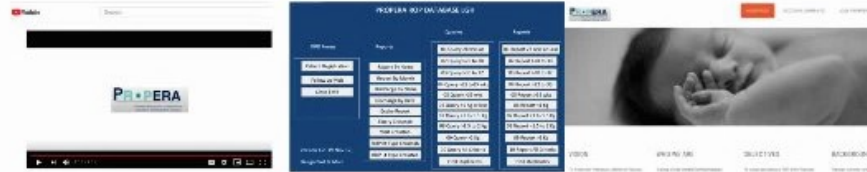


PROPERA VIDEO, SOFTWARE & WEBSITE

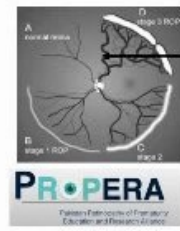


Publications:

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
Retinopathy of Prematurity; Sight is Right of Every Child

PROPERA Sessions at the Lahore Ophthalmo 18

Session Code	62	ROP Symposium (PROPERA)		
Chairman	Sajid Maqbool	Emerald C		
Co-Chair	Soorath Noorani	08-Dec-18	Start	2:00 PM
Moderator	Umar K Mian	Saturday	End	3:30 PM
Irfan Jeeva	Screening Guidelines for ROP	2:00 PM	2:10 PM	10 min
Amar Awan	To inject or laser and what to inject	2:10 PM	2:20 PM	10 min
Khurram Azam Mirza	Surgical Management of ROP	2:20 PM	2:30 PM	10 min
Ahsan Mukhtar	Imaging in ROP	2:30 PM	2:40 PM	10 min
Soorath Noorani	Screening Programs in Pakistan (First Steps & Successes)	2:40 PM	2:50 PM	10 min
Agha Shabbir	Are very premature Babies Surviving in Pakistan?	2:50 PM	3:00 PM	10 min
Umar K Mian	Collaborative Research with PROPERA	3:00 PM	3:10 PM	10 min
Muhammad Moin	PROPERA resources for everyone	3:10 PM	3:20 PM	10 min
Lubna Siddiq Mian	The Burden Of Untreated ROP	3:20 PM	3:26 PM	60 min
Sajid Maqbool	Discussion:	3:26 PM	3:30 PM	4 min



PAKISTAN Retinopathy of Prematurity Educational & Research Alliance

Newsletter

Message
Dr Umar K Mian
 Director Retina Service,
 Montefiore Med Center, Albert Einstein Coll of Med, New York
 Albert Einstein Medical College, New York, USA

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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 Maqbool
 Dr. Khurran Mirza
 Dr S Qayyum, Dr A Shabbir,
 Dr Irfan, Dr Aysha, Dr Zafar
ISLAMABAD
 Sites: PIMS, Al Shifa eye, AFIO
 Al Shifa intl.
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

In our fifth year, we have saved nearly 100 babies from going blind since we started our programs at our 4 national centers with the support of Adamjee Eye Hospital & Childlife Foundation. Our initial screening protocol of **gestational age of 35 weeks or less** (or 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 are continuing our aim to increase the awareness of ROP to decrease the risk of blindness in premature children of Pakistan by running **training workshops, symposia** at major national meetings and publishing articles in national journals.

Our next major effort is the **Lahore Mobile Telemedicine Screening Project for ROP (LAMROP)**. This will help to strengthen ROP programs of tertiary care hospitals and establish outreach center for ROP screening to increase post-discharge evaluations thus decreasing patient's loss to follow up and blindness. This has been made possible by a generous grant from Qarshi Foundation and Friends of Dr. Umar Mian. The mobile camera (similar to Retcam) is now available in Lahore to document examination done for ROP screening. We would like all centers interested in this facility to contact PROPERA.

Our neonatology colleagues are working on creating the first National Oxygen delivery guidelines and a national registry for all NICUs. This will help evaluate and collate needs for equipment and training nationwide. The website is progressing wonderfully and now has the following available: software that can be downloaded for data collection, an informational video on ROP as well as previous information on ROP and how to start a screening program. A comprehensive **ROP handbook** is being developed and will be available soon.

A 4 hour didactic and hands on workshop on ROP had been run successfully in Lahore and Rawalpindi was expanded to Mardan in April. Please let us know if you are interested for us to run one at your institution.

Our 5 sites currently running the screening program are; National Institute of Child Health, Lahore General Hospital, PIMS and Shifa International in association with JPMC and Al Shifa Trust Eye Hospital. We are hoping future sites will be Punjab Childrens, Fatima Memorial, Ganga Ram, Services, Sheikh Zayed & Jinnah Hospital.

Please spread the word that **ROP is a preventable disease that causes BLINDNESS.**

www.properapak.org
 Propera@pmml.com

ROP Symposium at Bhurban Conference, 28th April, 2018



3rd ROP Training Program Lahore General Hospital, 4 April, 2018



ROP Symposium at Karophth, 4th August, 2018



Inauguration of Lahore Mobile ROP Screening Project (LAMROP) at LGH 1st Dec 2018



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 retina 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

Anti-VEGF Therapy:

Treatment of very posterior ROP is generally easier with Anti-VEGF therapy (Bevacizumab 0.625 mg in 0.025 cc or Ranibizumab 0.2 mg in 0.025 cc)

Vitreoretinal Surgery:

Vitreoretinal surgery may be indicated for Stage IVa or b.