

PAKISTAN Retinopathy of Prematurity Educational & Research Alliance Newsletter



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Message Dr Umar K Mian

Director Retina Service,

Montefiore Med Center, Albert Einstein Coll of Med, New York

I would like to take this opportunity to introduce and update you on the

purpose and activities of the PROPERA Network.

In our fourth year we have screened nearly 2500 premature babies and treated approximately 120 patients at our current 5 national centers with the support of Adamjee Eye Hospital & Childlife Foundation. Our initial screening protocol of gestational age of 35 weeks or less and birth weight of 2 kg or less have shown to be appropriate. As 30% of the type 1 ROP patients had gestational age above 30 weeks and birth weight of more than 1.5 kg. We would like to continue with our aim to increase the awareness of ROP to decrease the risk of blindness in premature children of Pakistan.

PROPERA has been fortunate to have **Dr Graham Quinn** (Children's Hospital of Philadelphia) Dr Sajid Maqbool, Prof Asad Aslam Khan and Prof Daud Khan as our Mentors. We have more than 50 active participants (neonatologists and ophthalmologist) and 5 sites currently running the screening programs. National Institute of Child Health, Lahore General Hospital, PIMS, Shifa International and AFIO, JPMC and Al Shifa Trust Eye Hospital have been key collaborators. Future site are Liaquat National Hospital, Punjab Childrens, Fatima Memorial, Ganga Ram, Services, Sheikh Zayed & Jinnah Hopsital, Lhr.

Our Key Ophthalmologists in Karachi are Dr Alyscia Cheema, in Lahore Prof M Moin, in Islamabad Dr Sorath Noorani, Amir Awan and in AFIO Dr Ahsan Mukhtar. If you would like to get more information or need help in starting a program in your NICU please contact them.

We are running education modules about ROP which are didactic & hands on (to learn how to examine babies). We also have dedicated sessions on 'how to establish ROP screening center at your hospital'. This explaisn in detail all the components required for starting and maintain a comprehensive screening program. We are very excited to pilot a telemedicine program based on weekly Retcam pictures made possible by a grant from Qarshi Foundation.

The upcoming event is an ROP symposium on Dec 10 during OSP annual meeting in Lahore. I invite you to join us at the meeting. The symposium is interactive, with a panel of experts heading the discussion to identify problems and their solutions faced by departments starting and running ROP screening programs in their hospitals.

Please spread the word that **ROP can cause BLINDNESS**.

Participants

USA

Dr. Umar K Mian Dr G Quinn

KARACHI

Sites: NICH, AKU, JPMC Dr Alyscia Cheema **Dr Naseer Mahmood Dr S Salaat**

Dr Idrees Adhi, Dr T Chaudhry Dr Irfan Jeeva, Dr S Ariff, Dr J Raza, Dr Parkash

LAHORE

Sites: LGH, Hameed Latif **Prof M Moin** Dr Sajid Magbool

Dr. KhurranMirza Dr S Qayyum, Dr A Shabbir, Dr Irfan, Dr Ayesha. Dr Zafar

ISLAMABAD

Sites: PIMS, Al Shifa eye, AFIC Al Shifa int.

Prof Sorath Noorani

Dr M Ishaq, Dr. A. Mukhtar, Dr. Talal, Dr S Gul, Dr A Awan Dr Ejaz Khan.

Contact Address:

Prof M Moin

Mobile No: 0300-8471856 ROP Coordinator: 0304-0042186

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Propera.pk@gmail.com

Lahore Ophthalmo, 11thDecember, 2017







ROP Training Program LGH,

16 March, 2017







ROP Conference Al-Shifa Trust Eye Hospital, Rawalpindi, March 2017



World ROP Meeting Cancun, Mexico. August 2017



Website



ACCOMPLISHMENTS

JOIN PROPERA

DONATE



VISION

WHO WE ARE

OBJECTIVES

BACKGROUND

To Protect the Premature Children of Pakistan

A group of Like minded Ophthalmologists

To create awareness of ROP within Pakistan

Pakistan currently ranks fourth in number of

Software:



Publications:

Pakistan Journal of OPHTHALMOLOGY

Awareness of Retinopathy of Prematurity (ROP) amongst Pediatricians in Pakistan

Retinopathy of Prematurity and Pakistan; an Epidemic Coming



Retinopathy of Prematurity; an Experience at a Tertiary Care Hospital

AYESHA KHALID, AGHA ALI HAIDER, NOSHEEN FATIMA, Fatima Tahira, Fizza, Amna, Lubna Siddique, Muhammad Moeen, Agha Shabbir Ali

Retinopathy of Prematurity; Sight is Right of **Every Child**

BARRIERS IN THE ESTABLISHMENT OF RETINOPATHY OF PREMATURITY SCREENING PROGRAM IN A DEVELOPING COUNTRY

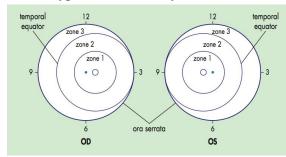
Treatment of Retinopathy of Prematurity (ROP)

Screening Criteria: Oxygen Protocol: 91-94% SiO2 Birth weight 2 kg or less OR

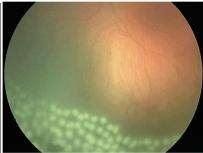
Gestational age 35 weeks or less

Screening Protocol:

First screening at 4 weeks post gestation or 35 weeks (what ever comes first). Using of dilating drops, lid speculum and indirect ophthalmoscopy with 20/28 D lens with indentation. Record findings pertaining to Zone, Stage and presence or absence of plus disease. Follow up according to level of severity more severe 1 week and less severe 2 weeks. Special care needs to be taken to educate the parents so they do not miss the post discharge visit as type 1 ROP usually occurs between 36-38 weeks of gestation.







Treatment of ROP:

Timely treatment (with 24-48 hours) can reduce poor visual outcome from nearly 40% to less than 10 %.

Treatment is done for **Type 1 ROP**; Zone 1 and plus disease, Zone 1 and stage 3, Zone 2 stage 3 and plus. It consists of 360 degree ablation of the avascular retina anterior to the region of the active disease to arrest the progression of ROP. The ridge and extravascular fibroproliferation at the junction between the avascular and vascularized retinal should be avoided. Both cryo and laser treatment may be painful procedures, thus, both should be performed under either sedation or full anesthesia, ensuring a good analgesia. When an anesthetist is not available, an experienced neonatologist should give support. If the treatment is not being performed at the neonatal unit, facilities for artificial ventilation, resuscitation equipment and intravenous line must be available. Mydriasis should be achieved prior to cryotherapy or laser. Laser is the preferred treatment than Cryopexy.

Laser Photo-coagulation:

- Diode Laser (used extensively preferably red).
- 1. Laser Indirect delivery system. Aiming for greyish white spots.
- 2. 200-500 milliwatts, and 0.2-0.5 seconds.

The avascular retina should be treated with a distance between laser spots of no more than half of spot **Complications:**

Systemic: Apnea, bradycardia, oxygen desaturation are common. These complications can occur during the first 3 days after treatment and require mechanical ventilation.

Eye: Subconjunctival haematoma, swollen of the eyelids, conjuctival laceration, vitreous haemorrhage, cataract may develop in 1-2%.

Treatment of very posterior ROP is generally easier with Anti-VEGF therapy. Vitreoretinal surgery may be indicated for Stage IVa or b.

Future sites:

Khyber Hospital, KPK Mardan Medical College, KPK Liaquat University Hospital Jamshoro / Hyderabad Sindh Helpers Hospital & CMH Quetta Jinnah Hospital & Sheikh Zayed Hospital, Lahore



PROPERA Sessions at the Lahore Ophthalmo 17

Session Code 73	ROP Education Module (PROPERA)			
nairman Khurram Azam Mirza	Emerald B			
o-Chair Khalid Iqbal Talpur	10-Dec-17 Start 9:00 AM			
loderator Umar K Mian	Sunday End 10:30 AM			
oorath Noorani	Pathogenesis of ROP	9:00 AM	9:10 AM	10 mins
ycia Cheema	ROP Classification	9:10 AM	9:20 AM	10 mins
ıbna Siddiq Mian	Clinical Trials in ROP	9:20 AM	9:30 AM	10 mins
nsan Mukhtar	Laser Treatment of ROP	9:30 AM	9:40 AM	10 mins
nurram Azam Mirza	Anti-VEGF Treatment in ROP	9:40 AM	9:50 AM	10 mins
uhammad Moin	ROP Cases; Identification & Management	9:50 AM	10:05 AM	15 mins
mer Awan	Surgical Options in ROP	10:05 AM	10:15 AM	10 mins
mar K Mian	Discussion; ROP Education Module (PROPERA)	10:15 AM	10:30 AM	15 mins

Session Code 81			Setting Up ROP Program (PROPERA)						
Chairman	Sajid Maqbool			Shalimar B					
Co-Chair	Alycia Cheema			10-Dec-17	Start	11:00 AM			
Moderator	Umar K Mian			Sunday	End	12:30 PM			
Umar K Mian		Essentials of ROP program				11:00 AM	11:10 AM	10 mins	
Soorath Noorani			Panel Discussion on Ophthalmic Concerns of ROP				11:10 AM	11:35 AM	25 mins





















Al-Shifa Trust Eye Hospital الشفاء ٹرسٹ آئی ھاسپٹل











