

**ACADEMIA
OPHTHALMOLOGICA
BELGICA**

Viermaandelijks tijdschrift
Périodique quadri mensuel

INFO

AMICO

2025 SATURDAY
MARCH
29



Kantoor van uitgifte – 1040 Brussels

MAART
2025
MARS

N° 138



INFO

INFO Nr 138

MAART - MARS 2025

Viermaandelijks informatieblad
Périodique quadri mensuel

Verantwoordelijke uitgever /
Editeurs responsable
AOB Office
Nijverheidsstraat 24
Rue de l'Industrie
1040 Brussels

info@ophthalmologia.be
www.ophthalmologia.be



INHOUDSTAFEL / SOMMAIRE

EDITORIAL

5 Editorial AOB President

IN MEMORIAM

6-7 Dr Alfons Evens

MEETINGS & CONGRESSES

13 Enseignement post-universitaire
d'ophtalmologie 2024-2025

4-15 SBO Réunion de Printemps 2025

16-27 AMICO 2025

28-29 EUPO 2025

30 PedLowNoc Spring Meeting 2025

31 Donders Gezelschap

33 BRS Fab Spring Meeting 2025

34 BSCRS Spring Meeting 2025

36 SOE 2025

37 Monti 2025

38 ManaMa Courses

40 IOIS 2025

CALENDAR – ZOEKERTJES / PETITES ANNONCES

55-58 Calendar Congresses - Meetings

59-63 Zoekertjes / Petites annonces

SPECIAL FEATURE AMICO 2025

17 Join us for Amico 2025

18 Programme Overview

19 AMICO - Our Sponsors

AMICO SCIENTIFIC SESSIONS

20 BRS

21 BGS

22 OBAO

23 SBO

24 BOG

25 BSA

26 BSCRSQ

27 Industry Sessions

FEATURED MEETING

2025

VERSCHIJNINGSDATA DATES DE PUBLICATION

INFO N° 139

06-06-2025

INFO N° 140

05-11-2025

ADVERTS

Abbvie **8-9**

Bayer **12**

Chiesi **32**

Teva **10**



INFO



Dear Colleagues,

Spring has unmistakably arrived which means it's time once again for **AMICO, the annual meeting in clinical ophthalmology**. **On Saturday, March 29**, you can attend the online symposia of the AOB scientific societies. Each society has carefully put together a session with a program that we believe will add value to your clinical practice. Be sure to check out the full AMICO program on pages 16-27 of this issue.

I would also like to take this opportunity to highlight another important initiative under the Academia umbrella. At least twice a year, the university training supervisors of the COB working group organize a **ManaMa training program** for ophthalmology residents. These sessions feature Belgian experts delivering lectures on a wide range of topics within a specific discipline.

This program is also an excellent opportunity for practicing ophthalmologists to stay up to date with the latest developments in various subspecialties. Two more ManaMa courses are planned for this year:

- Saturday, June 21, at UAntwerp – Oculoplastics
- Saturday, December 13, 2025, at UGent – Genetics

Perhaps we'll see you there?

Best regards,

Carina Koppen
AOB President



IN MEMORIAM

Alfons Evens

Weinigen hebben de gave van eenvoud, wijsheid en gulheid.
Wij zijn verliefd geworden op papa's eenvoud, wijsheid en immens gulle lach.
En liefste papa, wat nog te klein of niet geboren is, eens tonen wij ze jouw beeltenis.
Misschien zeggen wij zacht: je hebt zijn ogen als je lacht.

Met grote droefheid en gemis in ons hart, melden wij u het overlijden van

Alfons Evens


weduwnaar van Gerda Verhoeven, echtgenoot van Margarethe Grolig.

Geboren te Neerpelt op 27 februari 1931,
zacht ingeslapen thuis te Wemmel op 03 maart 2025.

Lt. Kolonel Geneesheer, Oogarts, Lid van de Marnixring & Koperen Passer.

De uitvaartplechtigheid zal plaatsvinden
op maandag 10 maart 2025 om 11 uur
in aula GaandeweG te Merchtem, Burchtlaan 72.

Later zal zijn lichaam bijgezet worden in het familiegraf op de begraafplaats te Wemmel.



zijn kinderen, kleinkinderen en achterkleinkinderen

Peter en Katrien Evens - De Loore

Anton en Nausica Evens - Sala, Camilla, Celeste

Hendrik en Melanie Evens - Van Dooren, Maurice, Odil, Wilma

Barbara en Elliot † Herman - Evens en Mattias De Deygere, Oscar

Kristin Evens en Stef Liesmons

Elisa Verhasselt en Michael Doms

Nina Verhasselt

Viktor Verhasselt en Kaori Cobbaert

Paul en Ingrid Evens - Baraitre

Siegfried Evens en Martina Rentouli

Sofie Evens

Louise Lechat en Tomas Vanderhoeven

zijn stiefkinderen

Valentijn, Elisabeth, Matthias en Karoline Biesemans

Een warm woord van oprechte dank aan Dr. Guido Romagnoli, Pascal en Patrick Elet
Pierre en Lambert, Kitty Verhasselt en Tine De Mulder.

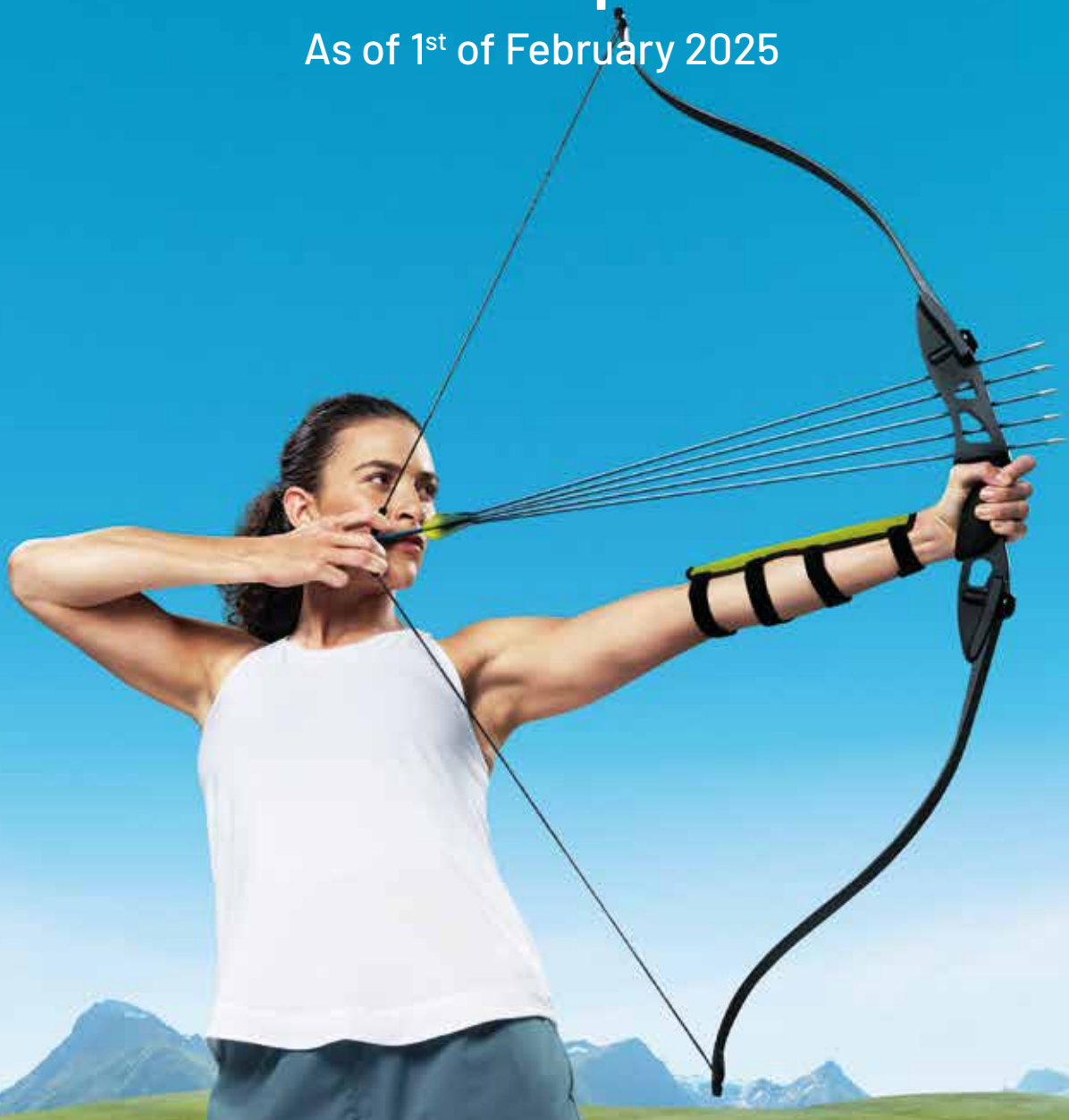
Ex-Factory to hospitals 6%
VAT excluded: 988,96 EUR

Ozurdex[®]
(dexamethasone intravitreal
implant) 0.7mg

Hit multiple pro-inflammatory targets to help
treat edema in DME and RVO with OZURDEX^{®1-7}

**Also reimbursed for your
PHAKIC DME patients⁸**

As of 1st of February 2025



DME: diabetic macular edema; **RVO:** retinal vein occlusion.

1. OZURDEX[®]. SmPC latest version. **2.** Garcia-Layana A, et al. *Ophthalmologica*. 2018;240(2):61-72. **3.** Rezar-Dreindl S, et al. *Acta Ophthalmol*. 2017;95:e119-27. **4.** Nehme A, Edelman J. *Invest Ophthalmol Vis Sci*. 2008;49(5):2030-8. **5.** Edelman JL, et al. *Exp Eye Res*. 2005;80(2):249-58. **6.** Wang K, et al. *Biol Pharm Bull*. 2008;31(8):1541-6. **7.** Tamura H, et al. *Invest Ophthalmol Vis Sci*. 2005;46(4):1440-4. **8.** RIZIV. Available as of February 1 2025 at: <https://webapps.riziv-inami.fgov.be/ssp/ProductSearch>.

NAME OF THE MEDICINAL PRODUCT: OZURDEX 700 micrograms intravitreal implant in applicator. **QUALITATIVE AND QUANTITATIVE COMPOSITION:** One implant contains 700 micrograms of dexamethasone. For the full list of excipients, see section 6.1 in the SmPC. **PHARMACEUTICAL FORM:** Intravitreal implant in applicator. Disposable injection device, containing a rod-shaped implant, which is not visible. The implant is approximately 0.46 mm in diameter and 6 mm in length. **Therapeutic indications:** OZURDEX is indicated for the treatment of adult patients with: • Visual impairment due to diabetic macular oedema (DME) who are pseudophakic or who are considered insufficiently responsive to, or unsuitable for non-corticosteroid therapy. • Macular oedema following either Branch Retinal Vein Occlusion (BRVO) or Central Retinal Vein Occlusion (CRVO) (see section 5.1 in the SmPC). • Inflammation of the posterior segment of the eye presenting as non-infectious uveitis. **Posology and method of administration:** OZURDEX must be administered by a qualified ophthalmologist experienced in intravitreal injections. **Posology:** The recommended dose is one OZURDEX implant to be administered intra-vitreally to the affected eye. Administration to both eyes concurrently is not recommended (see section 4.4 in the SmPC). **DME:** Patients treated with OZURDEX who have experienced an initial response and in the physician's opinion may benefit from retreatment without being exposed to significant risk should be considered for retreatment. Retreatment may be performed after approximately 6 months if the patient experiences decreased vision and/or an increase in retinal thickness, secondary to recurrent or worsening diabetic macular oedema. There is currently no experience of the efficacy or safety of repeat administrations in DME beyond 7 implants. **RVO and uveitis:** Repeat doses should be considered when a patient experiences a response to treatment followed subsequently by a loss in visual acuity and in the physician's opinion may benefit from retreatment without being exposed to significant risk (see section 5.1 in the SmPC). Patients who experience and retain improved vision should not be retreated. Patients who experience deterioration in vision, which is not slowed by OZURDEX, should not be retreated. There is only very limited information on repeat dosing intervals less than 6 months (see section 5.1 in the SmPC). For information concerning the current safety experience of repeat administrations beyond 2 implants in posterior segment non-infectious uveitis and Retinal Vein Occlusion, see section 4.8 in the SmPC. Patients should be monitored following the injection to permit early treatment if an infection or increased intraocular pressure occurs (see section 4.4 in the SmPC). **Special populations: Elderly (≥65 years old):** No dose adjustment is required for elderly patients. **Renal impairment:** OZURDEX has not been studied in patients with renal impairment however no special considerations are needed in this population. **Hepatic impairment:** OZURDEX has not been studied in patients with hepatic impairment; however no special considerations are needed in this population. **Paediatric population:** There is no relevant use of OZURDEX in the paediatric population in diabetic macular oedema and macular oedema following either Branch Retinal Vein Occlusion (BRVO) or Central Retinal Vein Occlusion (CRVO). The safety and efficacy of OZURDEX in uveitis in the paediatric population have not been established. No data are available. **Method of administration:** OZURDEX is a single-use intravitreal implant in applicator for intravitreal use only. Each applicator can only be used for the treatment of a single eye. The intravitreal injection procedure should be carried out under controlled aseptic conditions which include the use of sterile gloves, a sterile drape, and a sterile eyelid speculum (or equivalent). The patient should be instructed to self-administer broad spectrum antimicrobial drops daily for 3 days before and after each injection. Before the injection, the periorbital skin, eyelid and ocular surface should be disinfected (using for example drops of povidone iodine 5% solution on the conjunctiva as it was done in the clinical trials for the approval of OZURDEX) and adequate local anaesthesia should be administered. Remove the foil pouch from the carton and examine for damage (see section 6.6). Then, in a sterile field, open the foil pouch and gently place the applicator on a sterile tray. Carefully remove the cap from the applicator. Once the foil pouch is opened the applicator should be used immediately. Hold the applicator in one hand and pull the safety tab straight off the applicator. Do not twist or flex the tab. With the bevel of the needle up away from the sclera, advance the needle about 1 mm into the sclera then redirect toward the centre of the eye into the vitreous cavity until the silicone sleeve is against the conjunctiva. Slowly press the actuator button until an audible click is noted. Before withdrawing the applicator from the eye, make sure that the actuator button is fully pressed and has locked flush with the applicator surface. Remove the needle in the same direction as used to enter the vitreous. For instructions on the administration of the intravitreal implant, see section 6.6 in the SmPC. Immediately after injecting OZURDEX, use indirect ophthalmoscopy in the quadrant of injection to confirm successful implantation. Visualisation is possible in the large majority of cases. In cases in which the implant cannot be visualised, take a sterile cotton bud and lightly depress over the injection site to bring the implant into view. Following the intravitreal injection patients should continue to be treated with a broad spectrum antimicrobial. **Contraindications:** • Hypersensitivity to the active substance or to any of the excipients as listed in section 6.1 in the SmPC. • Active or suspected ocular or periorbital infection including most viral diseases of the cornea and conjunctiva, including active epithelial herpes simplex keratitis (dendritic keratitis), vaccinia, varicella, mycobacterial infections, and fungal diseases. • Advanced glaucoma which cannot be adequately controlled by medicinal products alone. • Aphakic eyes with ruptured posterior lens capsule. • Eyes with Anterior Chamber Intraocular Lens (ACIOL), iris or transscleral fixated intraocular lens and ruptured posterior lens capsule. **Undesirable effects: Summary of the safety profile:** The most commonly-reported adverse events reported following treatment with OZURDEX are those frequently observed with ophthalmic steroid treatment or intravitreal injections (elevated IOP, cataract formation and conjunctival or vitreal haemorrhage respectively). Less frequently reported, but more serious, adverse reactions include endophthalmitis, necrotizing retinitis, retinal detachment and retinal tear. With the exception of headache and migraine, no systemic adverse drug reactions were identified with the use of OZURDEX. **Tabulated list of adverse reactions:** The adverse reactions considered related to OZURDEX treatment from the Phase III clinical trials (DME, BRVO/CRVO and uveitis) and spontaneous reporting are listed by MedDRA System organ class in the table below using the following convention: Very common (≥ 1/10); common (≥ 1/100 to < 1/10); uncommon (≥ 1/1 000 to < 1/100); rare (≥ 1/10 000 to < 1/1 000); very rare (< 1/10 000). Within each frequency grouping, adverse reactions are presented in order of decreasing seriousness. **Adverse reactions: Nervous system disorders:** Common: Headache – Uncommon: Migraine. **Eye disorders:** Very common: Intraocular pressure increased**, cataract**, conjunctival haemorrhage* - Common: Ocular hypertension, cataract subcapsular, vitreous haemorrhage**, visual acuity reduced*, visual impairment/ disturbance, vitreous detachment*, vitreous floaters*, vitreous opacities*, blepharitis, eye pain*, photopsia*, conjunctival oedema* conjunctival hyperaemia* - Uncommon: Necrotizing retinitis, endophthalmitis*, glaucoma, retinal detachment*, retinal tear*, hypotony of the eye*, anterior chamber inflammation*, anterior chamber cells/ flares*, abnormal sensation in eye*, eyelids pruritus, scleral hyperaemia*. **General disorders and administration site conditions:** Uncommon: Device dislocation* (migration of implant) with or without corneal oedema (see also section 4.4 in the SmPC), complication of device insertion resulting in ocular tissue injury* (implant misplacement). * indicates adverse reactions considered to be related to the intravitreal injection procedure (the frequency of these adverse reactions is proportional to the number of treatments given). ** in a 24-month real world observational study in the treatment of macular oedema following RVO and non-infectious uveitis affecting the posterior segment of the eye these adverse events were reported more frequently among patients who received >2 injections vs patients who received ≤2 injections; cataract formation (24.7% vs 17.7%), cataract progression (32.0% vs 13.1%), vitreous haemorrhage (6.0% vs 2.0%), and increased IOP (24.0% vs 16.6%). **Description of selected adverse reactions: Diabetic Macular Oedema:** The clinical safety of OZURDEX in patients with diabetic macular oedema was assessed in two phase 3 randomized, double-masked, sham-controlled studies. In both studies, a total of 347 patients were randomized and received OZURDEX and 350 patients received sham. The most frequently reported adverse reactions across the entire study period in the study eye of patients who received OZURDEX were cataract and elevated IOP (see below). In the 3 year DME clinical studies, at baseline, 87% of patients with a phakic study eye treated with OZURDEX had some degree of lens opacification/ early cataract. The incidence of all observed cataract types (i.e. cataract cortical, cataract diabetic, cataract nuclear, cataract subcapsular, cataract lenticular, cataract) was 68% in OZURDEX treated patients with a phakic study eye across the 3 year studies. 59% of patients with a phakic study eye required cataract surgery by the 3 year final visit, with the majority performed in the 2nd and 3rd years. Mean IOP in the study eye at baseline was the same in both treatment groups (15.3 mmHg). The mean increase from baseline IOP did not exceed 3.2 mmHg across all visits in the OZURDEX group with the mean IOP peaking at the 1.5 month visit post-injection, and returning to approximately baseline levels by month 6 following each injection. The rate and magnitude of IOP elevation following OZURDEX treatment did not increase upon repeated injection of OZURDEX. 28% of patients treated with OZURDEX had a ≥ 10 mm Hg IOP increase from baseline at one or more visits during the study. At baseline 3% of patients required IOP-lowering medication(s). Overall, 42% of patients required IOP-lowering medications in the study eye at some stage during the 3 year studies, with the majority of these patients requiring more than one medication. Peak usage (33%) occurred during the first 12 months and remained similar from year to year. A total of 4 patients (1%) treated with OZURDEX had procedures in the study eye for the treatment of IOP elevation. One patient treated with OZURDEX required incisional surgery (trabeculectomy) to manage the steroid-induced IOP elevation, 1 patient had a trabeculectomy owing to anterior chamber fibrin blocking the aqueous outflow leading to increased IOP, 1 patient had an iridotomy for narrow angle glaucoma and 1 patient had iridectomy due to cataract surgery. No patient required removal of the implant by vitrectomy to control IOP. **BRVO/CRVO:** The clinical safety of OZURDEX in patients with macular oedema following central or branch retinal vein occlusion has been assessed in two Phase III randomised, double-masked, sham-controlled studies. A total of 427 patients were randomised to receive OZURDEX and 426 to receive sham in the two Phase III studies. A total of 401 patients (94%) randomised and treated with OZURDEX completed the initial treatment period (up to day 180). A total of 47.3% of patients experienced at least one adverse reaction. The most frequently reported adverse reactions in patients who received OZURDEX were increased intraocular pressure (24.0%) and conjunctival haemorrhage (14.7%). The adverse reaction profile for BRVO patients was similar to that observed for CRVO patients although the overall incidence of adverse reactions was higher for the subgroup of patients with CRVO. Increased intraocular pressure (IOP) with OZURDEX peaked at day 60 and returned to baseline levels by day 180. Elevations of IOP either did not require treatment or were managed with the temporary use of topical IOP-lowering medicinal products. During the initial treatment period, 0.7% (3/421) of the patients who received OZURDEX required laser or surgical procedures for management of elevated IOP in the study eye compared with 0.2% (1/423) with sham. The adverse reaction profile of 341 patients analysed following a second injection of OZURDEX, was similar to that following the first injection. A total of 54% of patients experienced at least one adverse reaction. The incidence of increased IOP (24.9%) was similar to that seen following the first injection and likewise returned to baseline by open-label day 180. The overall incidence of cataracts was higher after 1 year compared to the initial 6 months. **Uveitis:** The clinical safety of OZURDEX in patients with inflammation of the posterior segment of the eye presenting as non-infectious uveitis, has been assessed in a single, multicentre, masked, randomised study. A total of 77 patients were randomised to receive OZURDEX and 76 to receive Sham. A total of 73 patients (95%) randomised and treated with OZURDEX completed the 26-week study. The most frequently reported adverse reactions in the study eye of patients who received OZURDEX were conjunctival haemorrhage (30.3%), increased intraocular pressure (25.0%) and cataract (11.8%). **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 via the national reporting system listed in the SmPC. **MARKETING AUTHORISATION HOLDER:** AbbVie Deutschland GmbH & Co. KG, Knollstraße 67061 Ludwigshafen, Deutschland. **MARKETING AUTHORISATION NUMBER(S)** EU/1/10/638/001. **On prescription. DATE OF REVISION OF THE TEXT:** 06/2024. Detailed information on this medicinal product is available on the website of the European Medicines Agency <http://www.ema.europa.eu/>.

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

teva

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 periocular 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 (≥1/10), common (≥1/100 to <1/10), uncommon (≥1/1,000 to <1/100), rare (≥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*. *Very common:* Allergic reactions (rash, urticaria, pruritus, erythema). *Common:* Anemia. *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.eenbiiweringmelden.be-e-mail: adr@fagg.be; • and in Luxemburg 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



VAN ONE SIZE FITS ALL NAAR TAILORED CARE: TREAT & EXTEND BIJ nLMD & DME



Meer informatie &
REGISTRATIE
Scan de QR code

Sluit u aan bij onze interactieve webinar waarin we de voordelen van Treat & Extend voor patiënten met nLMD & DME verkennen. Deze sessie is geschikt voor Medische Retina Specialisten en biedt praktische tips om uw behandelingsstrategieën te optimaliseren.

Sprekers :

- Dr. Pieter-Paul Schauwvlieghe, ZNA
- Dr. Lise Sels, ZNA

Moderator :

- Dr. Marie-Isaline Romsée, UZ Leuven

GEACCREDITEERDE WEBINAR / WEBINAIRE ACCRÉDITÉ

19/03/2025

20H00 - 21H00

1
CP

IZIDOK
WATCH. LEARN. ENJOY.



Organised by Izidok & supported by Bayer

LA STRATÉGIE TREAT & EXTEND : UNE APPROCHE PERSONNALISÉE DE LA PRISE EN CHARGE DE LA DMLA ET DE L'OMD

Intervenants :

- Dr. Ann-Pascale Guagnini, Cliniques Universitaires Saint-Luc
- Dr. Edouard Duchateau, CHU de Liège

Modératrice :

- Dr. Delphine Demeestere, UZ Leuven

Rejoignez notre webinaire interactif qui explore les avantages du 'Treat & Extend' pour les patients atteints de DMLA et d'OMD. Ce webinaire s'adresse aux Ophtalmologues et Rétinologues, offrant des recommandations pratiques pour optimiser la prise en charge thérapeutiques de vos patients.

Plus d'info &
INSCRIPTION

Scannez le QR code



ENSEIGNEMENT POST-UNIVERSITAIRE D'OPHTALMOLOGIE 2024-2025

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

Début des exposés: 20 heures

Mardi 25 mars 2025

DMLA: les nouveaux traitements

Dr V. Maréchal (CHU Créteil Paris)

Mardi 20 mai 2025

Les membranes amniotiques en ophtalmologie

Pr B. Duchesne - CHU

Pr J.M. Rakic - CHU

Mardi 24 juin 2025

La microangiopathie diabétique

Dr B. Locht - CHU

Dr E. Duchateau - 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.



Réunion de printemps 2025

Le vendredi, 21 mars 2025

QUOI DE NEUF, DOCTEUR ? ---- ONCOLOGIE OCULAIRE

Hôtel TANGLA,
Avenue Emmanuel
Mounier 5
1200 Woluwé-St-Lambert



13 :30 – 14 :00 *Accueil*

SESSION 1 : QUOI DE NEUF, DOCTEUR ?

Modérateur: Prof. Laurence Postelmans

- 14:00 *Mot de bienvenue par le Président, Xavier Janssens*
- 14:05 **Pénurie de médicaments, comment arriver à bon port ?**
Laurent Levecq (CHU UCL Namur)
- 14:20 **Traitements innovants des atteintes cornéennes complexes**
Neslihan Ozturk (Cliniques Universitaires Saint-Luc, Bruxelles)
- 14:35 **Quoi de neuf en laser rétinien ?**
Dafina Draganova (CHU Brugmann, Bruxelles)
- 14:50 **Traitement de la rétinopathie du prématuré :
laser ou injections intra-vitréennes d'anti-VEGF ?**
Maxime Smets (CHR La Citadelle, Liège)
- 15:05 **Maladies inflammatoires émergentes de l'œil**
Alexandra Kozyreff (Cliniques Universitaires Saint-Luc, Bruxelles)
- 15:20 **Chirurgie de la rétine robotisée**
Fanny Nerinckx (UZ Gent, Chirec Delta)
- 15:35 **Quoi de neuf en ophtalmo-génétique ?**
Bart Leroy (UZ Gent)
- 15:50 *Assemblée générale et élections*

16:00 **Pause-café**

SESSION 2 : KEYNOTE LECTURES : ONCOLOGIE OCULAIRE

Modérateur: Prof. Antonella Boschi

- 16:30 **Am I cured yet ?**
Arun Singh (Cleveland Clinic, Ohio USA)
- 17:00 **Ocular oncology: yesterday, today, tomorrow**
Hayyam Kýratlý (Hacettepe University Hospitals, Ankara Turkey)
- 17:30 **Mélanome uvéal : rôle de l'ophtalmologue**
Paulina Bartoszek (Cliniques Universitaires Saint-Luc, Bruxelles)
- 17:45 **Immunothérapie pour le mélanome uvéal métastatique. Real data Tebentafusp**
Jean-François Baurain (Cliniques Universitaires Saint-Luc, Bruxelles)
- 18:00 **Mise à l'honneur du Professeur Patrick De Potter**
Laurent Levecq, Secrétaire SBO

ANNUAL MEETING
AMICO
2025 Clinical
Ophthalmology



.....
AOB members only
.....

JOINT MEETING:

- BGS
- BOG
- BRS
- BSA
- BSCRS
- SBO
- OBAO

**SATURDAY
MARCH 29
2025**

**VIRTUAL
CONGRESS**



www.ophtalmologia.be

Join Us for AMICO 2025

Dear Colleagues,

We are pleased to invite you to AMICO 2025, the Annual Meeting in Clinical Ophthalmology, which will take place **virtually on March 29, 2025**. This meeting brings together various ophthalmic subspecialties, offering a carefully curated program that delivers practical insights and the latest advancements relevant to your daily practice.

This joint meeting is organized in collaboration with several scientific subspecialty societies, each contributing their expertise to ensure a diverse and comprehensive program:

- BGS - Belgian Glaucoma Society
- BOG - Belgisch Oftalmologisch Gezelschap
- BRS - Belgian Retina Society
- BSA - Belgian Strabismological Association
- BSCRS - Belgian Society of Cataract and Refractive Surgeons
- SBO - Société Belge d'Ophtalmologie
- OBAO - Organisatie van Belgische Assistenten in oogheekunde /
Organisation Belge des assistants en Ophtalmologie

Accreditation has been requested, ensuring that participation in AMICO 2025 contributes meaningfully to your professional development.

We sincerely appreciate the support of all our industry partners, whose collaboration plays a vital role in making this educational event possible. This year's program also includes three industry sessions. For a full overview of our sponsors, please visit the sponsor page.

We hope you will join us for a dynamic and engaging day filled with expert discussions and clinically relevant updates.

Looking forward to welcoming you to AMICO 2025!

The AMICO Organizing committee.

Programme Overview

ROOM 1	ROOM 2
<p>BRS</p> <p>Optimizing your Retina Clinic: Sustainability, Best Practices and Management Strategies. <i>details on page 20</i></p>	<p>BGS</p> <p>Freshing up your Glaucoma skills: case-based learning <i>details on page 21</i></p>
<p>INDUSTRY SYMPOSIA : ABBVIE <i>page 27</i></p>	
<p>OBAO</p> <p>'Exotic' cases in the Belgian practice. <i>details on page 22</i></p>	<p>SBO</p> <p>What's New? <i>details on page 23</i></p>
<p>INDUSTRY SYMPOSIA : BAYER <i>page 27</i></p>	
<p>INDUSTRY SYMPOSIA : COOPERVISION <i>page 27</i></p>	
<p>BOG</p> <p>Non-Glaucomatous Optic Neuropathies: A Practical Guide for the General Ophthalmologist. <i>details on page 24</i></p>	<p>BSA</p> <p>A case to remember. <i>details on page 25</i></p>
	<p>BSCRS</p> <p>Challenging surgical video-cases in anterior segment surgery. <i>details on page 26</i></p>

.....

AOB members only

AOB Members (who paid membership fee 2025) will receive an email with the url link and login details to access AMICO 2025 one week prior to the congress.

OUR SPONSORS

We like to thank the following companies for their continuous support.



CooperVision®





Saturday 29 March 2025

09:00 - 10:30, Room 1

BRS - Belgian Retina Society

OPTIMIZING YOUR RETINA CLINIC: SUSTAINABILITY, BEST PRACTICES AND MANAGEMENT STRATEGIES

*Moderators: Werner DIRVEN, Julie DE ZAEYTIJD, Joachim VAN CALSTER,
Alexandra KOZYREFF*

- 09:00 *Welcome and Introductions by Dr. Werner Dirven*
- 09:03 **Sustainability in the injection clinic**
COPPENS G
- 09:15 **Best practice guidelines for intravitreal injections**
JACOB J, PEETERS F
- 09:30 **Management of IVI-induced endophthalmitis**
DEPLA J
- 09:42 *Discussion presenters & moderators*
- 09:57 **Guidelines for laser treatment**
DRAGANOVA D
- 10:12 **Guidelines for PDT treatment**
DE LA PORTE V
- 10:24 *Discussion presenters & moderators & wrap up*
- 10:30 *End of Session*

Saturday 29 March 2025

09:00 - 10:30, Room 2

BGS - Belgian Glaucoma Society

FRESHING UP YOUR GLAUCOMA SKILLS: CASE-BASED LEARNING

Moderators: Ingeborg STALMANS, Sophie LEMMENS

- 09:00 **Freshing up your Glaucoma skills: case-based learning - Case 1**
COLLIGNON T
- 09:15 Faculty Panel – Live Discussion
- 09:18 **Freshing up your Glaucoma skills: case-based learning - Case 2**
GELIN DE RAEYMAECKER E
- 09:33 Faculty Panel – Live Discussion
- 09:36 **Freshing up your Glaucoma skills: case-based learning - Case 3**
JANSSEN C
- 09:51 Faculty Panel – Live Discussion
- 09:54 **Freshing up your Glaucoma skills: case-based learning - Case 4**
EHONGO A
- 10:09 Faculty Panel – Live Discussion
- 10:12 **Freshing up your Glaucoma skills: case-based learning - Case 5**
DE GROOT V
- 10:27 Faculty Panel – Live Discussion
- 10:30 *End of Session.*



Saturday 29 March 2025

10:55 - 11:40, Room 1

OBAO - Organisatie van Belgische Assistenten in Oogheelkunde
Organisation Belge des Assistants en Ophtalmologie

'EXOTIC' CASES IN THE BELGIAN PRACTICE

Moderators: Willem VAN HOE, Juliette LEVIE

- 10:55 *Welcome & Introductions*
- 10:56 **A balad through the eye**
COLLEE C
- 11:06 **Title to be confirmed**
MATTHYS E
- 11:16 **An unusual case of subconjunctival swelling**
VAN ACKER G
- 11:26 **Doctor, I think I have something in my eye**
LESOINNE P
- 11:36 *Questions and Answers*
- 11:40 *End of Session*

SBO - Société Belge d'Ophtalmologie

WHAT'S NEW

Moderator: Perrine GILLARD

- 10:55 **Pénurie de médicaments: une actualité préoccupante**
LEVECQ L
- 11:10 **Maladies inflammatoires émergentes de l'œil**
KOZYREFF A
- 11:25 **Quoi de neuf en ophtalmo-génétique**
LEROY B
- 11:40 *End of Session*



Saturday 29 March 2025

12:30 - 14:00, Room 1

BOG - Belgisch Oftalmologisch Gezelschap

NON-GLAUCOMATOUS OPTIC NEUROPATHIES: A PRACTICAL GUIDE FOR THE GENERAL OPHTHALMOLOGIST

Moderators: Eric FERON

- 12:30 **The role of Optical Coherence Tomography (OCT) in neuro-ophthalmology**
 CHAPELLE A
- 13:00 **Pale optic discs: what now?**
 DE ZAEYTIJD J
- 13:30 **Functional Impairment with a Normal-Appearing Disc**
 ALSADDI M
- 14:00 *End of Session*

BSA - Belgian Strabismological Association

A CASE TO REMEMBER

Moderators: Catherine CASSIMAN, Coralie HEMPTINNE

- 12:30 *Welcome and Introductions*
- 12:31 **A case of nonsurgical consecutive exotropia following childhood esotropia**
VAN ACKER A, BROHEZ J, CARDOSO V
- 12:40 *Discussion*
- 12:42 **Post-LASIK Challenges in convergence and accommodation**
VAN AERSCHOT J
- 12:51 *Discussion*
- 12:53 **Unconventional treatment for desparate nystagmus**
VANDENBROUCKE S
- 13:02 *Discussion*
- 13:04 **A particular case of posttraumatic exotropia**
DERLUYN N
- 13:13 *Discussion*
- 13:15 *End of Session*



Saturday 29 March 2025

13:15 - 14:00, Room 2

BSCRS - Belgian Society of Cataract and Refractive Surgeons

CHALLENGING SURGICAL VIDEO-CASES IN ANTERIOR SEGMENT SURGERY

Moderators: Thierry DERVEAUX

- 13:15 *Welkom and Introductions*
- 13:16 **Different Strategies of IOL exchange**
ASSAF J
- 13:26 *Discussion*
- 13:36 **Different strategies of macrofold management**
ALSABAI N
- 13:46 *Discussion*
- 13:56 *Closing Remarks*
- 14:00 *End of Session*



Saturday 29 March 2025

The Abbvie logo, consisting of the word "abbvie" in a lowercase, sans-serif font.

10:30 - 10:50 INDUSTRY SESSION 1

Organized by Abbvie

Optimising biomarkers in DME



11:40 - 12:00 INDUSTRY SESSION 2

Organized by Bayer

**Tailored Care: the advantages of
Treat & Extend in nAMD & DME**



CooperVision®

12:05 - 12:25 INDUSTRY SESSION 3

Organized by CooperVision

Myopia Management by the numbers

European University Professors of Ophthalmology

EUPO 2025

COURSE ON

Strabismus

Saturday April 12, 2025 | 🕒 09.00-17.00 CET Time zone

VIRTUAL

COURSE DIRECTORS: Prof. Rosario Gomez de Liaño (ES) & Prof. Jan-Tjeerd de Faber (NL)

The European University Professors of Ophthalmology (EUPO) is a long-time organizer since 1988 of an annual course for European residents who train in ophthalmology. The EUPO Course is a structured learning experience with a faculty representing different regions of Europe, the topic of which rotates between subspecialties in a four year cycle. This allows residents to get a balanced overview of theoretical knowledge during their residency period.

The syllabus parallels the four viva voces in the European Board of Ophthalmology Diploma Examination, emphasizes what is new in the last four years, and includes case-based teaching experiences.

Key points

- What is new
- Zoom based
- EBO aligned
- Case-based discussions
- Interactive

Registration

Registration fee: 30 EUR

More info on "How to register" on the [EUPO website](#).

REGISTRATION IS REQUIRED!

www.eupo.eu

European University Professors of Ophthalmology

EUPO 2025



COURSE PROGRAM

Saturday April 12, 2025 | 09.00-17.00 CET Time zone

 09.00 *Welcome and Introductions by Prof. Tero Kivelä*

AMBLYOPIA AND OCULAR MOTILITY EXAMINATION

09.05-10.45

 Chairs: *de Faber Jan-Tjeerd, Lebranchu Pierre*

09.05	What is new in amblyopia treatment: Aim of treatment, dose effect, dicoptic treatment, adult treatment	<i>Lebranchu Pierre (FR)</i>
09.25	Screening strategies for amblyopia	<i>Bremond Gignac Dominique (FR)</i>
09.45	Sensorial Evaluation / tips for prisms prescriptions	<i>Flodin Sara (SW)</i>
10.00	Motor Evaluation / Clinical Case	<i>Daisy Godts (BE)</i>
10.15	Utility of MRI in Strabismus evaluation	<i>Marcon Giovanni (IT)</i>
10.30	Q&A	

 10:45 *Coffee break (30min)*

COMITANT DEVIATIONS

11.15-13.00

 Chairs: *Gomez De Liaño Rosario, Sloper John*

11.15	Acute Acquired Comitant Esotropia	<i>Balasyan Victoria (BH-RU)</i>
11.30	Different procedures to manage convergence Excess	<i>Saunte Jon Peite (DK)</i>
12.00	Intermittent Exotropia Update	<i>Sloper John (UK)</i>
12.15	Consecutive XT: Slipped and lost muscles	<i>Ciopean Daniela (RO)</i>
12.30	Sagging Eye Syndrome	<i>Nikos Kozeis (GR)</i>
12.45	Q&A	

 13.00 *Lunch (30min)*

INCOMMITANT DEVIATIONS

13.30-15.00

 Chairs: *Gomez De Liaño Rosario, Loba Piotr*

13.30	TED related strabismus	<i>Eckstein Anja (DE)</i>
13.45	Secondary and iatrogenic strabismus	<i>Loba Piotr (PL)</i>
14.00	Highly Myopic Restrictive Strabismus	<i>Jain Saurabh (UK)</i>
14.15	Congenital cranial dysinnervation disorders	<i>Salchow Daniel (DE)</i>
14.30	Brown Syndrome (CASE PRESENTATION)	<i>Rosello Noemi (ES)</i>
14.45	Q&A	

 15.00 *Coffee break (30min)*

OCM PALSIES NYSTAGMUS

15.30-17.00

 Chairs: *de Faber Jan-Tjeerd, Oliver Ehrt*

15.30	Transposition surgeries in cranial nerve palsies	<i>Seyhan B. Özkan (TR)</i>
15.45	Gaze deviations in infants	<i>Robert Matthieu (FR)</i>
16.00	Surgery for Nystagmus	<i>Ehrt Oliver (DE)</i>
16.15	Complications in Strabismus Surgery	<i>Adams Gilliam (UK)</i>
16.30	Case Presentation	<i>Branislav Stancovic (RS)</i>
16.45	Q&A	

 17.00 *Adjourned*

AM

PM



SPRING MEETING

THURSDAY 24 APRIL 2025

13:30-17:00 – UZ Leuven – Auditorium Orchidee

Updates in Paediatric Ophthalmology Screening

- **13:30 Registration**
- **14:00 Congenital CMV infection: European guidelines, screening and treatment**
Prof Dr Ina Foulon (UZ Brussel)
- **14:30 Retinoblastoma**
Dr Paulina Bartoszek (UCLouvain)
- **15:00 Current update in the screening and treatment of ROP**
Prof Dr Casteels Ingele (UZ Leuven)
- **15:30 Coffee Break**
- **16:00 Genetic screening in newborns**
Dr François Boemer (CHU Liège)
- **16:30 The Epidemiology of Refractive Error and Refractive Changes in Preschool Children in Flanders**
Dr Joseph Van Aerschot (UZ Leuven)

Followed by the general assembly

For all PEDLOW/NOC members

17:00 – 18:00



Datum Vrijdag 16 mei 2025

Tijd Aanvang 10.00,
inloop vanaf 9.00

Locatie Provinciehuis Leuven
Provincieplein 1
3010 Leuven, België

Terug naar de basis; recidief – en consecutief strabismus

PROGRAMMA

- 09:00 Inloop met koffie/thee
- 10:00 Opening ———
- 10:10 **“Volledige anamnese?”**
Pascale Cooijmans en Denise vd Linden Orthoptisten, Universitair Medisch Centrum Utrecht
- 10:30 **“Meten van de scheelzienshoek”**
Daisy Godts, Orthoptist Universitair Ziekenhuis Antwerpen
- 10:50 **“Micro’s niet te missen”**
Anne-marie Langenhorst, Orthoptist, Amsterdam Universitair Medisch Centrum
- 11:10 *Ruimte voor vragen n.a.l.v eerste 3 presentaties*
- 11:20 **“Basis motiliteitsonderzoek”**
Lien Antoons, Orthoptist, Vrije Universiteit Brussel
- 11:20 **“Sensoriek”**
Veerle Van Belinghen, Orthoptist Universitair Ziekenhuis Leuven
- 12:00 *Ruimte voor vragen / ruimte om casus te bespreken*
- 12:15 Lunch ———
- 13:45 **“Strabismus chirurgie in volle breedte in ZBC”**
Elsbeth Voskuil-Kerkhof en Michelle Egmond-Ebbeling, Oogartsen Eyescan Ede
- 14:05 **“Kahoot recidief strabismus”**
Orthoptisten Oogziekenhuis Rotterdam
- 14:25 **“Consecutief strabismus”**
Professor dr. Catherine Cassiman, Oogarts en Hilde Janssens, Orthoptist, UZ Leuven
- 14:55 **“TASCS studie”**
Tutopatch Assisted Surgery for Complex Strabismus”: Ires Verhees, Orthoptist Radboud Universitair Medisch Centrum
- 15:15 Pauze ———
- 15:45 **“Schilders en scheelzien”**
Rutger van Ruyven, oogarts, Oogziekenhuis Rotterdam
- 16:05 **Casuïstiek/A case I have learnt from:**
-16:05 Dr. Thomas Verdonck, oogarts Universitair Ziekenhuis Antwerpen
-16:15 Marike Heuveling-van Rijswijk, orthoptist, Meander Medisch Centrum
-16:25 Elsbeth van Zeeburg, oogarts Universitair Ziekenhuis Antwerpen
-16:35 Gelegenheid voor casuïstiek bespreking vanuit de zaal
- 17:00 Sluiting

**For more info
visit the website**

Recognize **red flags** of LHON

Affected male aged 15-30 with a family history of LHON¹

Fundal abnormalities, including:¹

- Optic disc hyperaemia
- Microangiopathy
- Temporal optic disc pallor
- Vascular tortuosity

Dyschromatopsia¹

Rapid, painless vision loss in one eye then the other¹

Cecocentral scotoma¹

Pseudoedema, without fluorescein leakage¹



NORMAL VISION



LHON VISION





**INVITATION
FAB MEETING**

SATURDAY 24/05/2025

Dear BRS-member and FAB-enthusiast,

We would like to invite you to join us at the next FAB-meeting.

FAB Spring meeting 2025

Venue: ZAS Cadix
Auditorium 16th floor
Kempenstraat 100, 2030 Antwerpen

Programme:

08:30 Welcome, breakfast and coffee

09:00 Case presentations

10:30 Coffee break

11:00 Case presentations

13:00 Buffet/Lunch

14:00 General Assembly BRS

The meeting is open to all BRS-members.

Looking forward to meet you at the FAB-meeting on the 24th of May.

BRS Board

Save the date !



**BSCRS
SPRING
MEETING** **2025** **SATURDAY
MAY 24**
in Bruges

**CONTROVERSIES AND INNOVATIONS
IN CATARACT AND REFRACTIVE SURGERY**
Current Approaches in Corneal Disease

Organised by

**BSCRS
BCLSO**



in collaboration with

OBAO Organisation of Belgian Residents in Ophthalmology
Be-Cornea Belgian corneal specialists

Dear Colleagues,

It is our pleasure to invite you to the **BSCRS-BCLSO Spring Meeting 2025**. The meeting will take place on Saturday, May 24, 2025, in the beautiful and historic city of Bruges at BMCC (Bruges Meeting and Convention Centre). The topic of the meeting will be **Controversies and Innovations in Cataract and Refractive Surgery – Current Approaches in Corneal Disease**.

This meeting is designed to provide a high-quality educational program, featuring scientific sessions with expert speakers. In addition to these sessions, there will be a video session on anterior segment surgery and a Scientific Posters Session, including a Best Poster Prize (a separate email will follow with the Call for Poster Abstracts). A **preliminary program** is available on the next page. The day will conclude with a Farewell Reception.

Alongside the scientific program, there will be an Industry Exhibition Area where leading companies will showcase the latest innovations and technologies in cataract, refractive, and corneal surgery.

We look forward to welcoming you to Bruges for an inspiring scientific exchange and a memorable social event.

BSCRS board

Dr. Guy Sallet - President

Dr. Benoît Golenvaux - Vice-President

Dr. Nashwan Al-Sabai - General Secretary

Prof. Dr. Marie-José Tassignon - Treasurer



PRELIMINARY PROGRAM

CLICK
HERE



REGISTER NOW

Kick off the event with the



The scientific meeting will be preceded by the BSCRS Golf Tournament on Friday, May 23, 2025, from 09:00 to 13:00, followed by lunch at the exclusive Royal Golf Club of Belgium – Ravenstein (www.rgcb.be).

Fee: €50 (includes lunch)

Golf Registration* Deadline: March 31, 2025

* Only golfers registered for the Spring Meeting can participate in the tournament.

Limited access - first come, first served.



PRELIMINARY SCIENTIFIC PROGRAMME

Controversies and Innovations in Cataract and Refractive Surgery Current Approach in Corneal Diseases

Programme directors: Dr. Bart Pion, Dr. S Ni Dhubhghaill, Dr. Guy Sallet

09:00 Welcome and Opening Remarks

Advances in Intraocular Lenses: Exploring the Future

09:05 - 10:35

09:05 **Functional classification of IOL's**

FX Crahay

09:15 **Evaluation of binocular vision in refractive surgery**

D Godts

09:20 *Discussion*

09:25 **Zonal refractive IOL**

speaker to be confirmed

09:35 **Diffraction / refractive IOL**

speaker to be confirmed

Overview of the latest innovations in diffractive lens designs, addressing depth of focus, glare reduction, and enhanced night vision.

09:45 **Spiral Profile IOL: First clinical results**

Guy Sallet

09:55 *Discussion*

Innovation in Surgical Techniques for Cataract Surgery

10:05-10:30

10:05 **Automated Lens Fragmentation FEMTOLASER**

N Al Sabai

10:15 **Aberrations: Indications for Removing Aberrations to Improve Vision**

B Pion

10:25 *Discussion*

10:30 - 11:00 *Coffee break*

Current approach in corneal diseases

11:00-12:30

Be-Cornea — S Ni Dhubhghaill & K Termote

12:30 *General assembly*

12.50-14:00 *Lunch*

BSCRS - OBAO Session

14:00-15:30

Possible Topics to be confirmed:

- Limits of Refractive Surgery
- Comparing Refractive Techniques for Presbyopia Management
- Posterior Chamber Phakic IOL (IPCL/ICL) vs Corneal Refractive Surgery (SMILE/LASIK/PRK)

15:30-16:00 *Coffee break*

VIDEO Session

16:00-17:00

Video session in anterior segment surgery in collaboration with OBAO and to be confirmed

Closing Remarks and Future Perspectives – Chairperson

17:00 *Farewell reception*



7-9 June 2025 Lisbon, Portugal

A Multi-Specialty in-person meeting, delivering a world class scientific programme. Offering symposia, YO sessions, workshops, live surgery, debates, mystery cases and updates on all topics.

[Register Now](#)

[ISOT Abstract Submission](#)



INNOVATIONS & CONTROVERSES

Marseille Ophtalmologie :
Nouveautés en Thérapeutique
et Imagerie

COMITÉ D'ORGANISATION

Julien COMBES

Alban COMET

John CONRATH

François DEVIN

Amélie DORNADIN

Stephan FAUQUIER

Pierre GASCON

Thierry MALET

Frédéric MATONTI

Christophe MOREL

Bruno MORIN

Géraldine PINTO

Hélène PROUST

Pascal ROZOT



VENDREDI | SAMEDI

13 | 14 JUIN

2025 Palais du Pharo,
MARSEILLE

Les inscriptions
sont ouvertes !

Inscrivez-vous en ligne
et retrouvez toutes les informations
sur www.congresmontimarseille.fr

Scannez pour
vous inscrire !



Information : inscription-monti@europa-organisation.com

Manama

courses

overview program

2025-2027

2025	June 21, 2025	Oculoplastics	UAntwerp
2025	December 13, 2025	Genetic	UGent

2026	March 14, 2026	Vitreoretinal diseases	KULeuven
------	----------------	------------------------	----------

2027	June 19, 2027	Glaucoma	KULeuven
------	---------------	----------	----------

www.opthalmologia.be




Master after Master course organized by the
Collegium Ophthalmologicum Belgica

Oculoplastic, Orbital and Lacrimal diseases and surgery

Saturday, 21 June 2025 - 09:00 - 14:45

Venue: UAntwerp

Organizers and Moderators: prof. dr. Carina Koppen & dr. Jordy Goemaere

PRELIMINARY PROGRAM:

08.30 Registration
09.00 Opening remarks

Oculoplastic diseases and surgery

09.05 - 09.30 Eyelid malpositions – Prof. Dr Veva De Groot, ZAS Cadix
09.35 - 10.00 Congenital and acquired ptosis – TBD
10.05 - 10.30 Urgencies in oculoplastic surgery – Dr Sofie Caen, ZAS Cadix

10.35 - 11.00 Coffee break

11.05 - 11.30 Topic TBD – Dr Jaroslaw Kusmierczyk, UZ Leuven
11.35 - 12.00 Eyelid tumors and reconstructive options – Dr Jordy Goemaere, UZA
12.05 - 12.30 Principles of oculoplastic surgery, Dr Gaël XHAUFLAIRE, CHU Liège

12.35 - 13.15 Lunch

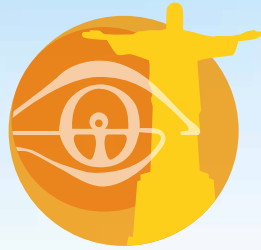
Orbital diseases

13.15 - 13.40 Graves Orbitopathy, Prof Dr Lelio Baldeschi, UCL CU Saint-Luc
13.45 - 14.10 Orbital infections and inflammation, TBD

Lacrimal diseases and surgery

14.15 - 14.45 Congenital and acquired lacrimal diseases, TBD

INTERNATIONAL OCULAR INFLAMMATION SOCIETY



IOIS
CONGRESS **2025**

**World's Largest Assembly
on Ocular Inflammation!**

JUNE 25-28, 2025
RIO DE JANEIRO • BRAZIL

Come and Join Us!



SCAN ME
for more congress info

www.iois.info



INFO

What's Happening ?

Congresses - meetings - courses - ...

CALENDAR

CONGRESS CALENDAR

21	March	2025	SBO Réunion de printemps Hôtel TANGLA, Avenue Emmanuel Mounier 5 , 1200 Woluwé-St-Lambert ▶ https://ophtanet.be/ Session 1: Quoi de neuf Docteur ? Session 2: Oncologie oculaire Mise à l'honneur du Pr Patrick De Potter Horaire: 14 – 18 h
25	March	2025	Enseignement post-universitaire d'ophtalmologie Château de Colonster: Allée des Erables, 4000 Liège DMLA: les nouveaux traitements Dr V. Maréchal (CHU Créteil Paris) Conférences organisées par le Service d'Ophtalmologie de l'Université de Liège Début des exposés : 20 heures
29	March	2025	AMICO 2025, Annual Meeting in Clinical Ophthalmology Virtual AMICO - Annual Meeting in Clinical Ophthalmology Joint Meeting of the AOB Societies
12	April	2025	EUPO 2025 Course: Strabismus Online Course ▶ https://www.eupo.eu/page.php?edi_id=1 EUPO Course Invitation for residents Become a better future ophthalmologists and pass easier the EBO Diploma Examination. The EUPO Course is a structured learning experience with a faculty representing different regions of Europe, the topic of which rotates between subspecialties in a four year cycle. This allows residents to get a balanced overview of theoretical knowledge during their residency period. The syllabus parallels the four viva voces in the European Board of Ophthalmology Diploma Examination, emphasizes what is new in the last four years, and includes case-based teaching experiences.
24	April	2025	PedLowNoc - Spring Meeting UZ Leuven - Auditorium Orchidee ▶ https://www.ophtalmologia.be/image.php?ima_id=1108 Updates in Paediatric Ophthalmology Screening
4-8	May	2025	ARVO 2025 Austin, USA ▶ www.arvo.org
16	May	2025	Donders Gezelschap - Consecutief scheelzien, terug naar de basis Leuven, België ▶ https://dondersgezelschap.nl/
20	May	2025	Enseignement post-universitaire d'ophtalmologie Château de Colonster: Allée des Erables, 4000 Liège Les membranes amniotiques en ophtalmologie Pr B. Duchesne - CHU Pr J.M. Rakic - CHU Conférences organisées par le Service d'Ophtalmologie de l'Université de Liège Début des exposés : 20 heures

24	May	2025	<p>BSCRS-BCLSO / Be-Cornea / OBAO Spring Meeting 2025 BMCC - Brugge Venue: Bruges Meeting & Convention Centre ▶ View Program</p>
24	May	2025	<p>FAB Spring Meeting 2025 ZAS CADIX Auditorium Kempenstraat 100 - Antwerpen</p>
7-9	June	2025	<p>SOE 2025 Lisbon, Portugal - Lisbon Congress Centre (CCL) ▶ https://soe2025.soevision.org/ Multi-Specialty Ophthalmic Meeting for general and specialist Ophthalmologists</p>
24	June	2025	<p>Enseignement post-universitaire d'ophtalmologie Château de Colonster: Allée des Erables, 4000 Liège La microangiopathie diabétique Dr B. Loch - CHU Dr E. Duchateau - CHU</p> <p>Conférences organisées par le Service d'Ophtalmologie de l'Université de Liège Début des exposés : 20 heures</p>
25-28	June	2025	<p>IOIS 2025 - Congress of the International Ocular Inflammation Society Rio de Janeiro, Brazil ▶ https://www.iois.info/page.php?edi_id=1 World's Largest Assembly on Ocular Inflammation 18th meeting of the International Ocular Inflammation Society 8th International Assembly of Ocular Inflammation Societies in conjunction with the Brazilian Uveitis Society (SBU) >> SAVE THE DATE</p>
25-28	September	2025	<p>123. Congress of the DOG Estrel Berlin, Sonnenallee 225, 12057 Berlin ▶ https://dog-kongress.de/</p>
26-28	November	2025	<p>OB 2025 SQUARE, Brussels Meeting Center</p>
26-29	June	2026	<p>WOC 2026 - World Ophthalmology Congress Prague, Czech Republic ▶ https://icoph.org/</p>
25-27	November	2026	<p>OB 2026 SQUARE, Brussels Meeting Center</p>
24-26	November	2027	<p>OB 2027 SQUARE, Brussels Meeting Center</p>



INFO

**KLEINE
AANKONDIGINGEN**

PETITES ANNONCES

26/2/2025

Rwanda Charity Eye Hospital is looking for ophthalmologists!

We are looking for ophthalmologists! The charity eye hospital offers several long-term paid positions (salary based on local standards), and short-term volunteer ophthalmologists are welcome to join at no cost. Free accommodation is provided!

Contact: Ivo De Clerck or Piet Noë

ivo.declerck@uzleuven.be

pietnoe@gmail.com

10/2/2025

Vacature Oogarts in De Pinte

Wij zoeken een enthousiaste collega oogarts voor ons team in De Pinte. Onze drukke praktijk barst uit haar voegen en heeft nood aan versterking. We zijn blij om eind 2025 te verhuizen naar een ruime nieuwbouw die ook jouw aangename werkplek kan worden.

Wat bieden wij?

- Je kan volgens persoonlijke interesses een eigen carrière uitbouwen in een onafhankelijke oogartsenpraktijk.
- Je werkt in een comfortabele consultatieruimte in het centrum van De Pinte, vlakbij Gent, in een groene omgeving, met parkeergelegenheid en dicht bij openbaar vervoer, E17 en E40.
- Onze ruimtes zijn optimaal uitgerust voor technische onderzoeken en kleine ingrepen (OCT, fluo Clarus 700, Pentacam HR, IOLmaster, 700, endotheelteller, retinale laser, yag laser, yag vitreolyse, SLT...)
- Je kan rekenen op een ervaren medisch secretariaat en technische assistentie.
- Je hebt mogelijkheid tot voorsegmentchirurgie (zowel intra- als extramuraal). Je kan hiertoe ook opgeleid worden binnen ons team.

Wie zoeken wij?

We zoeken een erkend arts-specialist in de oftalmologie, pas/bijna afgestudeerd of ervaren, chirurg of (nog) niet, voltijds of deeltijds, met een toekomstgerichte en toegewijde ingesteldheid voor optimale zorg en een goede communicatie met patiënten, medewerkers en collega's.

Interesse? We ontvangen je graag voor een verkennend gesprek!

Bel of mail naar dr. Bruno Vincke.

Tel: +32497469653

drvincke@oogartsendepinte.be

10/2/2025

Fellowship Cataractchirurgie

Ons Fellowship Cataract focust op de verschillende aspecten van het cataracttraject om u te laten groeien als oogarts en chirurg, gedurende een periode van een half jaar tot een jaar.

Studeert u binnenkort af als oogarts? Bent u een gedreven en flexibele teamspeler met goede communicatieve vaardigheden en oog voor de patiënt? Wil u zich graag verder bekwamen in cataractchirurgie? Aarzel dan niet u aan ons voor te stellen.

Het Fellowship Cataract wordt toegepast op uw chirurgische ervaring onder de vorm van een basis- of ervaringstraject onder supervisie van Dr. Patricia Casaer.

Bezorg ons uw curriculum vitae, een aanbevelingsbrief en uw vraag tot toelating aan het fellowprogramma via mail.

patricia.casaer@oogpraktijk.be of fellow@newvision.be

Tel: 014490616

6/2/2025

Glaucoma specialist

Are you an ophthalmologist and passionate about glaucoma? Come and join the ophthalmology team at CHU Brugmann!

Medical and surgical care of glaucoma patients thanks to state-of-the-art equipment, technical assistance and access to the one-day clinic.

Supervision of doctors in training and participation in academic and sponsored clinical trials.

Friendly and dynamic team that has maintained a family character, covers all subspecialties of ophthalmology and whose areas of expertise are medical retina, inflammatory pathologies and visual rehabilitation.

Available full-time with an employee or self-employed contract.

KLEINE AANKONDIGINGEN / PETITES ANNONCES

For more information, please contact Dr. Postelmans, head of department.

Tel: +32(0)2 477 24 07

SecretariatOphthalmologie@chu-brugmann.be

3/2/2025

Stageplaats in "Functionele en professionele visuele revalidatie"

Een stageplaats in "Functionele en professionele visuele revalidatie" voor een oogarts is beschikbaar, halftime gedurende 4 jaren of fulltime gedurende 2 jaren, binnen de afdeling oogheelkunde van het UVC Brugmann (FRC Horus).

Voor meer informatie kunt u contact opnemen met Dr. Postelmans, diensthoofd.

Tel: +32(0)2 477 24 07

SecretariatOphthalmologie@chu-brugmann.be

26/1/2025

Oogartsen praktijk over nemen Geel Centrum

Bestaande en succesvolle Praktijk in centrum Geel op termijn met interessante voorwaarden over te nemen. U kan aan de slag gaan in een volledig uitgeruste Praktijk met twee consultatie ruimten en volledig Up to date apparaturen:(Refractometer-Tono,IOL Master 700 Zeiss,HFA GV Perimeter Zeiss,Yag en Argon Combilaser Zeiss,Fundus Camera Zeiss,OCT,Endotheel cell teller).

Er is ondersteuning van twee secretaresses en een Technisch opthalmologisch assistent(TOA).

Aangenomen worden in ST.Dimpna Ziekenhuis Geel voor chirurgische activiteiten kan gegarandeerd worden.

Bent U de enthousiaste Collega en wil wat meer weten, neem dan contact op.

Tel: 0473-235923

H.Rasouli@Telenet.be

22/1/2025

Colleague wanted

We are a young team of 5 ophthalmologists reinforced by a team of optometrists, orthoptist and a strong medical secretariat. Equipped with high-end technical equipment and an operating theatre, we can offer our patients everything.

Now we are looking for a colleague ophthalmologist to strengthen our team.

Take a look at our website >> <https://www.oogkliniekbrugge.be/> and be sure to let us know if you are interested or have any questions.

Steven, Charlotte, Stéphanie, Siska and Michiel.

Tel: 0467 057493 - Steven.renier@gmail.com

Tel: 0468 162403 - Charlotterenier@gmail.com

22/1/2025

Vacature voor oogarts in regio ZW Vlaanderen

Om ons team van vijf oogartsen te versterken is het Oogartsencentrum ZW-Vlaanderen en Kortrijk-West op zoek naar een gemotiveerde oogarts-collega.

Onze oogartsenpraktijk is een bloeiende en steeds verder groeiende praktijk met een sterk team van Vijf oogartsen en gespecialiseerd personeel om al onze patiënten de beste zorg te bieden. Wij bieden zorg aan op twee locaties in Harelbeke en Kortrijk/Bissegem.

Wij bieden:

- Unieke opleidingsmogelijkheid in je eigen interessedomeinen
- Ultra moderne en hoogtechnologische infrastructuur met 2 volledig uitgeruste operatieruimten, SLT-laser en een volledig technisch platform (OCT, fluo, Yag, IOL master, pentacam; Itrace ;Eidon Wide field camera; ivt-ruimte, gezichtsveld,...)
- Sterk team van gespecialiseerd ondersteunend personeel om elke oogarts in optimale omstandigheden te ondersteunen, assistentie door verpleegkundigen, orthoptiste en medische secretariaat
- Toegang tot het grote netwerk van oogartsen binnen de oogartsengroep Signifeye, waartoe ons oogartsencentrum behoort
- Zeer aantrekkelijk vergoedingsmodel met bijkomende (vrijblijvende) mogelijkheid tot participatie in de oogartsengroep Signifeye

Welke collega zoeken wij?

- Je bent een erkend arts-specialist in de oftalmologie.
- Zowel chirurgische als niet –chirurgische profielen zijn welkom
- Je bent leergierig en je wil jezelf (verder) bekwalimen.
- Je bent empathisch en beschikt over goede communicatieve vaardigheden
- Je fungeert als een goede collega in het huidige team van de vijf oogartsen én je kan ook heel goed zelfstandig werken.

Spreekt deze unieke opportuniteit je aan? Aarzel dan niet contact op te nemen met dr. Frank Kesteloot (frank.kesteloot@oogartsencentrum.be) of met clinic manager Saartje Dewulf (saartje.dewulf@oogartsencentrum.be). Wij kijken ernaar uit je beter te leren kennen.

Dr. Frank Kesteloot
Oogartsencentrum ZW Vlaanderen + Kortrijk -West
Frank.kesteloot@oogartsencentrum.be

22/1/2025

Cherche ophtalmologue pour un cabinet à Malmedy

Le centre d'ophtalmologie BARBRY cherche un(e) ophtalmologue dynamique pour renforcer son équipe.

Cabinet full équipé (CV, OCT, biométrie, laser YAG/SLT, pentacam, échoB, microscope endothélial, 3 cabinets de consultations) avec secrétaires et orthoptiste pour aide lors des consultations.
Patientèle adorable et région magnifique :-)

Tel: 0476/253948
dominique.barbry@skynet.be

19/1/2025

Materiaal te koop

Voor het project "Eye for Zambia" verkoop ik materiaal.
Materiaal verkeert in uitmuntende esthetische en functionele staat

- Nidek CP690 met voet indien gewenst: 1000E
- Nidek ARK-520A: 5000E
- Halogeen BQ-900: 14000E
- Meerdere fundoscopie lenzen en Laser lenzen

Contact via mail

dr.riems@gmail.com
Tel: 0470452959

18/1/2025

Deeltijdse oogarts gezocht

Wij zoeken een collega oogarts voor mijn praktijk te Landen.

Wij kijken uit naar iemand die een opdracht van 2 a 3 dagen per week wil invullen.

De dagen worden in onderling overleg bepaald.

Jouw taak zal voornamelijk raadplegingsgebonden activiteiten omvatten ,laser en chirurgie is mogelijk .

Je komt terecht in een praktijk met een moderne infrastructuur (OCT, IOLmaster, Laser, Ellmann, Medische Retina, ed), waar je op vele vlakken hulp krijgt van een ervaren medische secretaresse.

Lijkt dit wat voor jou, en wil je wat meer weten? Bel ons dan gerust op 011/88.63.80 of op 0475/82.39.39, en dit elke werkdag tijdens de kantooruren tussen 9u en 15u30.

U mag ons ook steeds mailen op oa_moriena@hotmail.com.

Tot weldra!

Dr. Moriën Annick

Tel: 0475/823939 of 011/886380
annick.morien@telenet.be

4/1/2025

Maternity replacement on Thursday April-May-June 2025

Wanted : replacement 1 day a week on Thursdays for busy consultation during April-May-June 2024 due to pregnancy.

Very favourable remuneration.

Goes Eye Centre

Tel: 0497170360
frankjr@goes.be

Rejoignez un cabinet d'ophtalmologie ultramoderne et innovant à Namur (Wepion).

Rejoignez un cabinet d'ophtalmologie ultramoderne et innovant à Namur (Wepion).

La Clinique du Bois de la Vecquée recherche des ophtalmologues dynamiques pour renforcer son équipe. Que vous soyez médical, chirurgical ou médico /chirurgical, nous offrons un environnement de travail optimal et des conditions avantageuses pour développer votre pratique.

Pourquoi nous rejoindre ?

- Plateau technique de pointe :
- Bloc opératoire ultramoderne avec anesthésiste attitré.
- Équipements haut de gamme pour consultations : champs visuels x2, OCT et fluo angiographie heidelberg, lasers YAG/SLT/Argon, spéculaire, biomètre avec Verion, Pentacam, IPL pour la sécheresse oculaire, et bien plus.
- Cadre de travail optimal :
- Un environnement professionnel et convivial à la pointe de l'innovation.
- Une patientèle bien établie et en croissance continue.

Conditions flexibles et attractives :

- Collaboration adaptée à vos disponibilités et intérêts (consultations et/ou chirurgie).
- Rémunération compétitive et infrastructure clé en main.

Envie d'en savoir plus ?

Tel: 081/355668

Ophtaju@gmail.com

www.cdbv.be