 pm - 7:00 pm

[Register Now](#) to save your seat for the webinar

### Let's fight cataract blindness together!

HelpMeSee in collaboration with ISMSICS invites you to be part of our special webinar on HelpMeSee's innovative simulation-based training for manual small incision cataract surgery and its application to address the global backlog of cataract induced blindness. Many training centres around the globe use HelpMeSee's MSICS simulation-based training which enables safe, economical and effective cataract surgical training in a near-realistic environment.



### Key Topics

- HelpMeSee's MSICS simulation-based training
- Relevance of Simulator in fine-tuning MSICS
- Performing complex MSICS surgical steps in simulation LIVE Demonstration
- LVPEI perspective on HelpMeSee simulation-based training
- ARAVIND perspective on HelpMeSee simulation-based training
- Effectiveness of Simulation-based Training: The Evidence
- Training Residents in SICS at Mexian Institute of Ophthalmology
- How simulator benefitted my students
- My experience in simulator training
- Setting up a simulation training center and building on it - AECS Perspective
- The Power of Simulation Training
- HelpMeSee's Vision and Mission to eradicate cataract blindness
- HelpMeSee – The Journey so far and the future ahead
- Panel discussion moderated by Dr Van Lansingh. **Panelists:** Dr G N Rao, Dr R D Ravindran, Dr Barun Kumar Nayak, Dr Pamela Gonzalez, Dr Amulya Sahu and Mr Jon Pollack.

# Keynote Speakers



**Dr G N Rao**  
Founder-Chair  
LVPEI



**Dr R D Ravindran**  
Chairman  
Aravind Eye Care System



**Dr Barun Kumar Nayak**  
President, All India  
Ophthalmological Society



**Dr Amulya Sahu**  
Founder Chairman  
ISMSICS



**Mr Jim Ueltschi**  
Co-founder, Chairman  
and Treasurer, HelpMeSee



**Mr Saro Jahani**  
President and CEO  
HelpMeSee



**Dr Van Charles Lansingh**  
Chief Medical Officer  
HelpMeSee



**Dr Jagannath Boramani**  
Executive Chairman  
ISMSICS



**Mr Jon Pollack**  
Chief of Training Operations  
HelpMeSee



**Dr Akshay Nair**  
Simulation Subject  
Matter Expert, HelpMeSee



**Dr Ashish Bacchav**  
Global Chief Instructor &  
Simulator Subject Matter Expert,  
HelpMeSee



**Dr Nita Shanbhag**  
Chairman Women's Wing  
ISMSICS



**Dr. Pamela Gonzalez**  
Anterior Segment Surgeon,  
Mexican Institute  
of Ophthalmology (IMO)



**Dr Sankaranathan**  
Director-Cataract and  
IOL Services  
Aravind Eye Care System



**Prof Manisha Rathi**  
Secretary Women's Wing  
ISMSICS

## Welcome Note & Host



**Mr Satyajit Patnaik**  
Director, Training Development  
HelpMeSee



**Dr Aarti Heda**  
National Co-ordinator  
ISMSICS



**Ms Aditi Desai**  
Manager Training  
HelpMeSee

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## Important Links

- ISMSICS website:

<https://www.ismsics.com>

- ISMSICS membership:

<https://www.ismsics.com/onlinemembership.php>

- A glimpse of past webinars...

<https://www.youtube.com/channel/UCkKamFvQtLCKzsTx1HS58OA>

- GJCSRO Journal website:

<https://gjcsro.com>

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