

**ACADEMIA
OPHTHALMOLOGICA
BELGICA**

Viermaandelijks tijdschrift
Périodique quadri mensuel

INFO



Kantoor van uitgifte – 1040 Brussels

JUNI
2024
JUN

N° 136



INFO

INFO Nr 136

JUNI - JUIN 2024

Viermaandelijks informatieblad
Périodique quadri mensuel

Verantwoordelijke uitgever /
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Rue de l'Industrie
1040 Brussels

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www.ophthalmologia.be

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In cataract surgery
More
physiological
IOP
matters



Recent evidence shows that **more physiological IOP** during cataract surgery is associated with:

- less corneal edema^{1,2}
- reduced increase in central corneal thickness²⁻⁴
- less endothelial cell loss^{1,4}



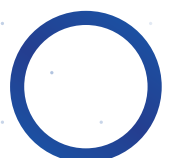
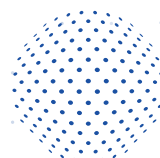
CENTURION® Vision System with ACTIVE SENTRY® allows surgeons to operate at a more physiological IOP with **excellent anterior chamber stability** and **surgical efficiency**.⁵⁻⁷



Scan QR code to learn more about the importance of maintaining a lower, more physiological IOP during cataract surgery.

References: 1. Suzuki, H., Oki, K., Shiwa, T., Oharazawa, H. & Takahashi, H. Effect of bottle height on the corneal endothelium during phacoemulsification. *J Cataract Refract Surg* 35, 2014-2017, doi:10.1016/j.jcrs.2009.05.057 (2009). 2. Vasavada, V. et al. Real-time dynamic intraocular pressure fluctuations during microcoaxial phacoemulsification using different aspiration flow rates and their impact on early postoperative outcomes: a randomized clinical trial. *J Refract Surg* 30, 534-540, doi:10.3928/1081597X-20140711-06 (2014). 3. Vasavada, A. R. et al. Impact of high and low aspiration parameters on postoperative outcomes of phacoemulsification: randomized clinical trial. *J Cataract Refract Surg* 36, 588-593, doi:10.1016/j.jcrs.2009.11.009 (2010). 4. Kokubun, T. et al. The protective effect of normal-IOP cataract surgery on the corneal endothelium, The 26th Annual Meeting of the Japanese Ophthalmological Society. 5. Miller KM, et al. Experimental study of occlusion break surge volume in 3 different phacoemulsification systems. *J Cataract Refract Surg*. 2021;47:1466. 6. Vasavada V et al. Real-time dynamic changes in intraocular pressure after occlusion break: Comparing 2 phacoemulsification systems. *J Cataract Refract Surg*. 2021;47:1205. 7. Jirásková N & Stepanov A. Our experience with Active Sentry and Centurion Ozil handpieces. *Czech and Slovak Ophthalmology*. 2021;77(1):18-21.

Please refer to product direction for use (or operator manual) for list of indications, contraindications and warnings.



VOORWOORD - PREFACE



Beste Collega's,

Met de komst van de zomer komt die welverdiende vakantie tastbaar dichterbij en draaien we de congresactiviteit op een laag pitje. Uitzondering hierop zijn de wereldcongressen, van de WSPOS pediatrische oftalmologen in Kuala Lumpur in juli en het World Ophthalmology Congress half augustus in Vancouver.

Met deze editie van Info hopen we u inspiratie te bieden voor de planning van uw congresagenda voor het najaar. Het organisatiecomité, onder leiding van voorzitter dr. Frank Goes, is al druk bezig met de voorbereidingen voor de volgende editie van Ophthalmologica Belgica. Dit belooft opnieuw een boeiende combinatie te worden van wetenschappelijke updates en een verrassend sociaal programma. Noteer alvast de data: van 27 tot 29 november 2024, in het Square congrescentrum. Voor de komende drie jaar zullen we deze locatie en timing aanhouden om het jaarlijkse hoogtepunt van de Belgische oftalmologie te vieren.

Ik wens u een aangename en deugddoende zomer toe!

PS: tot 26 juni kunt u nog online de presentaties van AMICO 2024 on demand bekijken!

Prof. Dr. Carina KOPPEN

AOB President

Chers collègues,

Avec l'arrivée de l'été, les vacances bien méritées approchent à grands pas et nous mettons en veilleuse les congrès. Les congrès mondiaux font exception à la règle, qu'il s'agisse du congrès des ophtalmologistes pédiatriques de la WSPOS à Kuala Lumpur en juillet ou du congrès mondial d'ophtalmologie à Vancouver à la mi-août.

Le comité d'organisation, présidé par le Dr Frank Goes, est déjà en train de préparer la prochaine édition d'Ophthalmologica Belgica. Celle-ci promet d'être une nouvelle fois une combinaison passionnante de mises à jour scientifiques et d'un programme social surprenant. Notez les dates: du 27 au 29 novembre 2024, au centre de congrès Square. Pour les trois prochaines années, nous conserverons ce lieu et cette date pour célébrer le point culminant annuel de l'ophtalmologie belge.

Je vous souhaite un été agréable et plaisant !

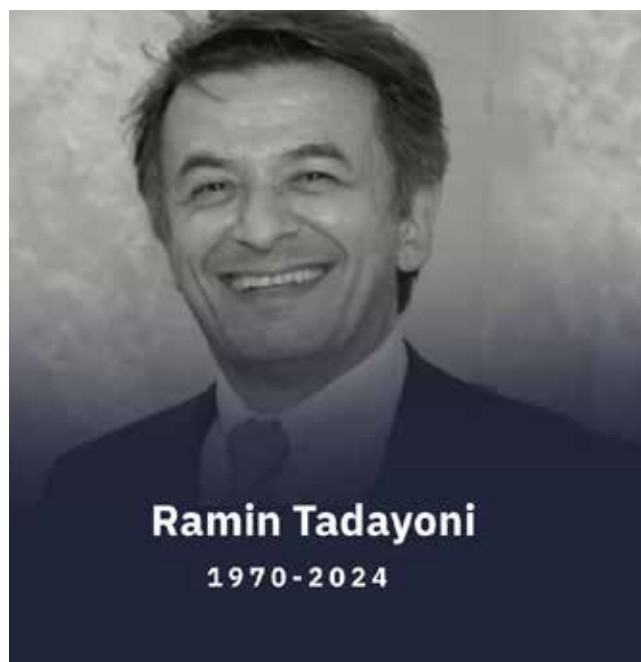
PS : Jusqu'au 26 juin, vous pouvez encore regarder les présentations d'AMICO 2024 en ligne à la demande !

Prof. Dr. Carina KOPPEN

AOB Président



IN MEMORIAM



Professor Ramin Tadayoni, MD, PhD.

Well known for his contributions
to the field of ophthalmology,
particularly in the area of retinal disease
and ocular imaging.

REST IN PEACE

VOELT U BIJ DE PATIËNT DE NOOD AAN EEN WARM en BEGRIJPEND GESPREK? uw advies dokter: BEL DE VLAAMSE OOGLIJN!

Wat nu, dokter ?

Al dan niet uitgesproken, maar op het gezicht te lezen is **de vertwijfeling na de slecht-nieuws boodschap** dat uw patiënt met een **onomkeerbaar en ernstig visus-verlies** te maken heeft.

Onderzoek naar de 'patient-journey' die ernstig slechtziende en blinde mensen in België doorliepen, legt pijnlijk bloot dat uw patiënt volgend op deze boodschap veel te verwerken heeft, er behoorlijk alleen voor staat en in een poel van onbegrip en onwetendheid terechtkomt: hij weet niet meer bij wie en hoe houvast te vinden.

Voor vermelden van hulpmiddelen, revalidatie, projecten voor blinden en slechtzienden, ... **is het te vroeg**.

Voor een uitvoerig beluisteren, steun en raad bieden ... **is er geen tijd te maken**.

Om je patiënt zomaar de donkere woestijn in te sturen ... **heb je een te groot hart**.

De vele gevoelens die een slecht-nieuwsgesprek losmaken, krijgen soms geen plaats.

Wie kan bij ons terecht ?

De vlaamse ooglijn richt zich onder andere tot mensen die onlangs bij de oogarts een moeilijke diagnose kregen. Onze luisterlijn is er ook voor wie al een tijdje moeilijkheden ondervindt door zijn of haar visuele beperking, voor familie en vrienden van slechtzienden en voor professionals.

Onze T-buddy's – slechtziende en blinde en daartoe opgeleide vrijwilligers – maken ruimschoots de tijd om naar het verhaal te luisteren. Als ervaringsdeskundigen gaan ze samen met hen op zoek naar wat ze echt voelen en waar ze, door het oogprobleem en alles er rond nood aan hebben.

Stap voor stap op hun tempo

We geven geen kant-en-klare oplossingen of lichten geen medische diagnoses toe.

Wel besteden we alle aandacht aan zorgen en behoeften. Op hun vraag en tempo en alleen maar wanneer de tijd er rijp voor is en de wens bestaat, brengen we de mogelijkheid aan in contact te komen met een team van professionals, die desgewenst ondersteunen met:

- psychologische coaching
- sociale dienstverlening
- onafhankelijk advies over de mogelijkheden van compenserende hulpmiddelen
- compenserende technieken
- training en opleiding op vlakken als mobiliteit, activiteiten van het dagelijkse leven, huishouden, koken, lezen, communicatie etc.
- begeleiding ter verkenning en opleiding van smartphone, tablets, computer, etc.
- problemen op het werk, de vrijetijd, met mensen in je omgeving
-

Bereikbaarheid

Je kan de vlaamse ooglijn **gratis** bellen op vaste weekmomenten. Onze vrijwilligers staan je bij met raad en daad en vinden met jou de weg. Een open gesprek, vertrouwelijkheid en anonimiteit zijn gegarandeerd.

De vlaamse ooglijn is gefinancierd door Licht en Liefde solidariteitsfonds, vlaamsoogfonds en de koning Boudewijn Stichting.

We hebben contact met alle projecten voor blinden en slechtzienden

VIND MEN BIJ ERNSTIG VERLIES VAN ZICHT DE WEG NIET MEER?

(Letterlijk of figuurlijk)

Dan bel je gewoon de
“vlaamse ooglijn”

024 86 86 86

(zonaal tarief en verder gratis)

Hulplijn voor ernstig slechtzienden en blinden met een warm en luisterend contact en in connectie met alle projecten als je slechtziend tot blind wordt in Vlaanderen

GRATIS EN ANONIEM!

We gidsen je erdoor.

maandag 9.00 u. tot 16.00 u.
dinsdag tot vrijdag 9.00 u. tot
12.00 u

contacteer
ons, via
deze QR
code



vlaamse
ooglijn



INGEZONDEN BIJDRAGE COMMUNICATION



GEOGRAPHIC ATROPHY PROGRESSION IS CONSTANT AND IRREVERSIBLE¹⁻⁴



With currently no approved treatments available, it represents the most significant unmet medical need in ophthalmology.⁵



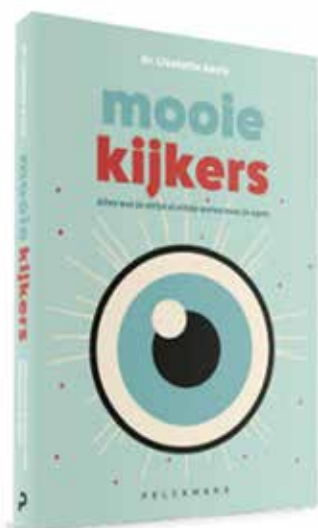
Learn more at **GEOGRAPHICATROPHY.EU**

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Apellis

GZA-oogarts en diensthoofd Liselotte Aerts schrijft boek 'Mooie kijkers'



Pelckmans
€ 29,50
Paperback
ISBN 978-94-6310-695-5

Ben je op zoek naar een gedetailleerd, volledig én vooral toegankelijk naslagwerk over de ogen voor je patiënten of voor je(zelf als) verpleegkundige, technisch oogheekundig assistente, optometrist of orthoptist? Dan is dit boek iets voor jou! Dr. Aerts heeft haar expertise over dit kleine waarnemingsorgaan gebundeld in haar eerste boek, *Mooie kijkers*.

In dit boek kom je alles te weten over de ogen, gebaseerd op de meest gangbare ziektebeelden die je als oogarts in de praktijk ziet én op de meest voorkomende vragen die je krijgt. Wat zijn die vlekjes in je ogen en wanneer moet je ongerust zijn? Wat is cataract en hoe gaat zo'n operatie in zijn werk? Wanneer spreek je van glaucoom en hoe kan je dit behandelen? Wat kan je doen aan hangende oogleden of droge ogen? Waarom heeft je kind een oogpleister nodig? En welke voorzorgen kan je nemen om bijziendheid af te remmen? Op een heldere en wetenschappelijk onderbouwde manier geeft dr. Aerts meer informatie over de

exacte werking van de ogen. Ook diabetische retinopathie, oogmigraine, leeftijdsgebonden maculadegeneratie, diplopie, cornea guttata, en nog vele andere ziektebeelden komen aan bod.

Een aanrader voor zowel patiënten als professionals, of kortweg voor iedereen die meer wil leren over de ogen!

Het boek is te koop in de boekhandel of online via oa uitgeverij Pelckmans, standaardboekhandel, fnac of bol.

Dr. Liselotte Aerts is oogarts en esthetisch arts. Ze heeft een bloeiende praktijk in Schoten is ook diensthoofd Oogheelkunde verbonden aan Ziekenhuis aan de Stroom (ZAS is het netwerk van ZNA en GZA Ziekenhuizen). Dr. Aerts werkt in GZA Ziekenhuizen campus Sint-Augustinus.





Belgische Orthoptische Vereniging
vereniging zonder winstoogmerk

Association Belge d'Orthoptie
association sans but lucratif

A new board, a stronger profession: together to success!

In April 2024 we said goodbye to a number of highly valued board members; Hilde Janssens, Kathleen Beni, Verônica Alves Cardoso, Inge Segers and Odile van Daele. They have dedicated themselves to the association for many years, for which I am incredibly grateful.

Alain Bauwens, Daisy Godts, Rémi Guérin, Alicia Coureau, and I will stay on for a while. Together with five new board members, we are continuing what our predecessors once started in 1978: the Association Belge d'Orthoptie - Belgische Orthoptische Vereniging:

We are proud to announce our new board:

President - Manon Maassen
Vice president - Alain Bauwens
Treasurer - Daisy Godts
Secretary FR - Alicia Coureau
Secretary NL - Lien Antoons
Social media FR & NL - Cassandre Delperdange
Website manager - Chamseddoha El Mahboub
Directors for internal communication, scientific and administrative support – Rémi Guérin, Célestine Vervotte and Kathleen Thibert.

With fresh ideas and a renewed commitment to our association, the common goal remains unchanged: to provide quality care, always putting the patient in the first place. By investing in training, we ensure that each patient receives the best possible care.

With support from the International Orthoptic Association (IOA), with the letter attached, we are pleased to once again highlight the importance of quality training for upcoming orthoptists.

Together with you, our valued colleagues with whom we have worked closely for many years, we look to the future with confidence and enthusiasm.

Kind regards,

Manon Maassen
President ABO-BOV

Follow us on
LinkedIn:





To whom it may concern,

The International Orthoptic Association (IOA), a volunteer-based organization and a charity under British law, is dedicated to promoting the science of orthoptics and supporting practitioners in delivering high-quality care to their patients. We write this letter to support the Belgische Orthoptische Vereniging v.z.w. Association Belge d'Orthoptie a.s.b.l. to provide the best care for patients.

Orthoptists are allied health professionals specializing in ocular motility and visual development. Their primary role is to investigate and diagnose visual system dysfunctions involving vision, eye movement, eye alignment, and binocularity in both children and adults. Conditions like amblyopia ("lazy eye"), which is the most common cause of vision loss in infants and children, are curable if diagnosed and treated promptly. However, if undetected or improperly managed, amblyopia can lead to a lifetime of low vision.

Orthoptists possess unique skills in diagnostic techniques, clinical interpretation, and orthoptic management of eye conditions prevalent in vulnerable subpopulations, such as infants, young children, and the elderly. These groups present unique challenges due to their age, and orthoptists are specially trained to address these challenges effectively.

While education in other areas of eye care may include basic knowledge in these areas, orthoptists are the authority in their domain of competence, as extensively detailed by the IOA (www.internationalorthoptics.org). Numerous examples exist, both in Europe and globally, of specialized curricula that teach these competencies, rigorous qualifying examinations to demonstrate competence, and postgraduate continuing education programs to maintain high standards of care and safety. The European diploma is an excellent example of our competencies at a substantive level. To guarantee the quality of care for children, many countries have included title protection for orthoptists in their legislation.

Therefore, we believe it would be highly beneficial to introduce a comprehensive education program for Orthoptists within a four year bachelor's and/or master's degree programs.

The IOA respectfully calls for promoting the profession and pediatric ophthalmological care in Belgium. Ensuring the safety and quality of care for vulnerable children necessitates that the most competently trained health professionals diagnose and treat this group to avoid preventable blindness.

Sincerely,

Jan Roelof Polling, PhD

IOA President

Australia Austria Belgium Canada France Germany India Italy Japan The Netherlands
 Portugal Scandinavia Switzerland Tunisia United Kingdom United States of America
WWW.INTERNATIONALORTHOPTICS.ORG
 Asia Pacific Brazil Czech Republic Hong Kong New Zealand Pakistan South Africa



SAVE THE DATE !

BSOPRS 2024 POSTER PRICE
submission deadline: 11/09/2024

WHAT?

BSOPRS will reward 2 interns (BSOPRS member) with the best Oculoplastic Poster at 2024 OB with financial support to join the 2025 ESOPRS Congress (European society of ophthalmic plastic and reconstructive surgery) or any other 2025 Oculoplastic Congress.

PRICE?

. 1st price: 1.500 EUR

. 2nd price: 1.000 EUR

meant to reimburse your subscription and expenses to join the oculoplastic congress of your choice.

HOW?

Please confirm your participation by sending an email with your poster/abstract to silke.helsen@azmonica.be

A Jury of oculoplastic surgeons from different Belgian cities will chose the 2 best posters.

WHEN?

Submission deadline: September 11, 2024

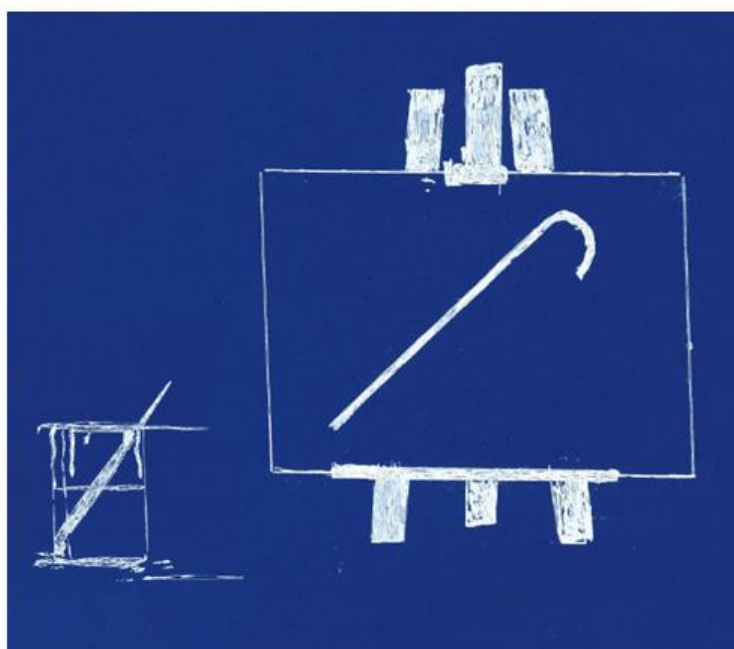
Good luck with the preparation !



**7th International
Charles Emmanuel Schelfhout
Drawing, Painting and Sculpture Competition
for the visually Impaired**

www.artandlowvision.be

Registration up to October 1st, 2024



EXHIBITIONS 2024

25-26-27 October VERVIERS
157 rue du Palais

GHENT 1 tot 17 November
Sint-Niklaaskerk

28 November Proclamation Square BRUSSELS

OB 2024
OPHTHALMOLOGICA BELGICA

Vote for the public's choice award from October 15th until 15th December

www.artandlowvision.be



Ranivisio[®], the first reimbursed biosimilar of Lucentis[®]* (ranibizumab), is now available in Belgium & Luxembourg^{1,2}

See what Ranivisio[®] could do for your patients.

▼ This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information.
Healthcare professionals are asked to report any suspected adverse reactions. See section 4.8 for how to report adverse reactions.

* Lucentis[®] is a licensed product of Novartis Europharm Limited.

Ranivisio[®] is indicated in adults for the treatment of: neovascular (wet) age-related macular degeneration (AMD); visual impairment due to diabetic macular oedema (DME); proliferative diabetic retinopathy (PDR); visual impairment due to macular oedema secondary to retinal vein occlusion (branch RVO or central RVO); visual impairment due to choroidal neovascularisation (CNV).¹



NAME OF THE MEDICINAL PRODUCT: Ranivisio 10 mg/ml solution for injection. **QUALITATIVE AND QUANTITATIVE COMPOSITION:** One ml contains 10 mg ranibizumab*. Each vial contains 2.3 mg of ranibizumab in 0.23 ml solution. This provides a usable amount to deliver a single dose of 0.05 ml containing 0.5 mg ranibizumab to adult patients. *Ranibizumab is a humanised monoclonal antibody fragment produced in *Escherichia coli* cells by recombinant DNA technology. For the full list of excipients, see section 6.1. **CLINICAL PARTICULARS: Therapeutic indications:** Ranivisio is indicated in adults for: • The treatment of neovascular (wet) age-related macular degeneration (AMD); • The treatment of visual impairment due to diabetic macular oedema (DME); • The treatment of proliferative diabetic retinopathy (PDR); • The treatment of visual impairment due to macular oedema secondary to retinal vein occlusion (branch RVO or central RVO); • The treatment of visual impairment due to choroidal neovascularisation (CNV). **Posology and method of administration:** Ranivisio must be administered by a qualified ophthalmologist experienced in intravitreal injections. **Posology: Adults:** The recommended dose for Ranivisio in adults is 0.5 mg given as a single intravitreal injection. This corresponds to an injection volume of 0.05 ml. The interval between two doses injected into the same eye should be at least four weeks. Treatment in adults is initiated with one injection per month until maximum visual acuity is achieved and/or there are no signs of disease activity i.e. no change in visual acuity and in other signs and symptoms of the disease under continued treatment. In patients with wet AMD, DME, PDR and RVO, initially, three or more consecutive, monthly injections may be needed. Thereafter, monitoring and treatment intervals should be determined by the physician and should be based on disease activity, as assessed by visual acuity and/or anatomical parameters. If, in the physician's opinion, visual and anatomic parameters indicate that the patient is not benefiting from continued treatment, Ranivisio should be discontinued. Monitoring for disease activity may include clinical examination, functional testing or imaging techniques (e.g. optical coherence tomography or fluorescein angiography). If patients are being treated according to a treat-and-extend regimen, once maximum visual acuity is achieved and/or there are no signs of disease activity, the treatment intervals can be extended stepwise until signs of disease activity or visual impairment recur. The treatment interval should be extended by no more than two weeks at a time for wet AMD and may be extended by up to one month at a time for DME. For PDR and RVO, treatment intervals may also be gradually extended, however there are insufficient data to conclude on the length of these intervals. If disease activity recurs, the treatment interval should be shortened accordingly. The treatment of visual impairment due to CNV should be determined individually per patient based on disease activity. Some patients may only need one injection during the first 12 months; others may need more frequent treatment, including a monthly injection. For CNV secondary to pathologic myopia (PM), many patients may only need one or two injections during the first year (see section 5.1). **Ranibizumab and laser photocoagulation in DME and in macular oedema secondary to BRVO:** There is some experience of ranibizumab administered concomitantly with laser photocoagulation (see section 5.1). When given on the same day, Ranivisio should be administered at least 30 minutes after laser photocoagulation. Ranivisio can be administered in patients who have received previous laser photocoagulation. **Ranibizumab and verteporfin photodynamic therapy in CNV secondary to PM:** There is no experience of concomitant administration of ranibizumab and verteporfin. Special populations: **Hepatic impairment:** Ranibizumab has not been studied in patients with hepatic impairment. However, no special considerations are needed in this population. **Renal impairment:** Dose adjustment is not needed in patients with renal impairment (see section 5.2). **Elderly:** No dose adjustment is required in the elderly. There is limited experience in patients older than 75 years with DME. **Paediatric population:** The safety and efficacy of ranibizumab in children and adolescents below 18 years of age have not been established. Available data in adolescent patients aged 12 to 17 years with visual impairment due to CNV are described in section 5.1 but no recommendation on a posology can be made. **Method of administration:** Single-use vial for intravitreal use only. Since the volume contained in the vial (0.23 ml) is greater than the recommended dose (0.05 ml for adults), a portion of the volume contained in the vial must be discarded prior to administration. Ranivisio should be inspected visually for particulate matter and discoloration prior to administration. The injection procedure should be carried out under aseptic conditions, which includes the use of surgical hand disinfection, sterile gloves, a sterile drape and a sterile eyelid speculum (or equivalent) and the availability of sterile paracentesis (if required). The patient's medical history for hypersensitivity reactions should be carefully evaluated prior to performing the intravitreal procedure (see section 4.4). Adequate anaesthesia and a broad-spectrum topical microbicide to disinfect the periorcular skin, eyelid and ocular surface should be administered prior to the injection, in accordance with local practice. **Adults:** In adults the injection needle should be inserted 3.5-4.0 mm posterior to the limbus into the vitreous cavity, avoiding the horizontal meridian and aiming towards the centre of the globe. The injection volume of 0.05 ml is then delivered; a different scleral site should be used for subsequent injections. For instructions on preparation of the medicinal product before administration, see section 6.6. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed in section 6.1. Patients with active or suspected ocular or periocular infections. Patients with active severe intraocular inflammation. **Undesirable effects: Summary of the safety profile:** The majority of adverse reactions reported following administration of ranibizumab are related to the intravitreal injection procedure. The most frequently reported ocular adverse reactions following injection of ranibizumab are: eye pain, ocular hyperaemia, increased intraocular pressure, vitritis, vitreous detachment, retinal haemorrhage, visual disturbance, vitreous floaters, conjunctival haemorrhage, eye irritation, foreign body sensation in eyes, increased lacrimation, blepharitis, dry eye and eye pruritus. The most frequently reported non-ocular adverse reactions are headache, nasopharyngitis and arthralgia. Less frequently reported, but more serious, adverse reactions include endophthalmitis, blindness, retinal detachment, retinal tear and iatrogenic traumatic cataract (see section 4.4). The adverse reactions experienced following administration of ranibizumab in clinical trials are summarised in the table below. **Tabulated list of adverse reactions:** The adverse reactions are listed by system organ class and frequency using the following convention: very common ($\geq 1/10$), common ($\geq 1/100$ to $< 1/10$), uncommon ($\geq 1/1,000$ to $< 1/100$), rare ($\geq 1/10,000$ to $< 1/1,000$), very rare ($< 1/10,000$), not known (cannot be estimated from the available data). Within each frequency grouping, adverse reactions are presented in order of decreasing seriousness. **Infections and infestations: Very common:** Nasopharyngitis. **Common:** Urinary tract infection*. **Blood and lymphatic system disorders: Common:** Anaemia. **Immune system disorders: Common:** Hypersensitivity. **Psychiatric disorders: Common:** Anxiety. **Nervous system disorders: Very common:** Headache. **Eye disorders: Very common:** Vitritis, vitreous detachment, retinal haemorrhage, visual disturbance, eye pain, vitreous floaters, conjunctival haemorrhage, eye irritation, foreign body sensation in eyes, lacrimation increased, blepharitis, dry eye, ocular hyperaemia, eye pruritus. **Common:** Retinal degeneration, retinal disorder, retinal detachment, retinal tear, detachment of the retinal pigment epithelium, retinal pigment epithelium tear, visual acuity reduced, vitreous haemorrhage, vitreous disorder, uveitis, iritis, iridocyclitis, cataract, cataract subcapsular, posterior capsule opacification, punctate keratitis, corneal abrasion, anterior chamber flare, vision blurred, injection site haemorrhage, eye haemorrhage, conjunctivitis, conjunctivitis allergic, eye discharge, photopsia, photophobia, ocular discomfort, eyelid oedema, eyelid pain, conjunctival hyperaemia. **Uncommon:** Blindness, endophthalmitis, hypopyon, hyphaema, keratopathy, iris adhesion, corneal deposits, corneal oedema, corneal striae, injection site pain, injection site irritation, abnormal sensation in eye, eyelid irritation. **Respiratory, thoracic and mediastinal disorders: Common:** Cough. **Gastrointestinal disorders: Common:** Nausea. **Skin and subcutaneous tissue disorders: Common:** Allergic reactions (rash, urticaria, pruritus, erythema). **Musculoskeletal and connective tissue disorders: Very common:** Arthralgia. **Investigations: Very common:** Intraocular pressure increased. # Adverse reactions were defined as adverse events (in at least 0.5 percentage points of patients) which occurred at a higher rate (at least 2 percentage points) in patients receiving treatment with ranibizumab 0.5 mg than in those receiving control treatment (sham or verteporfin PDT). * observed only in DME population. **Product-class-related adverse reactions:** In the wet AMD phase III studies, the overall frequency of non-ocular haemorrhages, an adverse event potentially related to systemic VEGF (vascular endothelial growth factor) inhibition, was slightly increased in ranibizumab-treated patients. However, there was no consistent pattern among the different haemorrhages. There is a theoretical risk of arterial thromboembolic events, including stroke and myocardial infarction, following intravitreal use of VEGF inhibitors. A low incidence rate of arterial thromboembolic events was observed in the ranibizumab clinical trials in patients with AMD, DME, PDR, RVO and CNV and there were no major differences between the groups treated with ranibizumab compared to control. **Reporting of suspected adverse reactions:** Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions: • in Belgium via the Federaal agentschap voor geneesmiddelen en gezondheidsproducten-Afdeling Vigilantie-Postbus 97, 1000 BRUSSEL Madou-Website: www.eenbijwerkingmelden.be - e-mail: adr@fagg.be; • and in Luxembourg via the Centre Régional de Pharmacovigilance de Nancy of Division de la pharmacie et des médicaments de la Direction de la santé - Website: www.guichet.lu/pharmacovigilance. **MARKETING AUTHORISATION HOLDER:** Midas Pharma GmbH, Rheinstraße 49, D-55218 Ingelheim, Germany. **MARKETING AUTHORISATION NUMBER(S):** EU/1/22/1673/001. **SUPPLY:** Medicinal product subject to medical prescription. **DATE OF REVISION OF THE TEXT:** 08/2023. Detailed information on this medicinal product is available on the website of the European Medicines Agency <http://www.ema.europa.eu>.

References: 1. Ranivisio[®] (Ranibizumab Midas 10 mg/ml solution for injection) Summary of Product Characteristics. Aug 2023. 2. Holz FG et al. Ophthalmology. 2022;129(1): 54-63 and Supplementary Appendix.



MEETINGS / CONGRESSES



Seeing is believing

Why is image quality important in ophthalmology?



How important are medical monitors for ophthalmologists? What is the difference with commercial displays? Is it important to standardize image quality for eye specialisms?

You are invited to an exclusive hybrid event on 19 June, in Kortrijk (BE) or online.

Join the discussion, share your experiences, and enjoy live demos of Oculus Pentacam, Heidelberg OCT, Barco's high-quality medical displays and our 3D display prototype. Full agenda is available on the registration page.

The event is free of charge, drinks & bites are included on-site.



Register here

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BARCO



ESA•ISA 2024
EUROPEAN AND INTERNATIONAL
STRABISMOLOGICAL ASSOCIATIONS

12-15 june 2024
TOULOUSE, FRANCE

WWW.ESA-ISA2024.ORG



SAVE THE DATE

ESA•ISA 2024

**Joint Meeting of the European and International
Strabismological Associations**

12-15 JUNE 2024 - Toulouse, France



www.esa-isa2024.org

✉ registration@esa-isa2024.org

manama

June 15
2024

Master after Master course organized by the
Collegium Ophthalmologicum Belgica

Visual Electrophysiology & Visual Rehabilitation

SATURDAY, 15 June 2024 - 08:30 - 16:30

Hosted by Inge Joniau, MD & Bart P Leroy, MD, PhD

Venue:

Auditorium C, Ghent University Hospital (UZ Gent)
Corneel Heymanslaan 10 - 9000 Ghent



Registration: Visit the website www.ophtalmologia.be, login and go to: “My Payments”

Accreditation: Accreditation has been requested.

PROGRAMME

Morning Sessions: Visual Electrophysiology

Part 1 - Theoretical Aspects of Tests & Indications

08:30 - 08:35	Welcome & Learning Objectives <i>I Joniau and BP Leroy, UZ Gent</i>
08:35 - 09:05	Flash, Pattern & Multifocal Electroretinography <i>T Coeckelbergh, UZ Antwerpen</i>
09:05 - 09:25	Pattern & Flash Visual Evoked Potentials <i>BP Leroy, UZ Gent</i>
09:25 - 09:45	Electro-Oculography <i>BP Leroy, UZ Gent</i>
09:45 - 10:00	Q&A - <i>All Faculty</i>
10:00 - 10:30	Break

Part 2 - Visual Electrophysiology in Clinical Practice

- 10:30 - 10:50 Practical Use of Visual Electrophysiology
J De Zaeytijd, UZ Gent
- 10:50 - 11:10 Electrophysiology in the Neuro-Ophthalmology Clinic
M van Lint, UZ Brussel
- 11:10 - 11:30 Electrophysiology in the Uveitis Clinic
F Willermain, CHU St. Pierre
- 11:30 - 12:00 Electrophysiology in the Ophthalmic Genetics Clinic
BP Leroy, UZ Gent
- 12:00 - 12:15 Q&A - All Faculty
- 12:15 - 13:00 Walking lunch offered by the Department of Ophthalmology, UZ Gent**

Afternoon Sessions: Visual Rehabilitation**Part 3 - Definitions, Consequences, Examples & Belgian Registry**

- 13:00 - 13:15 Definition, Causes & Consequences of Visual Impairment
S Caspers, CHU Brugmann
- 13:15 - 13:30 Visual Impairment & Psychosocial Well-Being
W Schrauwen, UZ Gent
- 13:30 - 14:15 Visual Rehabilitation: inclusion criteria – goals - methods – partners
- 13:30 - 13:45 case 1: School-going child - *R Bruninx, La Lumière*
- 13:45 - 14:00 case 2: Professionally active adult - *V Van Bellinghen, UZ Leuven*
- 14:00 - 14:15 case 3: Retired person - *I Joniau, UZ Gent*
- 14:15 - 14:30 Establishing a Visual Impairment Registry in Belgium
J Van Aerschot, UZ Leuven
- 14:30 - 14:45 Q&A - All Faculty
- 14:45 - 15:15 Break**

Part 4 - Adaptation Strategies & Training

- 15:15 - 15:30 Hemianopia: Compensatory training
T Coeckelbergh, UZ Antwerpen
- 15:30 - 15:45 Driving with visual acuity loss or visual field loss
M Tant, CARA
- 15:45 - 16:00 Central scotoma: Eccentric fixation training
K Beni, Points de Vue
- 16:00 - 16:15 Peripheral field loss: Orientation and Mobility training
A Verberckt and W Callaerts
De Markgrave
- 16:15 - 16:30 Q&A - All Faculty
- 16:30 **End**

ENSEIGNEMENT POST-UNIVERSITAIRE D'OPHTALMOLOGIE 2023-2024

Conférences organisées par le Service d'Ophtalmologie
de l'Université de Liège

Début des exposes: 20 heures

Mardi 25 juin 2024

**Uvéïtis et syndrome de masquerade
non néoplasique**

Pr. F. Willermain (CHU)

***Accréditation éthique et économie demandée**



Lieu: Château de Colonster - Allée des Erables - 4000 Liège

Accès au Château de Colonster

Venant de BXL ou de Namur, prendre la E25 direction Luxembourg, sortie 40 (Embourg), l'entrée du château se situe sur la première route à droite dans la montée vers le Sart-Tilman.



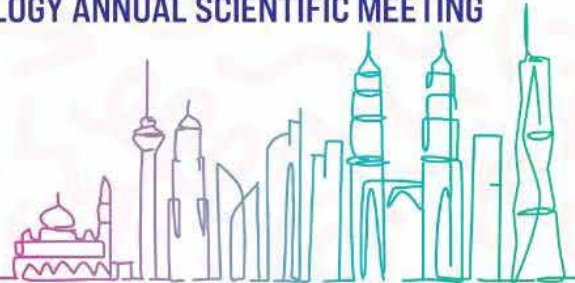
wcpos IV

11-13 JULY 2024 KUALA LUMPUR, MALAYSIA

5th WORLD CONGRESS OF PAEDIATRIC OPHTHALMOLOGY & STRABISMUS

in conjunction with

THE 13th MALAYSIAN SOCIETY OF OPHTHALMOLOGY ANNUAL SCIENTIFIC MEETING



<https://www.wcposv2024.org/>

International Council of Ophthalmology



World Ophthalmology Congress
16-19 August, 2024, Vancouver, Canada

The place where the *future of sight* is shaped.

The International Council of Ophthalmology invites you to the
World Ophthalmology Congress 2024



SAVE THE DATE

16-19
August
2024

Vancouver Convention Center, BC Canada



ESOPRS

ROTTERDAM 2024

42nd Annual Meeting
12-14 September 2024

European Society of
Ophthalmic Plastic &
Reconstructive Surgery

2024.esoprs.eu

EPOS 2024

Novel Therapies



Paris, France
September 12-14

SAVE THE DATE



MORE VIDEOS



EPOS 2024 Key dates



<https://epos2024.org/>



SAVE THE DATE ! 12 October 2024

**MASTER CLASS:
BSOPRS WETLAB
Eyelid Surgery**

WHAT?

A wetlab on cadavers, organised with a restricted number of participants (20). Attendees will be initiated into eyelid surgery.

WHEN?

12 October 2024 AM – exact timing to be confirmed

WHERE?

Anatomical Research Training and Education, Laarbeeklaan 103, 1090 Brussel

PRICE?

100 EUR / participant

Pre-registration:

Please send an email to Antoine.Moreau@chuliege.be

As the number of attendees is restricted: first come, first served.

>> More details will follow !



OB **27** **28** **29**
NOV NOV NOV
2024

OPHTHALMOLOGICA BELGICA





13 Participating Societies
Free Paper Sessions
E-Posters
Interactive Clinical Courses
Wetlabs

BGS*Ready, aim, fire: lasers in glaucoma***BOG & SBO - Joint Session***To treat or not to treat***BOV-ABO***All you need to know about vertical deviations***BRS***Where all of retina meets***BSA***Make the impossible possible***BSCRS-BCLSO***75years of IOL implantation.***BSOPRS***Allergies***OBAO***Key papers and new insights?***PEDLOWNOC***Emergency in Neuro ophthalmology***BBO-UPBMO (ethics)***Ophthalmology 2.0: organisation of ophthalmic practices.**Communication with government departments: past and future projects.***Be-Vision***A new society 4 you within visual rehabilitation in Belgium. You make the call!***BSONT***Session organized by the Belgian Society for Ophthalmic Nurses & Technicians (Dutch & French)***+ EXPO AREA***Meet the industry*

AOB Academic Session

AOB LECTURE*Prof. Dr Francesco Bandello***Keynote Lecture 1** – *Prof. Dr Aki Kawasaki***Keynote Lecture 2** – *Prof. Dr Gerd Auffarth***Keynote Lecture 3** – *Prof. Dr Luis Pinto*



CALL FOR ICC

Interactive Clinical Courses

Dr. Nathalie COLLIGNON
ICC Organizer 2024



Dear Colleagues,

As coordinator of the Interactive Clinical Courses (ICC) at OB 2024, it is my pleasure to invite you to submit a project for ICC at the OB 2024 congress. ICC's are a forum for a more elaborated presentation of a clinical topic. The course should be didactic, practical and interactive. Over the past years the ICC's have become a strongly appreciated and well attended part in the OB-program.

All submissions will be reviewed by the organising committee, trying to avoid overlap in content and subjects.

Each ICC will be presented by two or three speakers coming from different teams. The duration of each ICC, discussion included, will be 90 minutes.

An audience voting system will be available - if requested.

It is strongly recommended to prepare a handout summarizing your ICC which will be distributed to the participants.

The online submission is now open and will close on September 11, 2024 (midnight).

To apply login into your ophthalmologia.be account go to My ICCs in your account.

Should you have any queries please do not hesitate to contact the [OB Office](#).

Thank you in advance for your participation.



CALL FOR ABSTRACTS

Oral Presentations & E-Posters

Dr. Jozef DEPLA
Free Papers & Posters - Organizer 2024



Dear Colleagues,

As coordinator of the Free Papers and e-Posters at OB 2024, it is my pleasure to inform that abstract submission is now open!

Abstracts can be submitted if you are registered for the OB congress.

AOB members 2024 are automatically registered.

Non-AOB members can either become a member or pay the congress registration.

The online submission is now open and will close on September 11, 2024 (midnight).

How to submit your abstract:

Abstracts can be submitted through your ophthalmologia.be account.

- 1- FIRST Log into your account and THEN
- 2- Go to "**My Payments**" (You can skip this step if you are already AOB Member or registered for OB2024)
- 2- Go to "**My Abstract**"
- 3- Click on "**Submit a new abstract OB 2024**"
- 4- Please read the [Guidelines for abstract submission](#).

Should you have any queries please do not hesitate to contact the [OB Office](#).

Thank you in advance for your participation.

TREAT OR NOT TO TREAT



BOG & SBO @ OB 2024

Square Brussels - Wednesday, 27 November 2024 PM



International Society of Ocular Oncology 

ISOO
GOA • 2024
DECEMBER 3 TO 7, 2024
Taj Convention Center,
Taj Cidade de Goa Horizon, Goa, India

**TUESDAY
DEC 3, 2024**
Time : 10:00 - 18:00
Academics :
Pre-conference
Workshops

**WEDNESDAY
DEC 4, 2024**
Time : 09:00 - 17:00
Academics :
Melanoma

**THURSDAY
DEC 5, 2024**
Time : 09:00 - 17:00
Academics :
Retinoblastoma and
Other Intraocular
Tumors

**FRIDAY
DEC 6, 2024**
Time : 09:00 - 17:00
Academics :
Ocular Surface and
Eyelid Tumors

**SATURDAY
DEC 7, 2024**
Time : 09:00 - 14:00
Academics :
Other Adnexal and
Orbital Tumors

**REGISTRATION & ABSTRACT
SUBMISSION ARE OPEN NOW**


Dan Gombos
President


Jesse Berry
Vice President


Vicktoria Vishnevskia Dai
Honorary Secretary


Bhavna Chawla
Treasurer


Dr. Fairouz P. Manjandavida
Congress President ISOO 2024


Dr Santosh G Honavar
Program Secretary - 2024



**TERUGKOMDAG ORTHOPTIE-STRABOLOGIE
DIENST OOGZIEKTEN UZ LEUVEN**

13 februari 2025

Prof Dr C Cassiman

Oogarts

Dr J Van Aerschot, Dr L Leysen, Dr Veryser

Oogartsen fellow

H Janssens, V Van Bellinghen, A Goffin, L Van Hoof

Orthoptisten

We nodigen u graag uit voor een ronde tafel discussie waarbij orthoptische en strabologische casussen het onderwerp van gesprek zijn.

Uiteraard zullen we zelf een aantal casussen selecteren, maar we kijken ook uit naar casussen die u zelf aanbrengt en graag bespreken we ook het vervolg van reeds besproken casussen.

- Wanneer? Donderdag 13 februari 2025, van 17:00 tot 20:00 uur.
Er is een broodjesbuffet voorzien.
- Waar? UZ Leuven Campus Gasthuisberg, ambulante gebouw, oranje poort,
Straat 2, 3^{de} verdieping
- Voor wie? Voor alle strabologen, oogartsen en orthoptisten met interesse in strabisme, maar omwille van het interactieve karakter wordt het aantal inschrijvingen beperkt.
Deelname is gratis, maar inschrijven is verplicht.
- Hoe inschrijven? Via volgende link : <https://forms.gle/ubqnwUf3UDfr9q7B6>
- Casus indienen? Mail naar oogziekten@uzleuven.be

Accreditatie is aangevraagd

IOIS•2025

International Ocular Inflammation Society



CONGRESS

JUNE 25-28, 2025
RIO DE JANEIRO • BRAZIL

SAVE THE DATE

Join Us

Sheraton Grand Rio Hotel & Resort

18th meeting of the International Ocular Inflammation Society &
8th International Assembly of Ocular Inflammation Societies
in conjunction with the Brazilian Uveitis Society

SHOCKINGLY BRILLIANT DISTANCE VISION, TIME AFTER TIME¹⁻⁵

CLAREON® MONOFOCAL IOLs give your patients functional intermediate vision while maintaining exceptional sharp, crisp distance vision.⁶⁻⁹ But what they see might surprise them.



Alcon



INFO

What's Happening ?

Congresses - meetings - courses - ...

CALENDAR

CONGRESS CALENDAR

3-6	June	2024	EUNOS 2024 Rotterdam, The Netherlands 16th Meeting of the European Neuro-Ophthalmology Society https://eunos2024.org/
12-15	June	2024	ESA - ISA 2024 European & International Strabismological Associations Toulouse, France registration@esa-isa2024.org https://esa-isa2024.org
15	June	2024	ManaMa Course 1/2024 UZ Gent Visual Electrophysiology and visual rehabilitation Organized by Bart Leroy - UZ Gent https://www.ophtalmologia.be/image.php?ima_id=1067
25	June	2024	Enseignement Post-Universitaire d'Ophtalmologie 2023-2024 Château de Colonster : Allée des Erables, 4000 Liège Uvétis et syndrome de masquerade non néoplasique Pr. F. Willermain (CHU) --- Conférences organisées par le Service d'Ophtalmologie de l'Université de Liège Parking gratuit sur place. --- Début des exposés: 20.00 heures
11-13	July	2024	WSPOS - World Society of Paediatric Ophthalmology & Strabismus Kuala Lumpur, Malaysia World Congress of Paediatric Ophthalmology & Strabismus organised by WSPOS in conjunction with the Malaysian Society of Ophthalmology. https://www.wspos.org/
16-19	August	2024	World Ophthalmology Congress - WOC 2024 Vancouver - Convention Centre in British Columbia, Canada https://icoph.org/world-ophthalmology-congress/
12-14	September	2024	ESOPRS 2024 De Doelen ICC Rotterdam 42 nd Annual Meeting of the European Society of Ophthalmic Plastic & Reconstructive Surgery (ESOPRS) Contact person: Marie Louise Bot or Dianthe Mandemaker E-mail: esoprs2024@erasmusmc.nl https://www.esoprs.eu/esoprs-meetings/esoprs-meeting-2024/
12-14	September	2024	EPOS 2024 Paris https://epos2024.org/
10-13	October	2024	DOG 2024 Kongress Themenschwerpunkt: Augenheilkunde / Ophthalmologie Estrel Berlin https://dog-kongress.de
27-29	November	2024	OB 2024 SQUARE, Brussels Meeting Center https://www.ophtalmologia.be/page.php?edi_id=2035
14	December	2024	ManaMa Course 2/2024 KULeuven External Disease, Cornea and Contactology

13	February	2025	Terugkomdag orthoptie - strabologie UZ Leuven Campus Gasthuisberg, ambulante gebouw, oranje poort, Straat 2, 3de verdieping Voor wie? Voor alle strabologen, oogartsen en orthoptisten met interesse in strabisme, maar omwille van het interactieve karakter wordt het aantal inschrijvingen beperkt. Deelname is gratis, maar inschrijven is verplicht. Hoe inschrijven? Via volgende link : https://forms.gle/ubqnrwUf3UDfr9q7B6
4-8	May	2025	ARVO 2025 Austin, USA www.arvo.org
7-9	June	2025	SOE 2025 Multi-Specialty Ophthalmic Meeting for general and specialist Ophthalmologists
25-28	June	2025	IOIS 2025 Rio de Janeiro, Brazil 18th meeting of the International Ocular Inflammation Society 8th International Assembly of Ocular Inflammation Societies in conjunction with the Brazilian Uveitis Society SAVE THE DATE https://www.iois.info/page.php?edi_id=1
26-28	November	2025	OB 2025 SQUARE, Brussels Meeting Center www.opthalmologia.be



INFO

**KLEINE
AANKONDIGINGEN**

PETITES ANNONCES

4/6/2024

Oogartsenpraktijk Halen zoekt een collega oogarts.

Wij zijn op zoek naar een collega oogarts om het team van de Oogartsenpraktijk te Halen verder uit te bouwen. Wij zoeken een dynamische, enthousiaste collega, zowel deeltijdse als voltijdse tewerkstelling is mogelijk. Momenteel bestaat ons team uit 1 arts (Dr. K. Boosten), 1 optometriste en 2 medische secretaresses. Moderne nieuwbouwpraktijk met 3 kabinetten en technische ruimtes. Volledig uitgeruste en gedigitaliseerde praktijk (Forum, OCT, HFA, IOL, Clarus, Pentacam, Yag laser, Argon laser, spleetlampfoto's,...).

Ben je op zoek naar een leuke werkplek in een moderne omgeving, waar je de kans krijgt om verder te groeien en ervaring op te doen, kom dan zeker eens langs voor een verkennend gesprek.

De praktijk is gelegen op 20 min van Leuven, 15 min van Hasselt en 5 min van Diest.

Indien interesse, graag een mailtje sturen met je CV.;

oogarts_boosten@hotmail.com

Tel: 013/321400

2/6/2024

oogarts gezocht 1 dag per week, of meer

Vanaf september 2024 zoek wij een collega voor consultaties 1 dag per week in onze volledig uitgeruste praktijk in De Pinte, vlakbij Gent. De consultatie beschikt over alle apparatuur : oa. OCT /fluo Clarus 700/ Pentacam HR/ IOLmaster 700/ endotheelteller/ retinale laser/ yag laser / yag vitreolyse en SLT.

Er is steeds ondersteuning van een secretaresse / TOA.

Interessante voorwaarden, mogelijkheid tot uitbreiding van de activiteit, inclusief chirurgie.

Tel: 0497469653

oogartsHR@hotmail.com

23/5/2024

Oogheelkundig materiaal te koop

Verkoop materiaal (betreft dubbel gebruik):

- Topcon KR-800 met tafel ATE-600, bouwjaar: 2016 in perfecte esthetische en werkende conditie. Weinig gebruikt. 6500E
- Topcon KR-8900 zonder tafel, bouwjaar 2011, in goed werkende staat: 3000E
- Nidek ARK-510 met elektrische tafel, bouwjaar: 2007, werkende staat (niet nieuwstaat): 3000E
- Diverse (4) elektrische tafels (voor 1 of 2 toestellen), diverse merken (topcon, CSO, ...): NOTK
- Quantel pocket 2 pachymeter: 500E
- Javal keratometer Haag Streit: 400E
- Quantel axis 2 A scan biometer: 1500E
- Heidelberg anterior segment lens module voor spectralis OCT (nieuwstaat): 2000E
- HAAG-STREIT IM-900 Imaging module: 1500E
- Oculus 3 spiegel lens voor pediatrie (nieuwstaat): 300E

Materiaal word verkocht en de opbrengst gaat naar het project 'Eye for Zambia' >> www.eyeforzambia.org.

Contact via email.

dr.riems@gmail.com

23/5/2024

Vacature oogarts (m/v) te Antwerpen

We zijn op zoek naar 1 of 2 extra collega's om ons team te komen versterken.

Waar? Focus Oogkliniek - Boekstraat 6, Wilrijk, Antwerpen.

De praktijk is uitgerust met al het nodige om geassisteerd poliklinisch te werken: Assistentie (medisch secretariaat, verpleegkundigen, planningsmanager, optometristen en een orthoptist), OCT/Fluo Heidelberg, Anterior voorsegment-OCT, Lasers (Argon Multispot, YAG en SLT, Excimer op externe locatie), GV octopus, meerdere Nidek Tonorefs, Nidek en Heidelberg Anterior biometer en Nidek speculaire, 6 volledig uitgeruste refractieunits Haag Streit met BQ spleetlampen en een uitgeruste poliklinische operatiekamer (intraoculaire chirurgie, ooglidchirurgie, intravitreale injecties, etc.)

KLEINE AANKONDIGINGEN / PETITES ANNONCES

Wanneer? Instap mogelijk vanaf oktober 2024.

Gezocht profiel:

Idealiter zoeken we enthousiaste oogartsen M/V met interesse in oogleden/esthetische chirurgie, maar ook algemene oogheelkunde, medische retina en glaucoom. Een niet chirurgische oogarts is ook zeker gewild. Dit kan deeltijds of voltijds. Echter alle profielen mogen hun kandidatuur insturen naar dr.riems@gmail.com. Elke sollicitatie zal in overweging worden genomen.

Op de praktijk werken er heden 4 oogartsen.

Ikzelf ben cataract- en refractiechirurg, Dr Haverbeke is netvliesspecialist/chirurg, Dr Pierrache is kinderoogarts/chirurg, Dr D. Riems doet kleine ingrepen en algemene oogheelkunde. Voor meer info hierover: www.focus-oogkliniek.be

Dr Joachim Riems
dr.riems@gmail.com

19/5/2024

Poste à pourvoir au sein d'une clinique privée Namuroise.

Cabinet d'ophtalmologie à Namur (Wepion) recherche ophtalmologues pour les activités de consultations et/ou chirurgicales. Bloc opératoire ultramoderne avec anesthésiste attitré.

Cabinets de consultations entièrement équipés: champs visuels, OCT, fluo angiographie, laser YAG/SLT/Argon, spéculaire, biomètre avec Verion, pentacam, IPL pour la sécheresse oculaire.

Pour plus d'informations n'hésitez pas à nous contacter.

Tel: 081/355668
Ophtaju@gmail.com

23/4/2024

Vacature oogarts in Putte

Wij zoeken voor onze privépraktijk in Putte (bij Mechelen) een gemotiveerde oogarts die ons team wil versterken. We werken momenteel met drie oogartsen, twee optometristen en twee secretaresses.

De beschikbare werkdagen zijn woensdag en vrijdag.

Interesse?

Graag contact via e-mail of telefonisch..

roel_verschooten@icloud.com
Tel: 0486/86.58.53

16/4/2024

Optovue: I Fusion te koop

OCT en nonmydcamera van Optovue op elektrische tafel te koop. Aankoopjaar 2013. Werkt nog perfect. Prijs overeen te komen.

Tel: 0495227700
oogeblik@gmail.com

15/4/2024

Tonomètre à air Nidek à vendre

- matériel: Tonomètre à air Nidek NT-2000
- disponibilité: immédiate, à venir chercher à 4550 Nandrin (Liège)
- prix demandé: 750€

gdupont@ophtalmos.be

15/4/2024

laser Yag Nidek à vendre

- matériel: laser Yag Nidek YC-1400
- équipements: table électrique fournie
- disponibilité: immédiate, à venir chercher à 4550 Nandrin (Liège)
- prix demandé: 1500€

gdupont@ophtalmos.be

15/4/2024

lampe à fente Haag-Streit BC 900 à vendre

- matériel: lampe à fente Haag-Streit BC 900
- équipements: halogène, fournie sans tonomètre ni mentonnière
- état: peu utilisée
- disponibilité: immédiate, à venir chercher à 4550 Nandrin (Liège)
- prix demandé: 2500€

gdupont@ophthalmos.be

10/3/2024

Vacature oogarts - Tienen

Oogartsen Veugelen

Locatie:

Leuvenselaan Tienen
20-tal minuten van Leuven, tegen verkeer in, geen file.

Aanbod:

2de generatie praktijk met 4 kabinetten
Ruimtes voor technische onderzoeken, kleine ingrepen, IVI en laser.
OCT, Yag, SLT, HFA, Pentacam, IOLmaster, Bscan, UBM, iCare, endotheelcamera
Technische onderzoeken worden uitgevoerd door een optometrist.
Ondersteuning door orthoptist, zeer nuttig voor een kinderraadpleging.
Aangename patiëntenpopulatie.
Volle lijst vanaf dag 1.
Eyefile medisch dossier. eAttest facturatie. Centrale inning door secretariaat.
Gunstige voorwaarden.
Goede uren en de nodige flexibiliteit naar verlof en afwezigheden.

Team:

6 oogartsen met subspecialisaties in kinderoftalmo, glaucoom, medische retina, cataract en refractieve chirurgie.
1 optometrist
1 optometrist/orthoptist
3 administratieve medewerkers

Beschikbare dagen:

Maandag, woensdag, donderdag en vrijdag

Info:

tim@veugelen.be
Tel: 0472/75.46.10