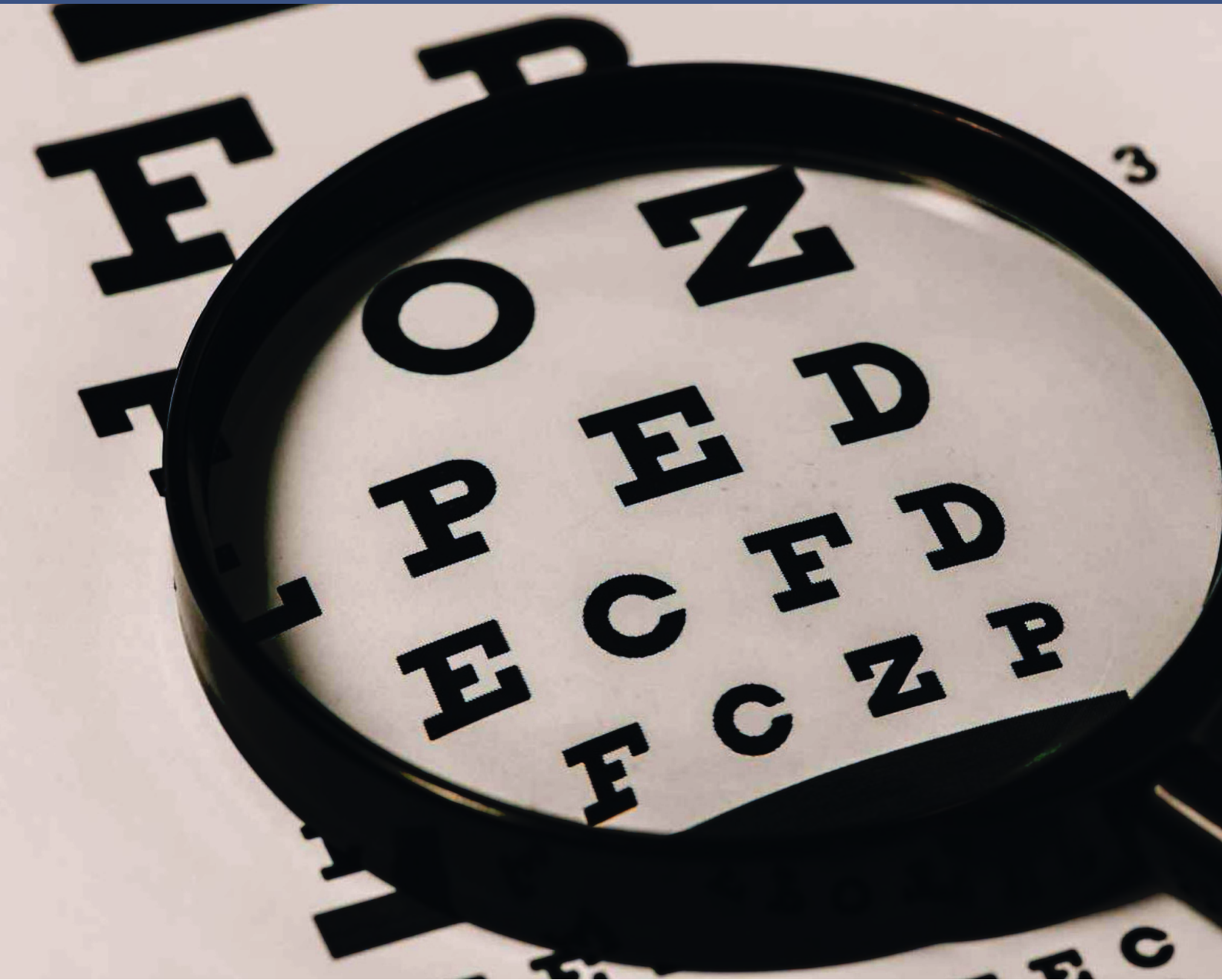
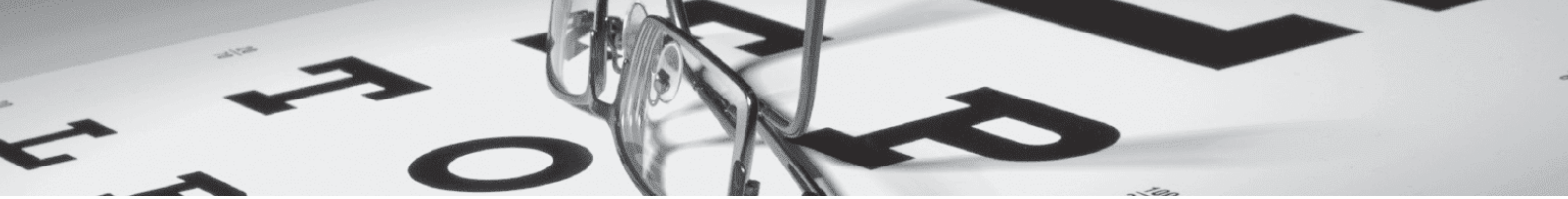


Melbourne Ophthalmic Alumni 33rd Meeting Saturday 16th May 2026

The Martin Family Auditorium

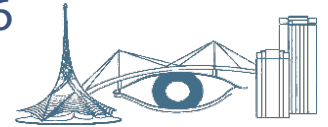
The Royal Victorian Eye & Ear Hospital
32 Gisborne Street, East Melbourne





MELBOURNE OPHTHALMIC ALUMNI MEETING 2026

Welcome



Welcome to the 33rd Melbourne Ophthalmic Alumni Annual Scientific Meeting. We are delighted to be back again at the fabulous Martin Family Auditorium. We are again very grateful for the support and generosity of the hospital's executive team and the hospital board, in particular Brendon Gardner.

We are confident you will enjoy the strong scientific program followed by an evening of fine food, socialising and a special musical treat at No 35, Sofitel on Collins, Melbourne.

We are delighted to welcome our invited guest speakers and are proud to showcase the talents of the vitreoretinal unit, with updates from Associate Professor Penny Allen, Dr Mali Okada, Associate Professor Rosie Dawkins and Dr Tom Edwards.

Our Guest of Honour this year is Dr Richard Stawell (AM). Richard was the previous head of Ocular Immunology Clinic (OIC), and was RANZCO President in 2009-2011. He received a Member of the Order of Australia in 2021 for service to ophthalmology, research and professional bodies, was awarded the RANZCO College Medal in 2018, and was awarded the RVEEH Board Chair's Medal in 2014. We look forward to hearing Richard's insights and reflections on a varied and fulfilling career.

We also look forward to celebrating the registrar group that started 20 years ago and hearing an update on their experiences since their initiation to our profession.

Dr Thomas Hardy

Chair

Committee:

Chair: Thomas Hardy

Secretary: Dermott Cassidy

Committee: Anne Brooks, Susan Carden, Mark Daniell, Tom Gin, Colby Hart, Robyn Troutbeck, Johnathan Yeoh

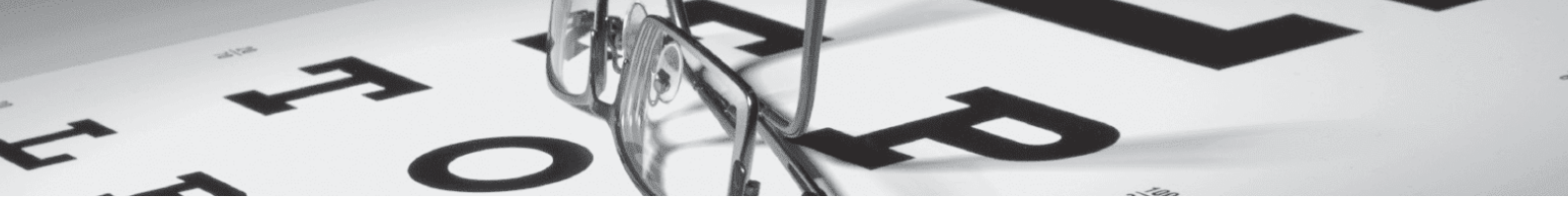
Second Year Registrar Group:

Gizem Ashraf, Michael Dong, Zixin (Cherry) Dong, Roshan Karri, Alexandra (Alex) Klejn, Rukaiya Malik, Sachin Phakey, Emma Tovey Crutchfield

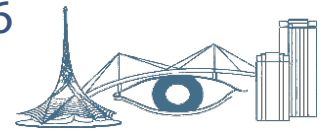
Conference Dinner:

No35, Sofitel on Collins
25 Collins St, Melbourne

Start time: 6:00pm for 6:30pm



MELBOURNE OPHTHALMIC ALUMNI MEETING 2026



Associate Prof Penny Allen

Assoc Prof Allen received a Bachelor of Medicine and Surgery in 1986 from the University of Melbourne and specialised in Ophthalmology. She then sub-specialised in Vitreoretinal Surgery and Medical Retina, completing fellowships at the Royal Victorian Eye and Ear Hospital and Moorfields Eye Hospital in London. Assoc Prof Allen was an inventor of the suprachoroidal retinal prosthesis and the lead surgeon for Bionic Vision Australia. She is a Principal Investigator at the Centre for Eye Research Australia, with a clinical appointment at the Royal Victorian Eye and Ear Hospital, where she is head of the Vitreoretinal Surgical Unit. She is the co-recipient of an NHMRC excellence award and has had research support from the NHMRC, the Angior Foundation, Retina Australia and Australian Vision Research. She has published more than 100 peer reviewed journal articles and been an invited speaker at RANZCO, Euretina, APAO and APVRS and invited session moderator at ARVO.

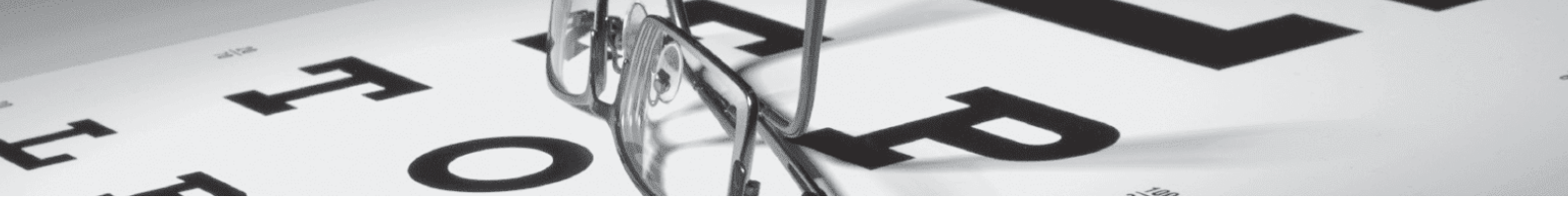
In 2024 A/Prof Allen received a Distinguished Service Award from the Royal Australian and New Zealand College of Ophthalmology.

Dr Mali Okada

Dr Mali Okada is a sub-specialty trained Medical Retina and Vitreoretinal specialist. She is a consultant at the Royal Victorian Eye and Ear Hospital and is a senior researcher with The Centre for Eye Research Australia.

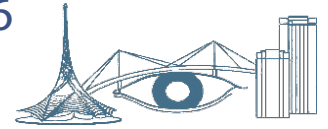
She has published more than 40 peer-reviewed papers on retinal diseases. Her research interests include novel retinal imaging techniques and therapeutics for both common and rare macular disorders and she is an active investigator in several clinical trials.

Dr Okada is the current chair of the Royal Australian and New Zealand College of Ophthalmologists Clinical Standards Committee, committee member of the Australian New Zealand Society of Retinal Specialists and is on the international steering committee of the Vision Academy and Barometer Leadership Coalition for age related macular degeneration and diabetic retinopathy.



MELBOURNE OPHTHALMIC ALUMNI MEETING 2026

Guest Speakers



A/Prof Rosie Dawkins

A/Prof Rosie Dawkins is a vitreoretinal surgeon practicing in Melbourne. She started ophthalmology training at the Royal Victorian Eye and Ear Hospital in 2009. Following on from that she did three Fellowships - Global Ophthalmology at the National Eye Hospital in Dili Timor-Leste, Medical & Surgical Retina at Addenbrooke's Hospital in Cambridge, and then Vitreoretinal Surgery at RVEEH.

A/Prof Dawkins has active research interests across the broad area of vitreoretinal surgical excellence, in particular with an interest in inherited retinal detachment syndromes, the epidemiology and biology of endophthalmitis, and surgical outcomes improvement. She holds appointments at CERA and the University of Melbourne. In 2026 she is an invited speaker at the Singapore National Eye Centre 35th Anniversary Meeting, and an invited session Chair at the Asia Pacific Vitreoretinal Society, as well as presenting at ARVO in the USA and ANZSRS in Sydney.

She currently holds appointments at the RVEEH, the Victorian Aboriginal Health Service, and the Royal Children's Hospital (honorary). She is the RANZCO Chair of the National Aboriginal and Torres Strait Eye Health Committee, and sits on RANZCO Council amongst other committees for national organisations.

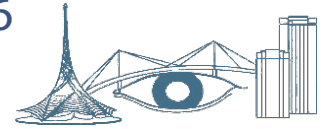
A/Prof Dawkins loves being involved in the development of the next generation of ophthalmologists, and welcomes the involvement of students, registrars and junior consultants in her work.

Dr Tom Edwards

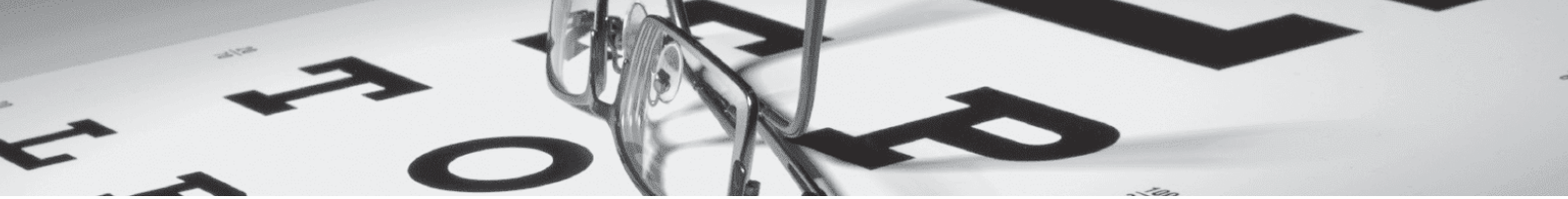
Tom Edwards is a Melbourne-based vitreoretinal surgeon. He completed his PhD at the University of Cambridge. Following RANZCO training at the RVEEH, he undertook a research fellowship in the Nuffield Laboratory of Ophthalmology at the University of Oxford. He is a Principal Investigator at the Centre for Eye Research Australia (CERA) and at Cerulea Clinical Trials, where he leads retinal gene therapy clinical trials and laboratory-based research.

MELBOURNE OPHTHALMIC ALUMNI MEETING 2026

Program



Session 1 Chairs: Susan Carden & Thomas Gin	
09.00 – 09.05	Thomas Hardy Introduction & Welcome
09.05 – 09.15	Oded Hauptman Efferent Neuro-Ophthalmology for Zoomers: Introducing iMovements, an Interactive Teaching Tool
09.15 – 09.25	Kristyna Stepnicka Linezolid-Associated Toxic Optic Neuropathy: Multicentre Case Series
09.25 – 09.35	Yuqing Lu A comparative analysis of the risk of herpes zoster and herpes zoster ophthalmicus associated with immunosuppressive therapies among Australian rheumatoid arthritis patients
09.35 – 09.45	Sachin Phakey The gift that keeps on giving: prevalence of recurrent zoster ophthalmicus
09.45 – 09.55	Ashwin Madhavan Outcomes of second-line immunosuppressants in patients who experience adalimumab failure for non-infectious uveitis
09.55 – 10.50	Vitreo-Retinal Update A/Prof Penny Allen Suprachoroidal devices for RP Dr Mali Okada Management of aphakia and secondary IOL options.
10.50 - 11.20	Morning Tea



MELBOURNE OPHTHALMIC ALUMNI MEETING 2026

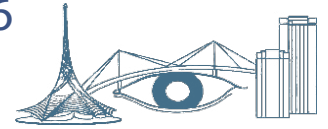
Program



Session 2 Chairs: Anne Brooks & Thomas Hardy	
11.20 – 11.30	Chen Wang Predicting visual function before glaucoma onset from baseline optical coherence tomography scans using deep learning
11.30 – 11.40	Joel Ding Gone but Not Forgotten: A Fifteen-Year Evaluation of the GONE Project—A Global Free Open Access Medical Education Tool for Optic Nerve Head Assessment
11.40 – 11.50	Alexander Sarossy PET Imaging in Ophthalmology: Current Utilisation and Clinical Applications
11.50 – 12.00	Hannah McDonald Reactivation of thyroid eye disease: incidence, timing and clinical phenotype in a private practice cohort
12.00 – 12.10	Grace Nguyen A Step-by-Step Microsoft Excel® Guide to Personalised Clinical Audit in Ophthalmology
12.10 – 12.30	AGM
12.30 – 13.30	Lunch

MELBOURNE OPHTHALMIC ALUMNI MEETING 2026

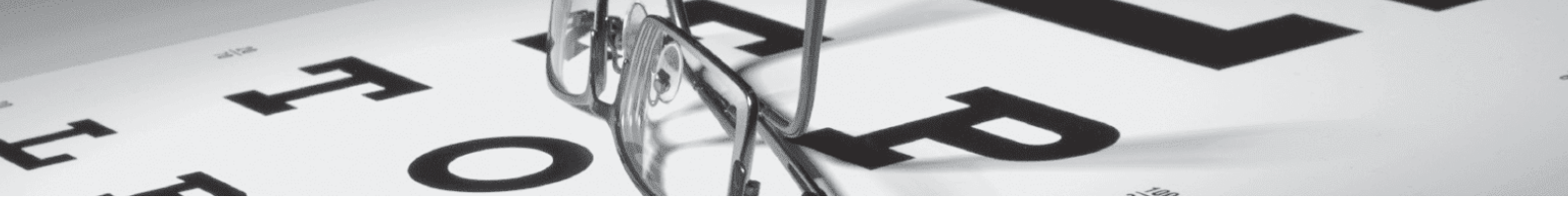
Program



Session 3

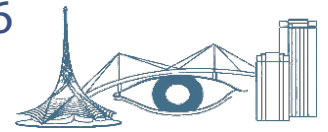
Chairs: Robyn Troutbeck & Jonathan Yeoh

13.30 - 14.25	<p>Vitreo-Retinal Update</p> <p>A/Prof Rosie Dawkins Endophthalmitis - current practice and emerging science</p> <p>Dr Tom Edwards Gene therapy at the RVEEH</p>
14.25 – 14.35	<p>Yuqing Lu A Systematic Review and Meta-analysis on the Association between Inflammatory Biomarkers and the Presence of Diabetic Macular Oedema</p>
14.35 – 14.45	<p>James Gunasegaram Associations Of Haematological Inflammatory Biomarkers with Treatment Response and Severity in Diabetic Macular Oedema: A Systematic Review and Meta Analysis</p>
14.45 – 14.55	<p>Darren Tan Feasibility and uptake of one-time diabetic retinopathy screening with an AI-powered fundus camera in pregnant women with pre-existing diabetes: a cross-sectional survey study</p>
14.55 – 15.05	<p>Kayvan Gharbi Foundation Models for Ophthalmic Imaging: From Review to Clinical Application</p>
15.05 – 15.15	<p>Kayvan Gharbi Low-Data Adaptation of a Retinal Foundation Model Enables Accurate Emergency Department Screening for Optic Disc Oedema</p>
15.15 – 15.45	<p>Afternoon Tea</p>

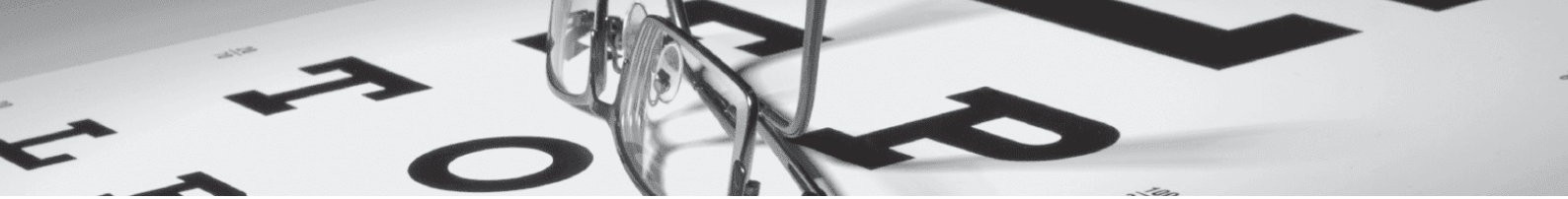


MELBOURNE OPHTHALMIC ALUMNI MEETING 2026

Program



<p>Session 4 Chairs: Dermot Cassidy & Mark Daniell</p>	
15.45 – 15.55	<p>Joshua Meyerov Predictors of Visual Outcomes Following Globe Trauma: A 12-Year Retrospective Study at a Tertiary Centre</p>
15.55 – 16.05	<p>Nathan Lee Evidence-Based Management in Cataract Surgery in Eyes with Short Axial Length: A Review</p>
16.05 – 16.15	<p>Milton Louca A Comparative Analysis of 'Dropless After Cataract Surgery' Technique: Rates of Postoperative IOP Rise and Cystoid Macular Oedema</p>
16.15 - 16.25	<p>Kaela Braue Effect of tissue, donor, and recipient factors on outcomes of Descemet stripping automated endothelial keratoplasty (DSAEK)</p>
16.25 – 16.35	<p>Thomas Hardy Close and Thanks</p>
<p>Dinner No 35, Sofitel n Collins, 25 Collins Street, Melbourne 6:00pm for 6:30pm</p> <p>Guest of Honor – Dr Richard Stawell (AM)</p> <p>20 Year re-union group of 1st year Registrars from 2006</p>	



MELBOURNE OPHTHALMIC ALUMNI MEETING 2026

Abstracts



09.05 – 09.15

Efferent Neuro-Ophthalmology for Zoomers:
Introducing iMovements, an Interactive Teaching Tool

Author(s)

Oded Hauptman, MBBS (he/him/his) (Role: First/Presenting Author)
Abstract Information - Descriptive Studies

Topic

Ocular Motility Disorders and Nystagmus

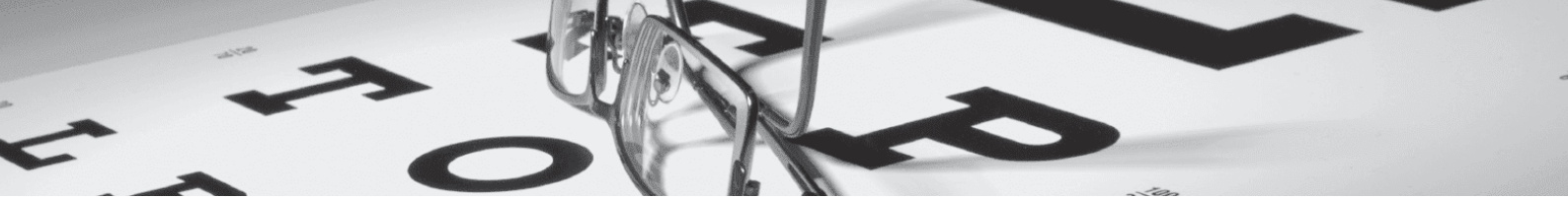
Introduction

Understanding efferent neuro-ophthalmic pathways can be challenging for trainees due to their three-dimensional complexity and limited exposure during formal teaching. To engage the new generation of learners (“Zoomers”) accustomed to digital interactivity, iMovements was developed as an educational app combining animation, simulation, and self-assessment to visualize efferent visual system function in real time.

Description: iMovements presents animated models of ocular motility, cranial nerve innervation, and efferent disorders through interactive modules that respond dynamically to user input. Each lesson integrates labeled pathways, muscle activation overlays, and clinical correlations (e.g., sixth-nerve palsy, internuclear ophthalmoplegia). Educators can project modules during teaching rounds or allow learners to explore them independently using “learn → test → review” cycles with immediate feedback. Early classroom use among ophthalmology residents and neuro-ophthalmology fellows demonstrated increased engagement and improved recall of efferent anatomy and lesion localization. Feedback emphasized clarity of visualization, spatial understanding, and the motivational effect of interactivity.

Conclusions: iMovements offers a modern, mobile-based approach to teaching efferent neuro-ophthalmology, translating complex ocular motor pathways into accessible, visually intuitive lessons. By aligning with the learning preferences of digital-native clinicians, the app provides a scalable adjunct to traditional teaching and may help sustain interest in the efferent side of neuro-ophthalmology

Ref: <https://www.imovements.org>



MELBOURNE OPHTHALMIC ALUMNI MEETING 2026

Abstracts



09.15 – 09.25

Linezolid-Associated Toxic Optic Neuropathy: Multicentre Case Series

Dr Kristyna Stepnicka^{1,2,3}, A/Prof Fred Chen^{4,5}, A/Prof Marko Hawlina⁶, Dr Melissa Tien⁷, A/Prof Heather Mack^{1,2}, A/Prof Carla Abbott^{1,2}, A/Prof Gail Cross^{8,9,10}, Mr Alexander Sarossy⁹, A/Prof Marc Sarossy^{2,9}

1. The Centre for Eye Research Australia, VIC, Australia,
2. The University of Melbourne, VIC, Australia,
3. Barwon Health, VIC, Australia,
4. Lion's Eye Institute, WA, Australia,
5. Royal Perth Hospital, WA, Australia,
6. Eye Hospital, University Medical Centre Ljubljana, Ljubljana, Slovenia,
7. NHG Eye Institute, Tan Tock Seng Hospital, Singapore,
8. Monash Health, VIC, Australia,
9. Monash University, VIC, Australia,
10. Burnet Institute, VIC, Australia.

Increasing reports of linezolid-associated toxic optic neuropathy (TON) are emerging, thought to result from inhibition of mitochondrial protein synthesis leading to metabolic failure of the optic nerve. Linezolid-associated TON is typically characterised by duration- and dose-dependent, bilateral symmetrical visual decline, with centrocecal visual field defects, dyschromatopsia and retinal nerve fibre layer (RNFL) thinning.

We present a multicentre case series of four patients with linezolid-associated TON across rural and metropolitan Australia, Singapore, and Slovenia. All patients developed visual disturbance, most commonly with centrocecal defects and dyschromatopsia. Duration of exposure ranged from 3 weeks to 1 year, with a trend toward greater severity with longer exposure. Optical coherence tomography demonstrated variable findings, including superior and inferior RNFL bundle thickening or ganglion cell layer thinning involving the papillomacular bundle in some cases. Electrophysiology demonstrated optic nerve and ganglion cell dysfunction with preserved photoreceptor function. One case demonstrated atypical, asymmetric involvement. Following cessation, three patients experienced near-complete recovery, while one had persistent severe visual impairment.

Variable recovery likely reflects differing stages of reversible mitochondrial dysfunction and irreversible retinal ganglion cell loss, cumulative exposure, and timing of cessation, highlighting the importance of early screening and timely drug cessation.

MELBOURNE OPHTHALMIC ALUMNI MEETING 2026

Abstracts



09.25 – 09.35

A comparative analysis of the risk of herpes zoster and herpes zoster ophthalmicus associated with immunosuppressive therapies among Australian rheumatoid arthritis patients

Yuqing Lu¹, Sophie L. Rogers¹, Sachin Phakey¹, Anthony J. Hall^{2,3}, Lyndell L. Lim^{1,4}

1. Centre for Eye Research Australia, Royal Victorian Eye and Ear Hospital, VIC, Australia;
2. Ophthalmology, Alfred Health, Melbourne, VIC, Australia;
3. Department of Surgery, Monash University, Clayton, VIC, Australia;
4. Ophthalmology, Department of Surgery, University of Melbourne, VIC, Australia

Purpose: Rheumatoid arthritis (RA) patients are at higher risk of herpes zoster (HZ), due to the disease itself or its treatments. However, studies on herpes zoster ophthalmicus (HZO) risks among RA patients have been limited. Here, we investigated whether HZ and HZO incidence in RA patients varied by immunosuppressive treatment.

Methods: Retrospective, population-based cohort analysis of antiviral and immunosuppressant prescriptions supplied via the PBS in VIC and NSW from 2016–2021. Using antiviral prescription data, age- and sex-standardised annual HZ and HZO incidence rates (IR) were calculated in RA patients who had received methotrexate (MTX) vs tumour necrosis factor alpha inhibitors (TNFais) vs Janus kinase inhibitors (JAKis).

Results: From 2016 to 2021, the mean annual incidence rates were 106.0/10,000 PY for HZ and 6.7/10,000 PY for HZO. The crude IR of HZ was the highest in RA patients receiving JAKis (173.1/10,000 PY), followed by TNFais (140.0/10,000 PY) and MTX (104.4/10,000 PY). Similarly, for HZO, crude IR was the highest in RA patients receiving JAKis (8.5/10,000 PY), around 5 times higher than the general population.

Conclusions: RA patients receiving immunosuppressive treatment, particularly JAKis, have an increased incidence of HZO. The new non-live recombinant Shingrix® should be encouraged for RA patients receiving immunosuppressants.

MELBOURNE OPHTHALMIC ALUMNI MEETING 2026

Abstracts



09.35 – 09.45

The gift that keeps on giving: prevalence of recurrent zoster ophthalmicus

Sachin Phakey^{1,2}, Sophie L. Rogers¹, Myra B. McGuinness^{1,2}, Katherine B. Gibney³, Anthony J. Hall^{4,5}, Lyndell L. Lim^{1,2}

1. Centre for Eye Research Australia, The Royal Victorian Eye and Ear Hospital, Victoria, Australia
2. Ophthalmology, Department of Surgery, The University of Melbourne, Victoria, Australia
3. Department of Infectious Diseases, The Peter Doherty Institute for Infection and Immunity, The University of Melbourne, Victoria, Australia
4. Ophthalmology, Alfred Health, Victoria, Australia
5. Department of Surgery, Central Clinical School, Monash University, Victoria, Australia

Aim

It is unknown whether recurrent herpes zoster ophthalmicus (HZO) is increasing in frequency. The aim of this study was to quantify the proportion of HZO episodes which are recurrent and examine the prevalence of recurrent HZO in Australia.

Methods

Retrospective administrative data study of all individuals in Victoria and New South Wales supplied a PBS antiviral prescription for the treatment of HZO between 2012–2021. After a run-in phase of 3 years, antiviral prescriptions for HZO were classified as initial or subsequent, with subsequent supply used as a proxy for disease recurrence. We calculated the annual prevalence of recurrent HZO within the VIC/NSW census-defined population, stratified by age and sex.

Results

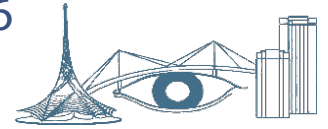
During 2012–2021, we identified 34,713 HZO prescription episodes among 30,379 individuals (56.9% female, 36.1% aged 60–79 years). Of all HZO prescription episodes, 4,334 (12.5%) were recurrent. The annual prevalence of recurrent HZO was stable between 2015–2021 for individuals aged <60 years (2.3 to 2.4 per 100,000 population), yet increased 2.4-fold in individuals aged >60 years (in both females, from 5.0 to 12.2 per 100,000, and males, from 4.3 to 10.4 per 100,000).

Conclusion

Recurrence is responsible for a significant proportion of all HZO episodes (1 in 8), as estimated by antiviral prescription data. Prevalence of HZO recurrence may be increasing in individuals aged >60 years, who are eligible for zoster vaccination following initial presentation.

MELBOURNE OPHTHALMIC ALUMNI MEETING 2026

Abstracts



09.45 – 09.55

Outcomes of second-line immunosuppressants in patients who experience adalimumab failure for non-infectious uveitis

Ashwin Madhavan^{1,2}, Michelle Papandony^{2,4}, Carlo Russo⁴, Laura Ross^{2,3}, Julian J. Bosco^{1,2}, Timothy Godfrey², Lyndell L. Lim^{1,2,3}

1. Centre for Eye Research Australia Ltd, Melbourne, Australia.
2. The Royal Victorian Eye and Ear Hospital, East Melbourne, Australia.
3. The University of Melbourne, Melbourne, Australia.
4. St Vincent's Hospital (Melbourne), Fitzroy, Australia

Aim

To report outcomes of second-line immunosuppression for non-infectious uveitis following adalimumab failure.

Methods

Retrospective review of adults receiving second-line immunosuppression after adalimumab failure at RVEEH between September 2015 and March 2025. Treatment failure was defined as either active inflammation (anterior chamber cell $\geq 1+$, vitreous haze $\geq 1+$, active retinitis/choroiditis, or treatment escalation), macular oedema (MO) (central macular thickness ≥ 300 microns with intra-retinal cysts, Heidelberg Spectralis) or adverse events requiring discontinuation.

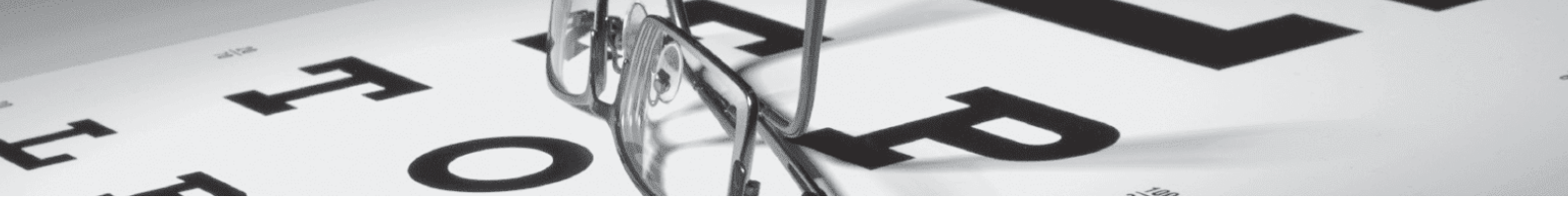
Results

Of 96 adalimumab-treated patients, 24 required second-line immunosuppression. Median time to failure was 1.7 years (range 0.4-6.2). Median best corrected visual acuity (BCVA) was logMAR 0.19 (Snellen $\sim 6/9.3$, IQR 0.05-0.55). Patients with both active inflammation and MO received infliximab (n=4) or tocilizumab (n=4). Patients with active inflammation alone received infliximab (n=5), tocilizumab (n=1), or tofacitinib (n=1). Patients with MO alone received infliximab (n=2) or tocilizumab (n=2). Patients experiencing adverse events received tocilizumab (n=2), infliximab (n=1), IVg (n=1), or rituximab (n=1).

Twelve months (IQR 11.7-13.4) after treatment change, 6/24 patients had active inflammation, while 4/24 had MO. Median BCVA remained stable at logMAR 0.20 (Snellen $\sim 6/9.6$, IQR 0.05-0.40), without discernible differences between treatment groups, within power limitations.

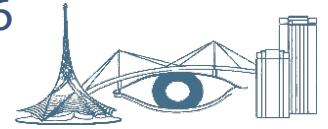
Conclusions

Following adalimumab failure, several second-line immunosuppressants were used with resultant uveitic control and preserved visual acuity.



MELBOURNE OPHTHALMIC ALUMNI MEETING 2026

Abstracts



09.55 – 10.50 Vitreo-Retinal Update

11.20 – 11.30

Predicting visual function before glaucoma onset from baseline optical coherence tomography scans using deep learning

Authors:

Abadh K Chaurasia,^{1,2} Chen Wang,³ Patrick W Toohey,² Christine Y Chen,³ Stuart MacGregor,^{4,5} Matthew T Bennett,² Nitin Verma,^{6,7} Jamie E Craig⁸, Paul J McCartney^{6,7}, Marc G Sarossy⁹, Alex W Hewitt^{1,6,7*}

Affiliations:

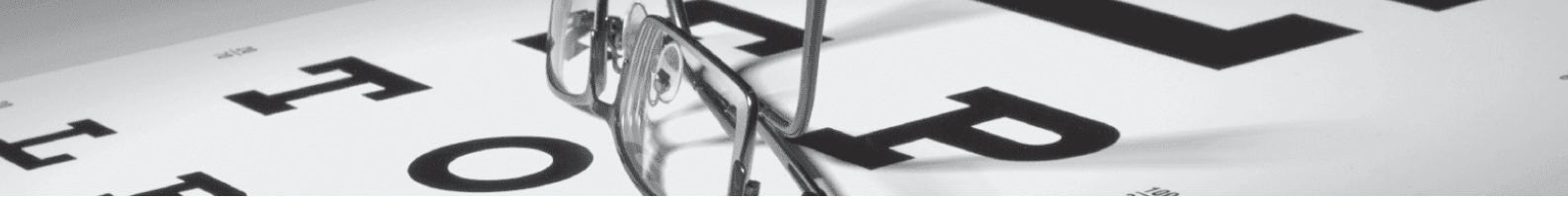
1. Menzies Institute for Medical Research, University of Tasmania, Australia.
2. Pandani Solutions Pty Ltd, Hobart, Australia.
3. Ophthalmology Department at Monash Health, Department of Surgery, School of Clinical Sciences at Monash Health, Melbourne, 3168, Victoria, Australia.
4. Statistical Genetics, QIMR Berghofer, 300 Herston Road, Herston, QLD, 4006, Australia.
5. Faculty of Medicine, University of Queensland, 288 Herston Road, Herston, QLD, 4006, Australia.
6. School of Medicine, University of Tasmania, Australia.
7. Hobart Eye Surgeons, Hobart, Australia.
8. Department of Ophthalmology, Flinders Medical Centre, Flinders Health and Medical Research Institute, Sturt Rd, Bedford Park, SA, 5042, Australia.
9. School of Translational Medicine, Monash University, Australia.

Background: Visual field (VF) loss in glaucoma often progresses despite treatment. This study investigates whether future VF parameters can be predicted from a baseline optical coherence tomography retinal nerve fibre layer (OCT-RNFL) scan using a deep learning model.

Methods: The model was developed using 1792 eyes and externally validated on 151 eyes from a second centre and 281 eyes from a third centre with different OCT instrumentation. The Vision Transformer (ViT)-based regression model was trained on baseline OCT-RNFL scans to predict three key VF indices (follow-up interval: 4.74 ± 2.59 years). Model performance was evaluated using Mean Absolute Error (MAE) and Root Mean Square Error (RMSE).

Results: The model achieved an overall MAE of 2.07 (95% CI: 1.91-2.22) and RMSE of 2.87 (95% CI: 2.60-3.14) on internal validation. On external validation, the model showed comparable performance with overlapping 95% confidence intervals across the three datasets. Saliency maps revealed that the RNFL and RPE layers were key structures in driving the model's predictions.

Conclusions: A multi-centre, ViT-based regression model can objectively predict VF indices from a single OCT-RNFL scan. This may offer a novel tool for predicting glaucoma progression.



MELBOURNE OPHTHALMIC ALUMNI MEETING 2026

Abstracts



11.30 – 11.40

Gone but Not Forgotten: A Fifteen-Year Evaluation of the GONE Project—A Global Free Open Access Medical Education Tool for Optic Nerve Head Assessment

Authors:

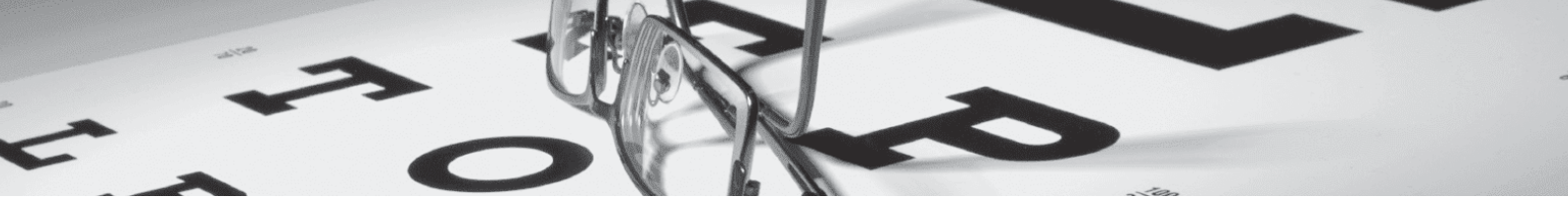
AC Coote, H Thenamkodath, J Ding, C Ross, G Kong, K Martin, MA Coote.

Introduction: Accurate assessment of the optic nerve head (ONH) is central to glaucoma diagnosis but is challenged by anatomical variability, the need for specialised training, and limited access to high-quality teaching, particularly in low-resource settings. This study evaluates the Glaucomatous Optic Neuropathy Evaluation (GONE) Project, a free open access medical education tool (FOAM) accessible online platform designed to enhance ONH assessment skills.

Methods: A retrospective analysis was conducted of GONE data from 2009–2023 to evaluate its geographic reach, professional involvement, and user diagnostic accuracy.

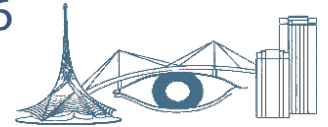
Outcomes: More than 33,000 users from over 65 countries enrolled, with increasing participation from 2019 onwards and diversification from ophthalmology trainees to general practitioners and optometrists. Accurate evaluation of ONH features, particularly vertical cup-to-disc ratio, cup configuration, and retinal nerve fibre layer loss, correlated strongly with glaucoma diagnosis, and diagnostic performance improved in recent cohorts.

Conclusion: The GONE Project demonstrates the potential of FOAM-based digital platforms to deliver complex skills training and supports further integration of artificial intelligence and multimodal imaging data.



MELBOURNE OPHTHALMIC ALUMNI MEETING 2026

Abstracts



11.40 – 11.50

PET Imaging in Ophthalmology: Current Utilisation and Clinical Applications

Authors:

Alex Sarossy¹, Marc Sarossy^{2,3}, Paul Beech⁴

Institutions:

1. Monash University Faculty of Medicine, Nursing and Health Science, Clayton, Australia
2. Royal Victorian Eye and Ear Hospital (RVEEH), Melbourne, Australia
3. Essendon Eye Clinic, Essendon, Australia
4. The Alfred Hospital, South Yarra, Australia

Positron emission tomography (PET) is indispensable in oncological imaging, yet its role in ophthalmology remains underexplored. This study examines PET utilisation for ophthalmological indications at a tertiary referral centre (the Alfred Hospital) and reviews current clinical applications.

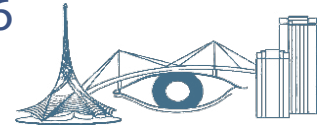
Referral data were retrospectively reviewed over the 2025 calendar year. All PET scans requested for ophthalmological indications were identified from approximately 3,600 total PET scans. Clinical indications, findings, and outcomes were analysed. A literature review evaluated the role of fluorodeoxyglucose (FDG)-PET, PET/CT, and PET/MRI fusion imaging across ophthalmic indications.

Of approximately 3,600 total scans, 0.2% (n=6) were requested for ophthalmological indications, most commonly for paraneoplastic retinopathies and sarcoidosis. PET demonstrated utility in staging, metastasis detection, treatment response monitoring, and differentiating recurrence from post-treatment change. Challenges included physiological brain uptake limiting orbital assessment and reduced spatial resolution for small lesions. Advances in PET/CT, PET/MRI fusion imaging, and newer tracers may improve diagnostic accuracy and will be discussed.

PET imaging is infrequently utilised for ophthalmological indications but offers valuable diagnostic information in select clinical scenarios. Awareness of its strengths and limitations can guide appropriate referral and interpretation in ophthalmic practice.

MELBOURNE OPHTHALMIC ALUMNI MEETING 2026

Abstracts



11.50 - 12.00

Reactivation of thyroid eye disease: incidence, timing and clinical phenotype in a private practice cohort

Authors:

Hannah A McDonald^{1,2}, Jwu-Jin Khong^{1,2,3,4}, Alan A McNab^{3,4}, Thomas G Hardy^{1,2,4}

Institutions:

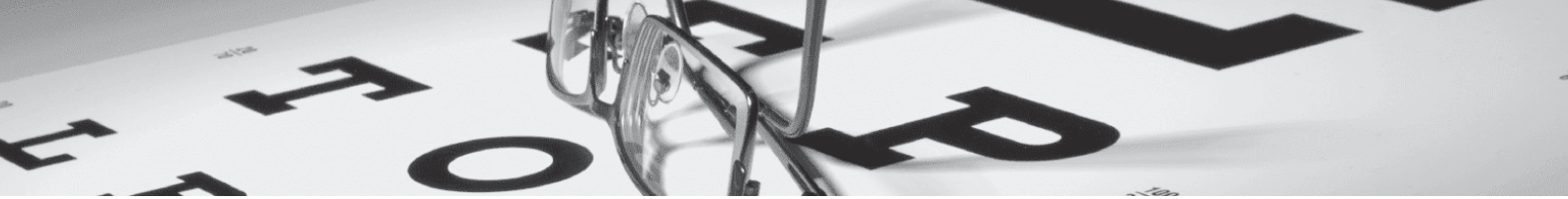
1. Department of Ophthalmology, Royal Melbourne Hospital, Parkville, Victoria, Australia
2. Orbital, Plastics and Lacrimal Unit, Royal Victorian Eye and Ear Hospital, East Melbourne, Victoria, Australia
3. Centre for Eye Research Australia, East Melbourne, Victoria, Australia
4. Department of Surgery, Royal Melbourne Hospital and Austin Health, University of Melbourne, Parkville, Victoria, Australia

Background: Thyroid eye disease (TED) typically progresses from active inflammation to relative stability and quiescence. Reactivation after apparent quiescence is recognised but remains poorly characterised. We described the incidence, timing and phenotype of TED reactivation and explored potential risk factors and triggers.

Methods: Retrospective cohort study of 727 consecutive patients with TED seen between 2015-2025. Reactivation was defined as new or worsening TED after ≥ 1 year of documented inactivity. Clinical, demographics, imaging and treatment data were reviewed.

Results: Reactivation occurred in 28/727 patients (3.9%, 95% CI 2.7-5.5%), comprising 29 episodes. Most were female (75%) and aged ≥ 50 years at reactivation (75.9%; mean age 60.2 ± 15.5 years). The median interval from quiescence to reactivation was 5 years (IQR 3-10). Extraocular muscle involvement occurred in 93.1%. Disease was mild in 44.8%, moderate-to-severe in 41.4% and sight-threatening in 13.8%. While a clear trigger was uncommon; thyroid dysfunction was documented in 34.5% and 25% were active smokers.

Conclusions: TED reactivation affected a small but clinically important subset of patients, with incidence comparable to the lower end of previously reported series. Sight-threatening disease was higher than that typically reported in primary TED. Reactivation was most common within 5 years of quiescence and with a muscle-predominant phenotype.



MELBOURNE OPHTHALMIC ALUMNI MEETING 2026

Abstracts



12.00 – 12.10

A Step-by-Step Microsoft Excel® Guide to Personalised Clinical Audit in Ophthalmology

Authors:

Grace Nguyen, Stephenie Tiew

Institution:

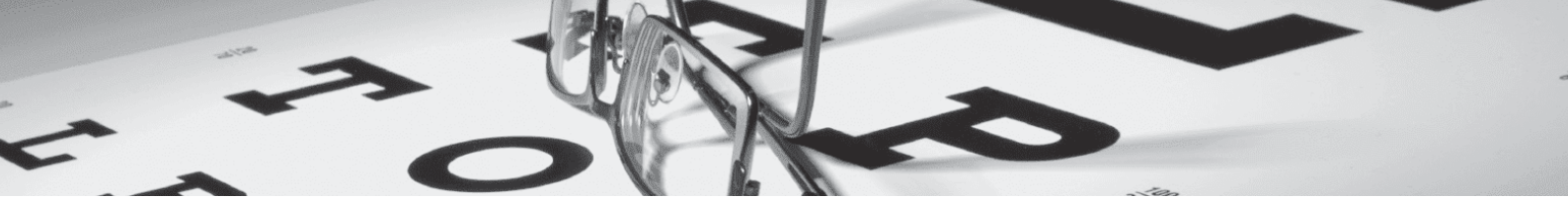
The Royal Victorian Eye and Ear Hospital

Introduction: Clinical audit is integral to reflection and improvement in clinical and surgical practice. The Royal Australian and New Zealand College of Ophthalmologists (RANZCO) Continuing Professional Development (CPD) program allocates more than half of required CPD hours to 'Reviewing Performance and Measuring Outcomes'. We describe a step-by-step approach to developing a personalised Microsoft Excel® spreadsheet to support structured data collection and clinical audit.

Methods: A customised spreadsheet with an automated visual dashboard was designed in Microsoft Excel®(GN). Prospective data was collected (ST) over two years at The Royal Victorian Eye and Ear Hospital. Approximately 3,000 cases were recorded across the eye emergency department, outpatient clinics, inpatient wards, and operating theatres.

Results: The spreadsheet enabled efficient quantitative and qualitative analysis of clinical activity. The automated dashboard, adaptable to user-defined variables, was particularly useful in the emergency setting. Urgent diagnoses and critical results were highlighted to facilitate timely follow-up. The system supported continuity of care and promoted real-time learning through structured case review.

Conclusion: A customisable Microsoft Excel® spreadsheet provides an accessible and effective tool for maintaining a clinical logbook. It can be tailored to individual needs in alignment with RANZCO CPD requirements. User experience has been positive, supporting reflective practice and ongoing professional development.



MELBOURNE OPHTHALMIC ALUMNI MEETING 2026

Abstracts



14.25 – 14 35

A Systematic Review and Meta-analysis on the Association between Inflammatory Biomarkers and the Presence of Diabetic Macular Oedema

Authors:

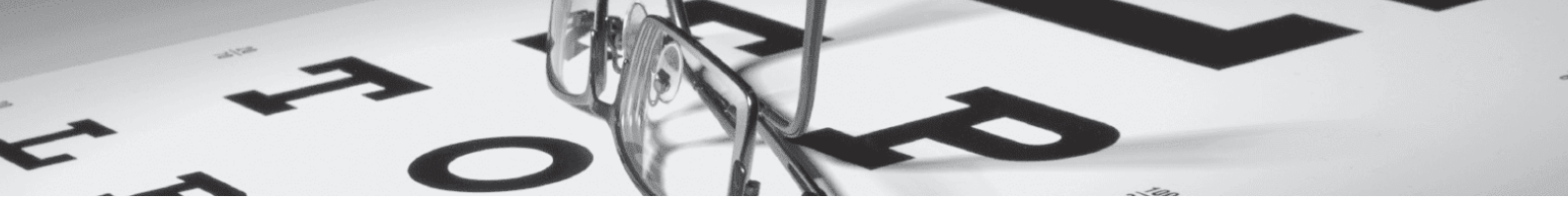
Yuqing Lu, James Gunasegaram, Zhengyang Liu

Aim: Diabetic macular oedema (DMO) is a vision-threatening complication of diabetes driven partly by microvascular inflammation. While definitively diagnosed via optical coherence tomography, early risk stratification in primary care could be augmented by accessible full blood count biomarkers. We aimed to evaluate the association between haematological inflammatory indices and presence of DMO.

Methods: A systematic review and random-effects meta-analysis of observational studies searching MEDLINE and Embase (inception to December 2025).

Results: We included 21 studies (4,306 patients). Compared to patients with diabetic retinopathy alone, patients with DMO demonstrated significantly elevated systemic immune-inflammation index (SII) (MD 102.34, 95% CI 30.38–174.29, $p=0.005$), neutrophil-to-lymphocyte ratio (NLR) (MD 0.60, 95% CI 0.33–0.87, $p<0.001$), and mean platelet volume (MPV) (MD 0.86 fL, 95% CI 0.08–1.63, $p=0.03$). Compared to diabetic patients without retinopathy, DMO patients exhibited higher SII (MD 110.39, 95% CI 52.96–167.81, $p<0.001$), NLR (MD 1.10, 95% CI 0.39–1.80, $p=0.002$), and platelet-to-lymphocyte ratio (MD 19.09, 95% CI 9.64–28.53, $p<0.001$).

Conclusion: Elevated systemic inflammatory indices (SII and NLR in particular) distinguish DMO from background retinopathy. These inexpensive, routine indices may offer a practical primary-care adjunct for identifying at-risk diabetic patients, expediting optometric screening and targeted multidisciplinary management.



MELBOURNE OPHTHALMIC ALUMNI MEETING 2026

Abstracts



14.35 – 14.45

Associations Of Haematological Inflammatory Biomarkers with Treatment Response and Severity in Diabetic Macular Oedema: A Systematic Review and Meta Analysis

Authors:

James Gunasegaram, Yuqing Lu, Zhengyang Liu

Aim: While intravitreal anti-vascular endothelial growth factor (anti-VEGF) is standard-of-care for diabetic macular oedema (DMO), response varies. We evaluated whether accessible haematological inflammatory biomarkers predict treatment response and disease severity.

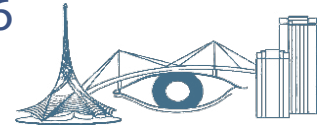
Methods: We conducted random-effects meta-analysis of studies identified in MEDLINE and Embase from inception to December 2025 which compared pre-treatment indices between anti-VEGF responders and non-responders and across morphological severity states.

Results: We included 5 studies involving 559 patients. Non-responders to intravitreal anti-VEGF had higher pre-treatment systemic immune-inflammation index (SII) (MD 241.89, 95% CI 136.75–347.04), neutrophil-lymphocyte ratio (NLR) (MD 0.82, 95% CI 0.55–1.10), monocyte-lymphocyte ratio (MD 0.06, 95% CI 0.02–0.11) and platelet-lymphocyte ratio (PLR) (MD 33.55, 95% CI 18.84–48.27) than responders. Compared to patients with early DMO, those with advanced DMO had lower SII (MD -225.51, 95% CI -383.52– -67.50), NLR (MD -0.72, 95% CI -1.35– -0.09) and PLR (MD -47.64, 95% CI -92.54– -2.75), and those with atrophic maculopathy had higher SII (MD 760.25, 95% CI 443.73–1076.77) and NLR (MD 1.77, 95% CI 0.44–3.10).

Conclusions: Inflammatory biomarkers are elevated in non-responders to intravitreal anti-VEGF and differ across stages of DMO severity, with potential utility for accessible and cost-effective DMO prognostication and targeted treatment escalation

MELBOURNE OPHTHALMIC ALUMNI MEETING 2026

Abstracts



14.45 – 14.55

Feasibility and uptake of one-time diabetic retinopathy screening with an AI-powered fundus camera in pregnant women with pre-existing diabetes: a cross-sectional survey study

Authors:

Darren Tan^{1,2}, Louise Cen^{2,3}, Alexis Shub^{4,5}, Sarah Price^{6,7,8,9}, Alison J Nankervis^{6,7,8,9}, Sue Goh¹⁰, Robert C Andrew Symons^{2,3,11}, Lyndell L Lim^{2,11}

Institutions:

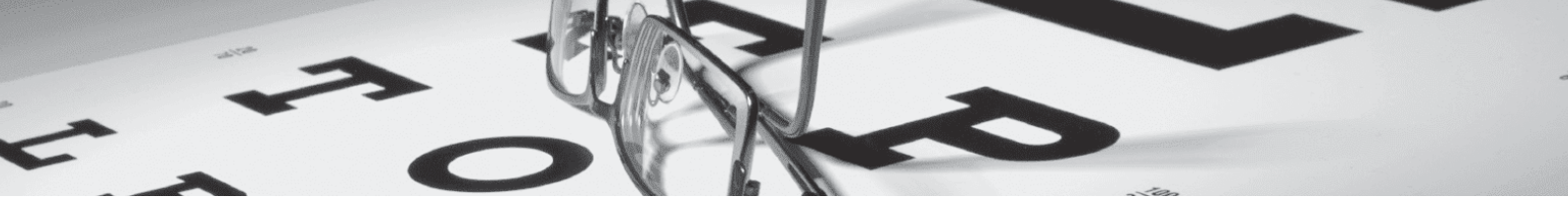
1. School of Translational Medicine, Monash University, Melbourne, VIC, Australia
2. Centre for Eye Research Australia
3. Department of Optometry and Vision Sciences, University of Melbourne, Victoria, Australia
4. Perinatal Department, Mercy Hospital for Women, Heidelberg, Victoria, Australia
5. Department of Obstetrics and Gynaecology, University of Melbourne, Melbourne, Victoria, Australia
6. Department of Medicine, Royal Melbourne Hospital, University of Melbourne, Grattan St, Parkville, VIC 3050 Australia
7. Department of Obstetric Medicine, Royal Women's Hospital, Flemington Rd, Parkville, VIC Australia
8. Department of Diabetes and Endocrinology, Royal Melbourne Hospital, Grattan St, Parkville, VIC Australia
9. Royal Women's Hospital, Parkville, Victoria Australia
10. Diabetes Unit, Monash Medical Centre, Melbourne, Victoria, Australia
11. Ophthalmology, Department of Surgery, University of Melbourne, Victoria, Australia

Purpose: To evaluate the feasibility and patient acceptability of an AI-assisted point-of-care model within tertiary obstetric-endocrinology clinics for DR screening.

Methods: Pregnant women with pre-existing diabetes were recruited from two tertiary centres. Non-mydriatic fundus photography was performed with the iCare DRSpplus camera with automated AI grading through RetCAD. The primary outcome was screening uptake (proportion of consented participants successfully imaged). Secondary outcomes included patient acceptability (ACCESS survey, 5-point Likert scale) and technical feasibility.

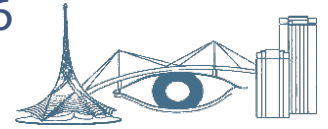
Results: Forty-eight pregnant women with pre-existing diabetes mellitus (Type 1: n=18, Type 2: n=30) were included. Mean age was 34.1±4.4 years, mean HbA1c was 6.3±1.1%, mean BMI was 31.3±8.0 kg/m² and mean gestational age was 25.3±9.1 weeks. AI screening was completed in all patients, with 32 (66.7%) patients requiring only a single imaging attempt. Retinopathy was detected in 10 (20.8%) patients, including mild (n=6), moderate (n=3) and severe NPDR (n=1). High patient satisfaction was reported for length of screening (4.7/5), time to result delivery (4.7/5) and completing the DR screening on-site (4.6/5) rather than attending traditional optometry/ophthalmology appointments (3.3/5).

Conclusion: AI-powered point-of-care for DR screening in high-risk obstetric populations has high uptake and patient acceptability. Longitudinal surveillance with this model will help determine impact on adherence to trimester-based guidelines.



MELBOURNE OPHTHALMIC ALUMNI MEETING 2026

Abstracts



14.55 – 15.05

Foundation Models for Ophthalmic Imaging: From Review to Clinical Application

Kayvan Gharbi^{1,2}, Peter van Wijngaarden^{1,2,3}, Zhichao Wu¹, Xavier Hadoux^{1,2}

Corresponding author: Kayvan Gharbi

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Affiliations:

1. Centre for Eye Research Australia, Royal Victorian Eye and Ear Hospital, Melbourne, VIC, Australia
2. Department of Surgery (Ophthalmology), University of Melbourne, Melbourne, VIC, Australia
3. The Florey Institute of Neuroscience and Mental Health, Parkville, VIC, Australia

Purpose: To develop a foundation model for hyperspectral retinal imaging and evaluate its performance for ganglion cell complex (GCC) thickness estimation.

Methods: We pretrained a Vision Transformer (ViT-Base, 86M parameters) using masked autoencoding on 41,000 hyperspectral retinal images (500x500 pixels, 30 wavelength channels, 450-700nm) acquired at the Centre for Eye Research Australia. We evaluated model performance for pixel-level GCC thickness regression across 181 eyes with 5-fold cross-validation, comparing pretrained versus randomly initialised encoders.

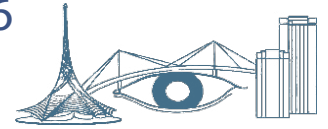
Results: The pretrained model achieved within-5% accuracy of 88.5% (95% CI: 85-92%), MAE of 10.0um (95% CI: 9.0-11.0), and Pearson $r=0.84$ (95% CI: 0.77-0.91). Pretraining significantly outperformed random initialisation (MAE $p=0.047$, Pearson $p=0.032$), confirming self-supervised learning captures clinically relevant features. Notably, RETFound achieved MAE of 13.2um for clock-hour RNFL prediction from fundus photography; pixel-level prediction is a more challenging task yet we achieved lower error using a far smaller pretraining data set, suggesting hyperspectral imaging captures richer structural information.

Conclusions: Foundation model pretraining enables accurate GCC thickness estimation from hyperspectral imaging, with potential to complement OCT for non-invasive glaucoma assessment.

Reference: Chen MS et al. Independent Evaluation of RETFound Foundation Model's Performance on Optic Nerve Analysis Using Fundus Photography. *Ophthalmology Science* 2025

MELBOURNE OPHTHALMIC ALUMNI MEETING 2026

Abstracts



15.05 – 15.15

Low-Data Adaptation of a Retinal Foundation Model Enables Accurate Emergency Department Screening for Optic Disc Oedema

Authors:

Kayvan Gharbi^{1,2,3}, Sophia Moshegov¹, Rebecca Wong¹, Li Ping Chow^{1,4}, Thomas Gin^{1,2,4}

Affiliations:

1. Austin Hospital, Heidelberg, Victoria, Australia
2. Centre for Eye Research Australia, East Melbourne, Victoria, Australia
3. University of Melbourne, Parkville, Victoria, Australia
4. The Royal Victorian Eye and Ear Hospital, East Melbourne, Victoria, Australia

Objective: To evaluate whether a retinal foundation model can be adapted using a two-stage transfer learning approach with fewer than 20 local positive cases to achieve accurate optic disc oedema (ODO) screening on non-mydratic images acquired during routine emergency care.

Design:

Retrospective diagnostic accuracy study with patient-level 5-fold cross-validation.

Subjects: 970 fundus images from 432 patients presenting to an Australian tertiary hospital emergency department (61% female; 2.2% ODO prevalence).

Methods: RETFound, pre-trained on 1.6 million retinal images, was fine-tuned in two stages: first on 676 public fundus photographs (338 ODO-positive, 338 ODO-negative), then on local non-mydratic photographs (iCare DRSplus). Ground truth was established by two graders with third-party adjudication.

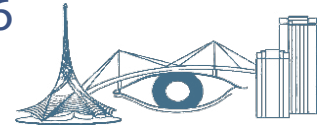
Main Outcome Measures: Area under the ROC curve (AUC), sensitivity, specificity, and negative predictive value (NPV).

Results: The two-stage model achieved an AUC of 0.985 (95% CI 0.965–0.997), outperforming single-stage training (AUC 0.775). Sensitivity was 95.2%, specificity 96.6%, and NPV 99.9%. One Frisén grade 1 case was missed. Despite low prevalence, patient-level cross-validation demonstrated consistent performance across folds (AUC 0.979–1.000), supporting model robustness.

Conclusions: To our knowledge, this represents the first clinically deployable framework for ODO screening in emergency departments using fewer than 20 local ODO-positive cases. The 99.9% NPV enables confident rule-out at triage, reducing unnecessary ophthalmology referrals while ensuring high-risk cases receive expedited specialist review. This two-stage approach provides a practical template for any centre to deploy locally calibrated AI screening for rare pathology without large datasets, specialised hardware, or substantial computational resources.

MELBOURNE OPHTHALMIC ALUMNI MEETING 2026

Abstracts



15.45 - 15.55

Predictors of Visual Outcomes Following Globe Trauma:
A 12-Year Retrospective Study at a Tertiary Centre

Authors:

Dr Joshua Meyerov, Dr Milton Louca, Dr Brendon Lee, Dr Elsie Chan

Institution:

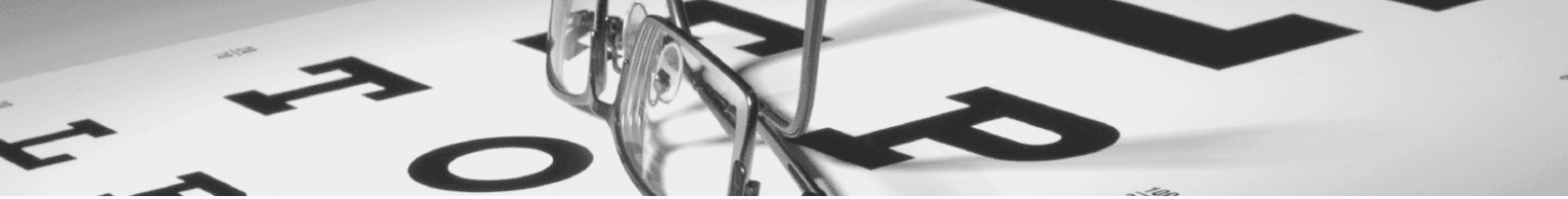
The Royal Victorian Eye and Ear Hospital, Melbourne, Victoria, Australia

Background: Ocular trauma is a leading cause of preventable visual impairment worldwide. Identifying key prognostic factors can help guide prevention and clinical care.

Methods: We analysed 717 patients with globe trauma managed at the Royal Victorian Eye and Ear Hospital (2014–2026). Data included patient demographics, injury details, clinical parameters, time to theatre (TTT) and complications. Multivariate logistic regression identified factors associated with discharge best-corrected visual acuity (BCVA <6/60).

Results: Patients were predominantly male (83%), with a mean age of 43.4 years. Occupational power tools caused 39.1% of injuries. Open globe injuries occurred in 83.1% (64.2% lacerations, 19.0% ruptures), with intraocular foreign bodies present in 9.5% of cases. Mean TTT was 5.8 ± 5.3 hours. Intraoperative and postoperative complications occurred in 2.2% and 20.6% of cases. Presenting BCVA (OR 14.96, 95% CI 9.97–22.83, $p < 0.0001$) and older age (OR 1.022, 95% CI 1.012–1.033, $p < 0.0001$) were independently associated with poorer BCVA. TTT had a negligible effect (OR 1.000, $p = 0.0178$), while intraoperative ($p = 0.0547$) and postoperative complications ($p = 0.918$) were not statistically significant.

Conclusions: Globe trauma predominantly affects working-age males and is frequently occupational. Presenting BCVA and age are key prognostic factors, highlighting the importance of early risk stratification and timely management.



MELBOURNE OPHTHALMIC ALUMNI MEETING 2026

Abstracts



15.55 – 16.05

Evidence-Based Management in Cataract Surgery in Eyes with Short Axial Length: A Review

Authors:

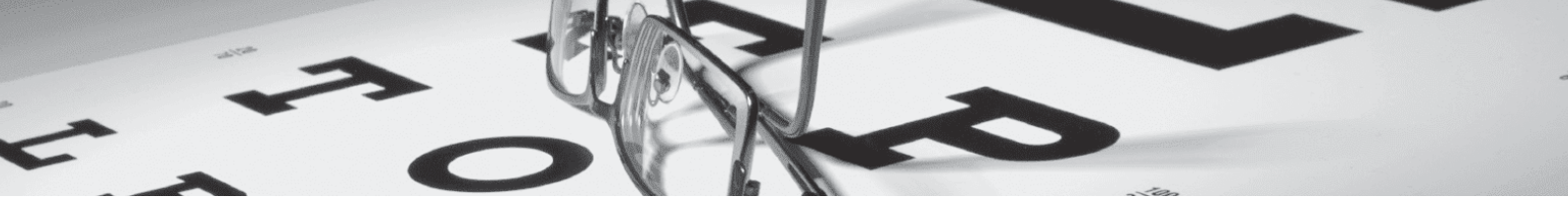
Nathan Lee, Andy Feng, Dr Rahul Chakrabarti

Introduction: The safety and efficacy of cataract surgery is well-known. However, short axial length eyes experience worse visual outcomes, result in higher rates of complications and present a challenge for the operating clinician. In this review, we aim to comprehensively detail the recent evidence regarding cataract surgery in small eyes, including pre-operative biometry, surgical techniques and post-operative outcomes.

Methods: We conducted a search of the PubMed and MEDLINE databases from late January to early February for recent literature on cataract surgery in short eyes. Focus was directed towards papers from the last 10 years. Key terms included microphthalmos, nanophthalmos, cataract surgery, IOL calculation, complication and biometry.

Results: Overall, 98 articles were included in our narrative review.

Conclusion: Advances in biometry technology, IOL power formulae and surgical techniques have improved the post-cataract outcomes in short eyes. Future studies should continue to investigate the impact newer developments in AI-driven biometry and novel surgical techniques have on the outcomes of cataract surgery in short eyes.



MELBOURNE OPHTHALMIC ALUMNI MEETING 2026

Abstracts



16.05 – 16.15

A Comparative Analysis of 'Dropless After Cataract Surgery' Technique: Rates of Postoperative IOP Rise and Cystoid Macular Oedema

Authors:

Dr Milton Louca^{1,2} & Dr Thomas Gin^{1,2,3}

Institutions:

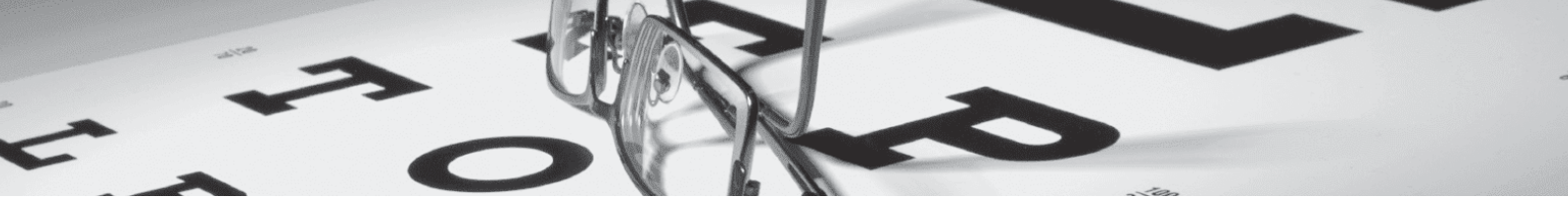
1. The Royal Victorian Eye and Ear Hospital, East Melbourne, VIC
2. The University of Melbourne, Parkville, VIC
3. The Retinology Institute, Glen Iris, VIC

Aim: To compare rates of intraocular pressure (IOP) elevation and clinically significant cystoid macular oedema (CS-CMO) between "dropless" cataract surgery (DCS) using a subconjunctival depot of triamcinolone and conventional cataract surgery (CCS) using topical prednisolone.

Methods: A retrospective, single-surgeon study analysed 234 eyes (150 patients). Outcomes including BCVA, intraocular pressure, and OCT-derived central macular thickness (CMT) were evaluated at one day and three weeks postoperatively.

Results: Overall, 170 eyes received DCS and 64 received CCS. There were no significant differences between DCS and CCS cohorts at baseline for age (73.8 ± 8.3 vs 73.6 ± 8.2 years), diabetes, and axial length. Baseline IOP (14.0 ± 3.6 vs 14.5 ± 3.8 mmHg; $p=0.38$) and CMT (270 ± 26 vs 267 ± 24 μm ; $p=0.48$) were similar. Postoperatively, DCS showed non-significant trends toward lower rates of IOP rise (1.8% vs 4.7%; $p=0.34$), CMO (2.9% vs 3.1%; $p=0.99$), and CS-CMO (1.8% vs 3.1%; $p=0.62$). No significant differences were observed in final BCVA or postoperative CMT (292 ± 41 vs 293 ± 46 μm ; $p=0.18$).

Conclusion: Within study limitations, rates of IOP elevation and postoperative CMO were comparable between DCS and CCS. Our analysis suggests DCS represents a safe, clinically viable alternative to CCS.



MELBOURNE OPHTHALMIC ALUMNI MEETING 2026

Abstracts



16.15 – 16.25

Effect of tissue, donor, and recipient factors on outcomes of Descemet stripping automated endothelial keratoplasty (DSAEK)

Authors:

Dr Kaela Braue¹, Dr Elsie Chan^{1,2}, A/Prof Elaine Chong^{1,3}

Affiliations:

1. The Royal Victorian Eye and Ear Hospital, East Melbourne, Victoria, Australia
2. Melbourne Eye Specialists, Fitzroy, Victoria, Australia
3. The Royal Melbourne Hospital, Parkville, Victoria, Australia

Introduction: The clinical benefit of thinner DSAEK tissue compared to conventional DSAEK is debated in the literature.

Study design: This study aims to determine the effect of tissue, donor, and recipient factors on DSAEK outcomes, with a focus on tissue thickness. The primary outcome is best-corrected visual acuity (BCVA). The secondary outcome is complications (e.g. graft detachment).

Method: A retrospective cohort study of DSAEK surgeries at the Royal Victorian Eye and Ear Hospital and a private practice from January 2021 to December 2023 was performed. Outcome parameters were recorded at three-month intervals up until the most recent review. Data were also collected on pre-operative tissue thickness, endothelial cell density, and donor age and sex.

Results: A total of 141 eyes from 127 patients were included. Follow up time ranged from 1 month to 4 years. Mean graft thickness prior to surgery was 105.4 μm (range: 54-150). Among eyes without vision-limiting comorbidities, there was no significant correlation between tissue thickness and BCVA at any follow-up visit. The rate of graft detachment was 8.5%.

Conclusion: This dataset may be used to identify tissue, donor, and recipient factors that predict improved clinical outcomes, which may help inform surgical planning for future patients.

15.25 – 16.35

Dr Thomas Hardy

Close and Thanks