



Moscow Helmholtz Research Institute  
of Eye Diseases



Association of  
European Ocularists

# 10<sup>th</sup> Congress of the Association of European Ocularists

Moscow, 2-3 October 2017



## Welcome to the 10<sup>th</sup> Congress of the Association of European Ocularists

We are pleased to welcome you at the 10 Congress of the Association of European Ocularists (AEO) in Moscow, Russia! It is a great honor for us to hold it at the All-Russian Ophthalmology Forum (AROF-2017).

The topic of this year is **“Eyes to eyes without borders”**.

The aim of the Congress is to bring together those involved in the industry: ophthalmologists, ocularists and oculoplastic surgeons, to spread the knowledge, share the experience and focus on team-work to provide the best results for our patients.

This year all attendees are very welcome to visit the Center of Ocular Prosthetics and participate in a “My Secrets” competition. It’s a unique opportunity to share your techniques with colleagues from different countries and get some new experience!

**Organizing committee of the AEO Congress – 2017.**



**Ludmila A. Katargina**  
*(Moscow, Russia)*

**katargina@igb.ru**

MD, Professor, Honored Doctor of Russia, has the highest category as an ophthalmologist. The Chief Pediatric Ophthalmologist at the Ministry of Health of the Russian Federation, Deputy Director of Research and Head of Eye pathology in children Department at Moscow Helmholtz Research Institute of Eye Diseases.

**Interests:** the whole spectrum of congenital and acquired eye diseases in children, system of ophthalmological care for children. Graduated with a Doctor's Degree in "Endogenous uveitis in young children. Clinical, functional and immunological features, prevention and treatment of complications" in 1992.

Author and co-author of more than 250 scientific papers, including 7 monographs, 13 patents for invention. As the Chief Pediatric Ophthalmologist at the Ministry of Health of the Russian Federation and a member of a number of specialized commissions she does a great job in organizing children's ophthalmological care in Russia, takes part in a development of modern high-tech methods of diagnosis and treatment, their introduction into practice.

**Robin Brammar**  
*(Wilmslow Cheshire, UK)*

**artificialeyes@btconnect.com**

A Founder Member of the Institute of Ocular Prosthetics, a Founder Member of the Association of European Ocularists and a Founder Member of the Association of British Ocularists, a Diplomate of the American Society of Ocularists.

**Interests:** facial prosthetics, Intraorbital and osseointegrated implant procedure, skull plates, splints, implant design and fabrication and orthognathic planning.

Has a great practice with the oral, orthodontic, neurological, and ENT surgical teams dealing with severe facial and cranial trauma and disease cases. Has published number of papers and lectured both in the UK and internationally on ocular prosthetics. Has trained many ocularists and now continues training programs and is a mentor for fledgling ocularist's practices in other countries. In 1982 set up own practice for both private and NHS patients. In 1996 opened practice in Dublin and in 2006 in Durham.

**History of The Association of European Ocularists**

In 1998 Robin Brammar was the Principal Ocularist at Manchester Royal Eye Hospital and the Head of the Department of Ocular Prosthetics. He took part in the meeting of the American Society of Ocularists and was inspired by its' success. He's got an idea to make European Society and looking for connection approximately 50 letters of invitation were mailed to European Ocularists. Only two Ocularists namely Erica Groet from Den Hague, Holland and Fedra Siniora from Athens, Greece showed interest. It was decided to meet regardless of the poor response and in 1999 this tiny group gathered togeth-



er in Manchester, England. At that meeting they decided that they would form an association despite their small number.

It was decided that at each subsequent meeting (to be titled “congress”) volunteers would be solicited from Ocularist attendees from the different European countries represented to organise and host subsequent congresses. Nominations and volunteers to host would be voted upon. The next organiser/host selected would then become the president of the AEO and remain president until the next congress ended and then the whole process would start again. It was generally felt among the attendees that a period of two years should elapse between congresses to allow time for adequate planning.

It was further agreed that there would not be a membership as such, rather a list of delegates that would be passed on by each outgoing president to the new president and congress organiser.

In those early years there was a great deal of suspicion among some of the European ocularists. This meeting together to exchange ideas and share techniques was a foreign concept. However, in time the inevitable professional suspicion of those early years was proven to be unfounded. Those who support the AEO now realize that it is less likely that a competitor will attempt to steal another’s work and livelihood if the two have become friends. Any perceived competition was laid aside with the development of the mutual respect formed by these relationships.

The European Association of Ocularists has endured and has continued to grow steadily in numbers. One reason for its success, so far, has been due in part to this informality. It is perceived to be more of a club.

The initial plan was that this ethos would help encourage new Ocularists to attend the congresses without placing demands upon them or expecting anything more of them than their attendance in the hope that once comfortable and without coercion or intimidation they would slowly wish to participate in the free exchange of ideas and information.

Looking forward to the future there is a hope to see a time when a trainee ocularist supplements their training in Ocularistry by training with other established Ocularists anywhere in Europe, in effect a practice of “swapping” respective trainees for an agreed period. This would enable each trainee to hone their skills in another environment and learn alternative techniques and practices before they would be considered fully trained. This would prove to be a benefit for all and especially for the patients and their families who rely on the ocularist to help rehabilitate and restore them to their former selves.

The field of Ocularistry may see the time when the Association of European Ocularists and the American Society of Ocularists come together, the idea of a Pan European Standard may be another step in advancing the field of Ocularistry.

A list of years, locations and hosts.

YEAR	LOCATION	HOST
2000	Manchester UK	Robin Brammar
2001	Cyprus, Greece	Fedra Siniora
2003	Amsterdam, Holland	Erica Groet
2005	Madrid, Spain	Guillermo Ocampo
2007	Malmo, Sweden	Martin Johnson
2009	Toulouse, France	Christine Fernandez
2011	Den Hague, Holland	Axel Franken
2013	Weisbaden, Germany	Jan Muller-Uri
2015	Manchester, UK	Robin Brammar



**Richard Collin**  
(London, UK)

**richard.collin@btopenworld.com**

Professor of ophthalmology at UCL, University of London and a consultant surgeon at Moorfields Eye Hospital.

**Interests:** ophthalmology, oculoplastic surgery, ocular prosthetics.

Past president of both the British and European Ophthalmic Plastic and Reconstructive Surgery Societies, a member of the Editorial Board of Orbit and Clinical and Experimental Ophthalmology and is a member of various national and international ophthalmology and oculoplastic surgery societies.

The author of 3 textbooks, more than 20 named lectures and over 200 articles as well as various book chapters on oculoplastic subjects. He continues in active practice and enjoys teaching, operating and exploring new oculoplastic management regimes.

### Anophthalmic Socket: Surgery and/or Prosthetics

An anophthalmic socket simply means a socket without an eye. It is usually a term reserved for a congenital abnormality but can also be a term for acquired loss of an eye e.g. after enucleation or evisceration. In congenital anophthalmos there is often a small remnant of an eye present and hence it is better referred to as clinical congenital anophthalmos.

The causes of clinical congenital anophthalmos can be considered as genetic and/or environmental and are often thought to be a mixture of both.

The management of the clinical congenital anophthalmic socket is first to assess the child for any other congenital abnormalities and then to look for any possible congenital or environmental causes which will involve family history and possible genetic testing. The practical management depends on

trying to expand the socket lining, the lids and orbital bones as effectively and quickly as possible as the whole development of the facial skeleton depends on developing the socket and lids. Various expanders have been tried, including increasing sizes of acrylic shapes, hydrophilic expanders, balloon implants and bony and soft tissue surgery.

A regime of fitting a series of gradually enlarging personalised shapes followed by dermis fat grafting in a series of young children has been presented by a group from Rome which currently shows the most successful results.

### Current Challenges and Advances in Oculoplastic Surgery

Ophthalmic plastic surgery covers a wide range of topics including paediatric eyelid malformations, eyelid malpositions, corneal exposure problems, tumours, lacrimal drainage problems, orbital and socket surgery.

The areas, which often involve prosthetics fitting, are in the management of congenital upper lid colobomas, where conformers help with the correction of upper fornix adhesions and symblepharon. Conformers etc. are also valuable in the creation of eyelids in patients with cryptophthalmos and in the treatment of lid retraction and corneal exposure problems.

Tumours classically are best treated by excision and repair of the defect. While this is still a very effective means of controlling tumours many now respond to different approaches dependent on a better understanding of the cellular pathophysiology and genetics. Examples include treating haemangiomas with beta blockers, correcting basal cell carcinomas with PTCH gene inhibitors such as Ergototinib and squamous cell carcinomas with Cetuximab and other epidermal growth factor inhibitors. Rhabdomyosarcomas used to be treated with exenteration but can now be controlled with targeted chemotherapy and radiotherapy, thereby avoiding the disfiguring surgery of exenteration and producing much longer life expectancy. Primary acquired melanosis can often be controlled, at least for periods of time, with Interferon. Lymphangiomas can be controlled with intralesional sclerosing agents due to the advances in radiology which allow accurate intralesional injections to be made.

The current challenges and advances in ophthalmic plastic surgery have largely been made by a better understanding of the cellular pathophysiology, genetics and causes of the abnormalities. The challenge is therefore to try and control the cause of the abnormality and to avoid having to do surgery altogether.



**Irina A. Filatova**  
(Moscow, Russia)

Filatova13@yandex.ru

The Lead Research Scientist and Chief of The Department of Plastic Surgery and Eye's Prosthetics at Moscow Helmholtz Research Institute of Eye Diseases.

**Interests:** ocular trauma, oculoplastis, ocular prosthetics. PhD on the subject of "The application of carbon implants in plastic ophthalmic surgery", 1994. MD degree in "The system of surgical rehabilitation of patients with anophthalmos", 2001; full member of ESOPRS since 2011.

The chairwoman of the Expert Council on Ophthalmic Plastic Surgery of Association of Ophthalmologists of Russia, 2016.

The author of textbooks, named lectures and number of articles as well as various book chapters on oculoplastic subjects.



**Marina P. Kharlampidi**  
(Moscow, Russia)

PhD, the Head Doctor at Moscow Helmholtz Research Institute of Eye Diseases.

**Elena N. Verigo**  
(Moscow, Russia)

MD, Professor, ophthalmologist at Moscow Helmholtz Research Institute of Eye Diseases.

**Interests:** treatment of the consequences of heavy eyeball's trauma, eye prosthetics, rehabilitation.



### History and organization of ocular prosthetic services in the Russian Federation and at Moscow Helmholtz Research Institute of Eye Diseases

Filatova I.A., Kharlampidi M.P., Verigo E.N.

The All-Union Scientific and Methodological Center for Eye Prosthetics was founded in 1977 and based in the Department of Traumatology of the Scientific Research Institute of Eye Diseases named after Helmholtz. Since 1989 its functions were performed by the Laboratory of Ocular Prosthetics Department of Traumatology, Reconstructive Surgery and Ocular Prosthetics. Professor Rosa A. Gundorova was the Head of the Center. The goals of the Center were to provide the methodological base of all activities, to manage the institutes of ophthalmology and medical institutions and provide ophthalmic surgical reconstructive assistance of orbit and adnexa, as well as to manage laboratories and offices performing individual ocular prosthetics all over the country. The Center provided medical advice, coordination of research, introduced the new methods of diagnosis, treatment and rehabilitation of patients with anophthalmia, developed modern devices, materials, surgical instruments for use in cosmetic eye surgery, improved the methods of ocular prosthetics in congenital anophthalmia and microphthalmia, as well as provided training for ophthalmic surgeons, oculoplastic surgeons and ocularists.

At the root of this problem were such scientists and doctors as Coghlan A.A., Gundorova R.A., Morozov V.I., Morozova O.D., Druyanova Y.S. Then the work was continued by Verigo E.N., Kataev M.G., Filatova I.A., Bykov V.P., Khar-

lampidi M.P. Now the laboratory is renamed into the Department of Plastic Surgery and Eye Prosthetics, the department is headed by Irina A. Filatova, MD.

The Department has an office, where prosthetics could be performed using various types of eye prostheses: glass and plastic, standard and complex forms. Ocular prostheses are provided for patients with anophthalmia in early and long post-surgery period. It is important to cooperate with plastic surgeons in the selection of prostheses for the surgical procedure. The use of eye prostheses immediately after the surgery improves the effect of functional and cosmetic results in the future.

The prosthetics is also provided for patients with subatrophy of the eyeball. In this group, prosthetics is completed by regular examinations and immunological blood tests to avoid eye tissue sensibilization.

Another group of patients are children with congenital pathology: congenital anophthalmia and microphthalmia, anophthalmia after eye removal because of retinoblastoma and other tumors. In congenital cases prosthetics are used from the early (1 month) age with frequent replacement with larger prostheses to prevent asymmetry of the face. For this purpose there are sets of microprostheses of increasing size and various forms which are used until it becomes possible to manufacture customized prostheses.

An important area of the Department work is education. The patients are taught to care about artificial eyes. Doctors are enrolled in a special course "Eye Prosthetics". Lectures are also given by the department staff members, including for residents and graduate students.

The Ocular Prosthetics Office is an important structural subdivision of the Department of Plastic Surgery and Ocular Prosthetics, and its work is aimed at improving the quality of rehabilitation of patients in need of ocular prosthetics, their social and work adaptation in the society.

## **The basic areas, problems and prospects of ocular prosthetics services in the Russian Federation**

**Filatova I., Kharlampidi M., Verigo E.**

Enucleation and evisceration (eye removal) ranged from 1% to 4% of all ophthalmic surgeries in cases of severe trauma, inflammatory processes, absolute glaucoma, tumors. In the past 10-15 years the number of such cases in Russia has decreased from 8000 a year (2000) to 5000-6000 (2010-2016). The number of people with anophthalmos has also decreased in the past decade.

Eye prosthetics is the important part of social, medical and psychological rehabilitation of patients with an anophthalmos. The primary prosthetics should be applied immediately after the removal of the eye (on the surgical table) or within 1-7 days in the early post-surgery period and with the aim to form the socket with standard eye prosthesis. After the reduction of the post-surgical edema ready-made (standard) forms could be used for staged prosthetics with gradually increasing and changing the size and shape of the prosthesis. After 3-6 months individual prosthetics can be performed.

In Russia standard forms are performed in the private offices of eye prosthetics, which are mostly located at the various medical institutions. However, there are 15 laboratories in Russia, where eye prostheses are manufactured. The main manufacturer of eye prostheses in the Russian Federation is the Center of Ocular Prosthetics, where the mass production of standard eye prostheses and the production of individual eye prostheses made of glass and plastic takes place. The Center is also developing and improving the production according to the modern standards.

The problem is that the patients from the remote areas of our country or with a low standard of living, don't apply for replacement of the prosthesis when it's necessary, which often leads to various complications including the impossibility to use an artificial eye. In the long term, more attention should be paid to the organization of eye prosthetics offices in medical institutions, especially where eye removal and other reconstructive surgeries are performed.

It is important to upgrade the skills of ophthalmologists, especially at the first level of medical care (polyclinics) to provide emergency assistance. Training of medical staff should include basic knowledge of ocular prosthetics: time of replacement, hygiene of the socket and basic manipulations with artificial eye to avoid the complications.

The specialists from different regions working with this category of patients should undergo training in Eye Prosthesis at the Federal centers.

It's necessary to revise and upgrade training programs for ophthalmologists and ocularists, create guidelines with standards of work for eye prosthetics offices, laboratories and their medical staff, add the appropriate information in the "Order of management of eye, adnexa and orbit diseases" and in medical insurance.



**Rudolf Friedrich Guthoff**  
(Rostock, Germany)

rudolf.guthoff@med.uni-rostock.de

MD, Senior Professor Rostock University, University Eye Department.

**Interests:** orbital and adnexal diseases, ophthalmoplastic surgery, neuroradiology  
Member of the "German Academy of Sciences/Deutsche Akademie der Naturforscher Leopoldina". Chairman of the Section "International Ophthalmology" of the German Ophthalmological Society (DOG).

## Two aspects of the oculists art: Recreating ocular pathology – historical considerations and creating optimal motility transmission – present challenges

Guthoff R.F., Schubert D., Lammel H.-U.

Oculoplastic surgeons mostly takes the skills and the experience of ocularists as granted without having much direct contact in daily practice.

The attention should be paid to two topics where a closer cooperation between those two groups of professionals has stimulated fruitful work with outstanding results for education on the one side and benefit for the patients on the other.

At first is a description of the history and the manufacturing of a collection of glass made artificial eyes representing a wide spectrum of eye pathology from the early 19th century. There is one example with 116 items in the historic collection of the Rostock University Eye Department.

Second part is a demonstration of the results of present close interaction with ocularists to improve the aesthetics of patients following enucleation surgery. The stimuli of the ocularists had a considerable influence on the surgical techniques not only to substitute orbital volume adequately by various surgical techniques implanting autoplasmic or alloplastic materials, but also take care of good motility transmission to the artificial eye by optimal configurations of the upper and lower fornices.

**Gerald Greiner**  
(Hannover, Germany)

info@greiner-sohn.eu

Ocularist.

**Interests:** ocular prosthetics (glass & acrylic)  
Started ocularistic training in 1985.  
Since four generations the Greiner family works with innovative ideas for the patients.  
Prefers to combine traditional and modern techniques, using tools like digital camera, 3d-scanner and computer, but always focused on the patient. Works with glass as well as acrylic.



## The eye-prosthesis and its influence on the eye-socket and orbit

Demonstration of cases with different sockets. Stepped prosthesis is using for wide the fornices with patience. "Step by step" tactic is a lifelong treatment individual in each case.



**Geelen Paul**  
(West Perth, Australia)

paul@geelen.com.au

Has twenty seven years experience working as an ocularist. He has been a visiting consultant at Moorfields Eye Hospital Dubai since 2008 while managing his private clinic in Perth, Western Australia.

**Interests:** ocular prosthetics, management & training of ocular prosthetics.  
The Founder of the Ocularist Association of Australia.  
Co-authored of a patient resource book “A Different Perspective – Your Guide to Eye Loss and Recovery”.

## Psychological Aspects of Eye loss

The prospect of losing an eye can be frightening and overwhelming.

Patients have lot of questions:

- Will it be painful?
- What will I look like?
- Will I be able to work?
- Will I be able to drive?
- How is this going to affect my relationships?

Patients are often pushed through the health system and managing the psychological wellbeing of the patient becomes the responsibility of the ocularist.

What can we as ocularists do to help our patients through this difficult time?

**Fausto R. Bernal**  
(Loja, Ecuador)

consulta@procuber.com.ec

Ophthalmologist, ocularist, Director of the Center. FNAO. Dr. Honoris Causa in Health, Master in Public Health IOCIM.

**Interests:** ocular prosthetics, contact lenses, optometry.

The main interest is new technologies and materials for artificial eye. Perform the treatment of Plasma in Ocular Prosthesis since 2014.

Perform ocular prosthetics in Latin America.

Winner of 2010 Award “Prize to the medal by achievement for a better life” (Buenos Aires, Argentina), for the academic career and master lecture on pediatric ocular prosthesis.

Author of number of publications and lectures both national and international level.



## Ocular Protheses with Plasma Treatment and the Results. «Because it increases softness and moisture improves comfort, repels bacteria and avoids proteins adhesion.»

In recent years, there has been great progress in understanding the phenomenon of polymer surface and development in the theoretical description. The polymeric materials have unique properties such as low density, low weight, high flexibility and are widely used in various sectors. In particular the electrical and optical properties of the polymers have been widely investigated due to their recent applications in optical devices. Determinations of the optical constants such as refractive index and extinction coefficient are important for optical applications. Moreover, the refractive index and the optical band are fundamental parameters of an optical material because they are closely related to electronic properties of the material.

The PMMA (polymethylmethacrylate) is an important and interesting polymer for being attractive in both physical and optical properties, which

are decisive at the time of application. Plasma treatments are used to improve the properties of polymers in wettability, printability, sealability and adhesion, as well as for better resistance to mechanical failure of the polymer. These treatments are also used to deposit thin polymer films on the surface of polymers. Plasma treatments applied to the surfaces of prosthetic eyes and ocular implants offer exceptional benefits. Definitely improves and increases the comfort for the patient because it adds softness, increases moisturization, repels protein adhesion and decreases bacterial pro

**liferation.** Because all these reasons, PROCUBER has developed and investigated plasma processes and polymerization on acrylics; only high quality materials are used in the production of our ocular prosthesis. The results have been amazing and enormous benefits to patients.

This treatment on ocular prostheses, ocular implants, conformers and scleralcorneal prosthesis is the result obtained after four years of hard work and dedication. Thus PROCUBER, with our cabinet of production and fitting of ocular prostheses, located in the beautiful city of Loja, Ecuador, with over 30 years of experience, conducted by Dr. Fausto Bernal, Ocularista and Optometrist, member of several associations belonging the specialty, congressman and speaker at various meetings of national and international. Awarded "Distinction for Excellence in Health Research" Buenos Aires, Argentina 2010 and recently honored with the "Doctor Honoris Causa and Master in Public Health" Award, Cancun, Mexico 2014, combines the efforts to make its contributions to the area of research and technology of new materials and methods for achievements and developments in the field of science of vision and ocular health of our entire community.

**William Hank Freund**  
*(Linwood, New Jersey, U.S.A.)*

**hank@freundbrothers.com**

Board Certified Ocularist (BCO), USA

**Interests:** ocular prosthetics.

In 1976 became the proprietor of the business that was started by his grandfather and great uncle in 1898. Hank obtained certification from the National Examining Board of Ocularists in 2010 and the Diploma from the American Society of Ocularists in 2016.



**Sclearal Shells: Shimming for Success**

Sclearal Shells are an important component of an Ocularists' practice.

There are many approaches and techniques that can be utilized when making a sclearal shell. This presentation will review some of these techniques and the presenter will demonstrate his preferred technique when making sclearal shells.



**Sachin Gupta**  
(New Delhi, India)

sachin.opt@gmail.com

BCO, M.Opt, FAES

Master in Optometry & Visual Science from NIMS University in India.

**Interests:** optometry, ocular and facial prosthetics, surgical templates, Bio Models and 3D modeling & fabrication of facial prosthesis.

Perform training programs and workshops at the faculty in India Vision Institute, Amity University (Gurgaon) and the eye hospital "LVPEI" as a Head of orbital prosthetic department. He has trained many ophthalmologists in India, Pakistan, Nigeria, Palestine, Iran etc. Has published a number of papers and lectured both nationally and internationally on ocular prosthetics. In 2010 set up his own oculoprosthesis lab in New Delhi with satellite branches in other metro cities in India. Works closely in collaboration with Oculoplastic, Plastic, Onco and ENT surgeons to deal with traumatic and cancer patients.

The founder of "National Artificial Eye Services" in India. The Founder Member & Secretary of Ocularist Society of India and conducted India's first historical meet in 2014 in New Delhi. Was awarded with Board Certified Ocularist by NEBO, USA in 2016.

## Managing Pediatric Patients with Disfigured Eye

A child with a disfigured eye not only has distressing psychological effect on the family but is also a problem that affects development of the orbit, lids and socket. Congenital conditions like Microphthalmos, which is a small, rudimentary eye resulting from incomplete closure of the embryonic fissure, affects the facial symmetry.

Early socket stimulation is crucial for management of pediatric patients with disfigured eye by non-surgical means using progressive enlarging conformer. Management of such cases is difficult and sometimes unrewarding but the use of ocular prosthesis in such cases, even in severe ones, is useful and effective. Early intervention is the most important factor.

Each kid is special and need special attention and extra care. It is important to provide them comfortable environment during their ophthalmologist visit. We should consider that our pediatric patients are going to have a life long relationship with their Ophthalmologist. Maintaining these relationships is a vital part of our practice.

## How to make Hollow Prosthesis

There are several conditions where the patient presents with large volume defect in the eye. Ideally the volume should be replaced by orbital implant, dermis fat graft etc followed by custom prosthesis. Due to severe fibrosis, scarring, poor blood supply in the related area or shortening of tissue and conjunctiva, it is not safe to plan another surgery to replace the volume defect. In such cases when we take the impression of eye socket; it comes out large and heavy. If we make and fit heavy prosthesis in such compromised socket there are chances to have further socket complications like lower lid laxity, ectropion etc. To avoid such complications hollow ocular prosthesis is a good option. In this the size of the prosthesis remains same according to the impression but due to hollowness inside, it becomes very light in weight to carry in the eye socket.



**Alisa Barash**  
*(Gomel, Belarus)*

[alissa.barash@mail.ru](mailto:alissa.barash@mail.ru)

Ophthalmologist at Gomel Eye Microsurgery Centre of Healthcare Establishment “Gomel Regional Specialized Clinical Hospital”. PhD student at the Department of Public Health and Healthcare of Gomel State Medical University Educational Institution.

**Interests:** ocular prosthetics, healthcare organization. PhD on the subject of “Organizational and clinical grounds of rehabilitation of patients with anophthalmic socket”.

Has work experience on the subject of her thesis at Moorfields Eye Hospital, London (UK), Beijing Traditional Chinese Medicine Research Institute, Beijing (China). The results of the research were published in scientific papers, among others in the journals included in the list of the State Commission for Academic Degrees and Titles of Belarus, as well as reported at both republican and international academic and research conferences.

Winner of research paper competitions among young scientists, an award holder of the Special Fund of the President of the Republic of Belarus for the social support to gifted students, a winner of the annual award from Gomel Regional Executive Committee for support of the most talented young scientists and specialists.

**Grigorii Malinovskii**  
*(Gomel, Belarus)*

MD, Professor of the Department of Ophthalmology of Belarusian Medical Postgraduate Academy Educational Institution.



---

**Tamara Sharshakova**  
*(Gomel, Belarus)*

MD, Professor, Head of the Department of Public Health and Healthcare of Gomel State Medical University Educational Institution.



---

**Vladimir Kotovich**  
*(Gomel, Belarus)*

Chief Expert in management of public health in Ophthalmology in Gomel Region. Chief of the department of Gomel Eye Microsurgery Centre of Gomel Regional Specialized Clinical Hospital Healthcare Institution.



## Medical and social aspects of rehabilitation of patients with anophthalmos when studying their quality of life

The main goal of the trial was to investigate different aspects of ocular prosthetics and suggest a solution for organizational issues in rehabilitation of patients with an eye socket syndrome to provide more effective results. Organizational, legal and social aspects of rehabilitation of patients with an eye socket syndrome were studied. SF-36 questionnaire was used to assess their quality of life (QL). SF-36 includes 8 scales: physical functioning, physical role functioning, pain, general health perceptions, viability, social role functioning, emotional role functioning, mental health.

System of rehabilitation of patients with an eye socket syndrome was developed. A new technique of formation of an eye socket for ocular prosthesis followed by evisceration was developed. A positive formal expertise result was received from the Eurasian Patent Organization for the new method "Technique of formation of an eye socket for ocular prosthesis followed by evisceration".

The loss of the eye for various reasons is a severe physical and psychological injury for the person, especially women and children. Adaptation of the person deprived of an eye to the environment becomes considerably more complicated, the possibility of choice of occupation is limited, professional skills are often lost. Besides the existence of a cosmetic defect, the disabling pathology, the existence of associated diseases, the unfavorable relations at work and home, the loss of professional skills, impossibility of the employment or the irrational employment are the factors considerably influencing QL of people with anophthalmos. It demonstrates the high importance of the influence of the given pathology for patients on the spheres of activity, their social status and self-esteem.

The obtained data can be considered as "targets" or "points of application" for psychotherapeutic influence in the course of medical and social rehabilitation for each patient individually.

To increase the efficiency of rehabilitation of those who have ocular prosthetics and for the solution of a wide range of the problems of psychological and social nature arising in connection with enucleation/an evisceration and having an artificial eye, it is reasonable to combine medical treatment with the methods of psychological correction and psychotherapy.

## Dilshodkhoja Kh. Khodjaev (Tashkent, Uzbekistan)

astigmatical\_dh@mail.ru

PhD, Ophthalmologist, Oculoplastic & Orbital Surgeon Assistant Professor of the Department of Ophthalmology of Tashkent Institute of Post-graduate Medical Education, Tashkent. Head of the Ophthalmoplastic and Reconstructive Surgery Branch "SHIFO NUR-KO'Z" LLC (Private Clinic), Tashkent.



**Interests:** oculoplastic surgery, ophthalmocology and radiology, dacryology, strabismology, ocular prosthetics. PhD on the subject of "Improvement of the Methods of Surgical Treatment of Eyelids".

A professional ophthalmologist surgeon with more than 11 years of clinical experience, knows modern methods of surgical treatment of congenital and posttraumatic deformities of adnexa of the visual organ such as: upper eyelid ptosis, strabismus, Endonasal Dacryocysto Rhinostomy (DCR) of chronic dacryocystitis, enucleation of the eyeball with the formation of stump, rehabilitation of people with anophthalmic syndrome, performed more than 5000 surgeries.

Has a number of publications and 2 patents.

## Ophthalmologist and ophthalmologist. Working together

Using the example of several patients, we would like to show the feasibility of interaction between ophthalmoplastic surgery and the ophthalmologists. It is necessary, from the first stages of work with each patient with an anophthalmos, to develop a clear (if necessary – step-wise) strategy of surgical treatment aimed at achieving the main goal – the formation of functionally full conjunctival vaults and musculoskeletal stump. This is especially important when working with patients who have suffered injuries of soft and bony tissues of the orbit.



**Viktor V. Shklyaruk**  
*(Moscow, Russia)*

**doc-vikt@ya.ru**

PhD. The Assistant of the Department of Eye Diseases of the Medical Institute, People's Friendship University of Russia, Moscow, Chief Ophthalmologist of the Center of Ocular Prosthetics.

**Interests:** ophthalmology, ocular trauma, ocular prosthetics, contact lenses.

Performs a training program for students and residents of the Department of Eye Diseases of the Medical Institute, continues clinical practice and scientific work at the Center of Ocular Prosthetics.

Has published a number of papers and lectured both domestically and internationally on ocular prosthetics.

---



**Timur M. Balikoev**  
*(Moscow, Russia)*

PhD, Ophthalmologist and Ocularist at the Center of Ocular Prosthetics.

**Interests:** ophthalmology, ocular trauma, ocular prosthetics, contact lenses.

Has a wide experience with complicated cases in children.

**Ludmila D. Kuzina**  
*(Moscow, Russia)*

Ophthalmologist and Ocularist, Center of Ocular Prosthetics.

**Interests:** ocular prosthetics.

One of the most experienced specialists in ocular prosthetics in Russia. Started her professional experience in 1972.

---



**Ekaterina A. Perfilieva**  
*(Moscow, Russia)*

**catherine\_perfilieva@yahoo.com**

Ophthalmologist, ophthalmic surgeon.

**Interests:** ocular prosthetics, optometry and contact lenses, cataract and refractive surgery, health care system. After graduation in 2011 began her work with ocular prosthesis based in the Center of Ocular Prosthetics (Moscow, Russia). At the moment as a Professional Relation Specialist in Bausch+Lomb Vision Care Division performs training programs for ophthalmologists and optometrists, continues scientific work in the Center of Ocular Prosthetics and clinical practice in the Dr.Kurenkov's Eye Clinic. Has published a number of papers and lectured both domestically and internationally on ocular prosthetics and contact lenses. Member of the International Association of Contact Lens Educators (IACLE), Russian Society of Cataract and Refractive Surgery (RSCRS). In 2015 in Manchester, when Russia was chosen as the next host country for the Congress, was assigned as a Vice-President of European Association of Ocularists for 2015-2017 by a new deputy President of European Association of Ocularists Irina Sirotkina (2015-2017).





**Mikhail A. Frolov**  
*(Moscow, Russia)*

MD, Professor, the Head of the Department of Eye Diseases of the Medical Institute, People's Friendship University of Russia, Moscow, Head of the Ophthalmological Clinic of People's Friendship University of Russia, Moscow.

**Interests:** ophthalmology, cataract surgery. Performs a training program for students and residents of the Department of Eye Diseases of the Medical Institute. Author of a number of papers. Have lectured both domestically and internationally.

### History, specifics and manufacturing technology of ocular prosthesis in Russia

**Shklyaruk V.V., Balikoev T.M., Kuzina L.D., Perfilyeva E.A., Frolov M.A.**

The history of ocular prosthetics in Russia is closely connected with the Center of Ocular Prosthetics (CAE Co. Ltd), which is the oldest company in Russia that creates prostheses of the most intricate and fragile human organ – the eye. It was founded in June 1943, by an order of the Council of People's Commissars as the Moscow Eye Prosthesis Factory. It was the industry pioneer in the Soviet Union.

Today the Center is the leader in eye prosthetics, and offers the following services: individual eye prostheses made from glass and polymers fitting a ready-made prosthetic eye out of 5,000 available positions, restoration and polishing of the clients' prostheses, as well as a wide list of services by ophthalmologists (ocularists), all of whom are board certified physicians and hold a doctoral degree in medicine, identification of the existing problems and contribution to the solution of these problems and also introduction of the aspects of eye prostheses manufacture from glass and plastic in the Center.

There is also a research department, where scientists work hard to improve the quality of the materials and techniques of manufacturing – glass and plastic. In collaboration with ophthalmologists of the Center they test all solutions to find the best care solution for the hygiene of the prosthesis and the socket. All ocularists of the Center keep in touch with oculoplastic surgeons all over the country to provide the best results for the patients.

### Ocular prosthetics in children. Experience with standard sets

**Perfilieva E.A., Shklyaruk V.V., Sirotkina I.A., Balikoev T.M., Kuzina L.D.**

Ocular prosthesis is an integral part of medical, social and psychological rehabilitation of patients with anophthalmia, microphthalmia and subatrophy of the eyeball. Efficiency of ocular prosthetics is an important medical and social problem.

The tactic of prosthesis is based on the specifics of the pathology.

In cases of the removal of the eye for various reasons (trauma, severe inflammations, glaucoma, tumors) for more effective functional rehabilitation the conformer should be placed in the socket immediately after the surgery to make it form properly and prevent deformation. It is also important to develop the surgical standards to remove the eyeball with the correct formation of eye socket.

In cases of ocular tumors, it is difficult to get a good cosmetic effect for the prosthesis because of tissue damage and orbital deformation caused by aggressive surgery and using x-ray therapy. Patients with post-oncological anophthalmia should not remove the prosthesis from the socket for more than 15-20 minutes, because of the risk of rapid tissue deformation (reduction of fornices).

In cases of subatrophy of the eyeball immunological test should be carried out to prevent a risk of sympathetic ophthalmia. There could be some problems with adaptation to the prosthesis because of the high sensitivity of the cornea. It requires some time.

The tactic in cases of congenital anophthalmia and microphthalmia depend on the stage of tissues hypoplasia. It is very important to choose the right

time to start the prosthetics because the growth of facial part of the cranium and soft tissues is related to it.

When working with children, it is very important to change the prosthesis in proper time to provide normal growth of facial part of the cranium and prevent deformation of orbit. The staged prosthetics can lead to a good cosmetic and functional result.

Patients with anophthalmia, microphthalmia and subatrophy of the eye, living in regions where there is no prosthetic institutions need to develop specific rehabilitation measures, which they may take at the place of residence. For these cases a set of ready-made (standard) prostheses can be given to a patient. The patient could be monitored by a local ophthalmologist or ocularist (e.g. via Skype). It is necessary to expand the network of ocular prosthetics in Russia, providing the patients with a sufficient amount of standard prostheses made of glass and plastic.

A great attention should be paid to the hygiene of the prosthesis and the socket. With children, it is the responsibility of their parents, even if a child can do it himself, it is necessary to control the process.

Proper prosthetics helps the child to avoid a psychological trauma and become an active member of the society.

## Stanislav L. Zavadsky

*(Minsk, Belarus)*

[contlenses@gmail.com](mailto:contlenses@gmail.com)

Ophthalmologist, ocularist, Head of the Laboratory of Contact Correction at a private medical company.

**Interests:** contact lenses, ocular prosthetics, ectoprosthesis.

In 1994 founded a company – LLC Contact Lenses and in 1996 – the Laboratory of Eye Prosthetics. In 1999, the products manufactured by the laboratory were registered by the Ministry of Health of Belarus. In 2014 the company was divided between the owners and now the eye prosthetics laboratory is operated by a private company Contact Lenses Plus, which produces all kinds of plastic eye prostheses, including prostheses, replacing the lost tissues of the eyelids and adjacent parts of the face (usually called “ectoprosthesis”).



## A device for obtaining information about the environment by absolutely blind people with the absence or atrophy of one or both eyes

The instruction on the definition of groups of disabilities, despite all the reservations, had certain reasons to exist in the USSR, otherwise it would not last for so many years. According to this instruction a person needs outside help if his visual acuity is not more than 0.03 or the field of view is less than 10 degrees in diameter. At large values of acuity and field of vision, it was recognized that a person with a visual impairment can do without outside help. Accordingly, with the help of devices that perform information processing and transmit this information, the user will have at least such resolution values and the above-mentioned viewing angle (field of view) in order to save the blind person from the need for external assistance.

Studies have shown that an absolutely healthy eye with normal eyesight being artificially immobilized becomes blind and remains so until its movement resumes. Accordingly, for its work, it is necessary to have motion (change of direction) of the field of view of the instruments.

There is a propose a return to the analysis of the brightness of surrounding blind objects in the visible part of the spectrum as the main source of information about the environment (currently, ultrasound echolocation is preferred). As an additional source of information, a laser range finder can be used to detect steps (pavement curbs) as a supplement to the proposed device.

Each of the experts in ophthalmic prosthetics used in practical work the safety of a part of the visual analyzer, namely the nuclei of the oculomotor nerves, the nerves themselves and the oculomotor muscles, to achieve the maximum cosmetic effect of the eye prosthesis movement. It was suggested to register the movement of the eye prosthesis (or, possibly, the ophthalmic implant) to control the proposed device.

The current state of the element base in microelectronics allows placing a suitable chip, an antenna and (if necessary) a power source directly in the eye prosthesis. At the same time the price of the used computer as “raspberry” is at \$85 and all the necessary elements do not exceed \$20, which makes the proposed device affordable.

The device consists of two individually units manufactured by the Eye Prosthetics Laboratory and a portable personal computer with a main power source (battery).

In block 1 (attached to eyeglasses) there is a video camera and reader with an antenna, allowing to receive visual information and after processing through a laptop computer, transmit to a transponder installed inside the eye prosthesis (Block 2). The transfer of information from block 1 to block 2 is carried out via the NFC protocol (ISO / IEC 15693, ISO / IEC 18000-3) at a frequency of 13.56 MHz. The transmission of information from the block 2 to the user is made by means of threshold electrical impulses on the mucous covering the stump of the eyeball.

Internal technical (bench) tests confirmed the operability of the device.

For this device, an application to the Ministry of Health of Belarus to register the device as a regular modification of our eye prostheses as well as patent application was submitted.

## **Jelmer Remmers** *(Amsterdam, Netherlands)*

**j.s.remmers@live.nl**

Bachelor of Engineering, Researcher in the University Medical Center Amsterdam (VUmc/AMC).

**Interests:** ocular prosthetics, Human Kinetic Technology.  
Ocularist since 2010.



---

## **Dyonne Tabitha Hartong** *(Amsterdam, Netherlands)*

**d.hartong@vumc.nl**

MD, Clinical consultant for oculoplastic and orbital disease in the Department of Ophthalmology, University Medical Center Amsterdam (VUmc/AMC).

**Interests:** oculoplastic and orbital surgery, retinal genetics.  
Get awards “Retina Nederland Stimuleringsprijs” (2009) and “Dondersprijs” (2012).  
Member of Dutch Orbital Society (DOS) and European Society of Ophthalmic Plastic and Reconstructive Surgery (ESOPRS).



## Conformer treatment for the initial phase of severe microphthalmia and anophthalmia using serial printed 3D PMMA conformers to increase facial symmetry and to prepare the socket for adequate prosthetic wear

Jelmer Remmers, Dyonne Hartong

The focus is on the treatment of patients with congenital microphthalmos and anophthalmos. All patients are seen by a multidisciplinary team of an ophthalmologist, radiologist, and clinical geneticist. For severe microphthalmia and anophthalmia the work was aimed for an easy applicable and save method in the early development of the child to prepare the socket for future prosthesis wear. Were used 3D printed PMMA conformers that mimic the calculated natural growth curve of the healthy eye. In addition the conformers gradually change in their model to aim for adjustment of the socket for adequate prosthetic placement. The conformers are printed in multiple increasing sizes, and may be exchanged every other week by the parents in their home environment. We regularly check the symmetry of the horizontal palpebral aperture (using a ruler) and the bony orbital growth (using ultrasonography) and it is able to get satisfying results using this method.

## Prof. Ernst R. Muldashev (Ufa, Russia)

Prof. Ernst R. Muldashev is the general director of FGBU Russian Eye and Plastic Surgery of the Ministry of Health of the Russian Federation; author of more than 80 papers on ophthalmoreconstructive surgery using biomaterials; the leading surgeon of the Center, with a wide surgical experience.



---

## Prof. Venera U. Galimova (Ufa, Russia)

Prof. Venera U. Galimova is the First Deputy General Director; ophthalmologist of the highest category, ophthalmologist, ophthalmic surgeon.



---

## Victor A. Rizhov (Ufa, Russia)

Victor A. Rizhov has a PhD in Medical Sciences; works in FGBU Russian Eye and Plastic Surgery of the Ministry of Health of the Russian Federation; an author of the special design of a fragment of the ocular prosthesis (pupil), which allows improving the appearance of the ocular prosthesis. Manufacturing such prosthesis allows improving the quality of life of patients with anophthalmos.





**Irina A. Sirotkina**  
(Chelyabinsk, Russia)

okoris@yandex.ru

PhD, ophthalmologist, oculoplastic surgeon, ocularist.

**Interests:** ocular trauma, oculoplastic surgery, ocular prosthetics. PhD on the subject of “The formation of musculoskeletal stump of an eyeball with combined biomaterials Alloplant” (2005).

Possesses a wide experience in making artificial eyes at FGBU Russian Eye and Plastic Surgery of the Ministry of Health of the Russian Federation (Ufa city), which is headed by Prof. Ernst R. Muldashev. Founded the laboratory of eye prosthesis in Chelyabisk in 2002.

Participated in the first world congress of eye prosthetists in Australia in 2010.

In 2015 in Manchester was chosen to be a host for the next Congress of European Association of Ocularists and assigned as a President of the European Association of Ocularists for 2015-2017.

### Timeless prosthetics. What's the result?

**Prof. Ernst R. Muldashev, Prof. Venera U. Galimova,  
Victor A. Rizhov, Irina A. Sirotkina**

Untimely primary prosthetics and / or untimely replacement of the eye prosthesis cause complications that are difficult to treat conservatively, and which sometimes require surgical treatment.

In ordinary use the surface of the eye prosthesis gradually wears out and begins to irritate the conjunctival cavity, sometimes imperceptibly for the patient. The reaction of socket to the prosthesis is chronic inflammation as it is a foreign body. This leads to a delay in the evacuation of microorga-

nisms and various foreign bodies (sand, dust) from the conjunctival cavity, reducing the supply of underlying tissues and deformation of the conjunctival cavity.

Chronic inflammatory processes of the conjunctiva in anophthalmous provoke irreversible changes in the tissues of the conjunctival cavity: scars, adhesions, granulations, conjunctival cysts, constriction, and contraction of conjunctival vaults.

To obtain and maintain a satisfactory result of eye prosthetics, it is necessary to fulfill the recommended terms of primary prosthetics and routine replacements of eye prostheses, observe hygiene rules and use eye drops to moisten, lubricate and disinfect eye prostheses. In case of inflammatory processes in the conjunctival cavity local etiotropic therapy should be performed. After severe burns and irradiation of orbital tissues, patients should alternately use two prostheses of identical shape and size, and never leave the cavity without a prosthesis, even during hygiene procedures.



**Emily Geelen**  
(Perth, Australia)

[emily@geelen.com.au](mailto:emily@geelen.com.au)

Ocularist in the third generation. Has been working with her Father Paul and Auntie Jenny for the past 6 years.

Currently is the Secretary of the Ocularists Association of Australia and is the coordinator for the upcoming international conference being held in Australia 2018.



**Phaedra Siniora**  
(Elliniko, Greece)

[info@siniora.gr](mailto:info@siniora.gr)

Chief Ocularist at Siniora Ocular Prosthetics in Athens and its branches in the island of Crete and Cyprus. Chief Ocularist and founder of the prosthetic Department at St. John Ophthalmic Hospital in Jerusalem, Israel.

**Interests:** congenital anophthalmia and microphthalmia, facial prosthesis, retinoblastoma.

Perform manufacture and fit custom made Artificial Eyes, Cosmetic Shells and Haptic Lenses. Volunteered to participate in a 15 year project from 1993 until 2008, offering her voluntary work and support, fitting Ocular Prosthesis to children who had undergone war trauma and severe bullet injuries in Gaza strip, Palestine.

A lecturer and has a number of papers and posters, and participating in many ophthalmology and optometry meetings.

In 2000 was one of the five founders of the Association of European Ocularists (AEO).

**Trevor Dorahy**  
(Brisbane, Australia)

[tdorahy@ozemail.com.au](mailto:tdorahy@ozemail.com.au)

Ocularist.

**Interests:** ocular prosthetics.

Has been an Ocularist for 41 years in the States of Queensland and New South Wales Australia. Was trained by his uncle who lost an eye many years ago. As they both had engineering backgrounds, they researched and invented new techniques in the manufacturing of an ocular prosthetics.

Has American and Australian patents on a few of his eyes and has attended fifteen ASO conferences in North America and six AEO Conferences in Europe.

Organised the first international Ocularist conference on the Gold Coast in Australia in 2010 with his wife Faith.





**Kuldeep Raizada**  
*(Hyderabad, India)*

**ocularist@gmail.com**

PhD, Clinical Ocularist & Anaplastologist; Board Certified Ocularist (BCO), USA; Board Approved Diplomat Ocularist, American Society of Ocularist, USA (BADO); Director International Anaplastology Association, USA; National Advisory Board Member, Strategic Planning, USA (NEBO); Director International Prosthetic Eye Center.

**Interests:** optometry, anaplastology, ocular and facial prosthesis (particularly in pediatric patients). Research interests lie in newer advancement in development of new types of prosthesis, newer solution for ptosis corrective glasses. The Founder and Director of the International Prosthetic Eye Center since 2010, where he is practicing since 2010.

Dr. Raizada has been recognized by the American Society of Ocularist, USA and American Anaplastology Association, USA and by several other professional organizations, for his excellence in research and clinical practice. Dr. Raizada is Visiting faculty in numerous universities & colleges around the Globe, and also hold important position at International Anaplastology Association, USA as Director. Has a global positions as advisor for Global Cancer Foundation, USA, Director at Ophthalmic Prosthetic Inc, Houston, USA, Global CEO & Chairman At Akriti Group.

At present is a reviewer of several journals like Contact Lens & Anterior Eye, International Journal of Anaplastology, Oculoplasty & Reconstructive Surgery (OPRS) and many others. He has published and presented world widely.

**Vladimir V. Pepeliaev**  
*(Perm, Russia)*

**glazoprotezist@ya.ru**

Ocularist.

Studied and practiced in the Laboratory of Eye Prosthetics based in Perm Regional Clinical Hospital. Had specialization in the Center of Eye Prosthetics in Moscow. Has been working as an artist and a prosthesis doctor since 1999. Visited the Ural Eye Prosthetics Center for experience exchange in 2015.





**Lea Kemppinen**  
(Helsinki, Finland)

[silmaproteesit@welho.com](mailto:silmaproteesit@welho.com)

Working in Silmäproteesit Lehto & Sohlberg since 2015.



**Valentina V. Karukina**  
(Chelyabinsk, Russia)

[raduchka1@yandex.ru](mailto:raduchka1@yandex.ru)

Ocularist.

Graduated from South Ural State University in 2008 with specialization in engineering and technologies of light industry. Works in the Ural Laboratory of Eye Prosthetics since 2009. The sphere of her work is manufacturing of individual eye prosthetics.



**Nicholas Puls**  
(London – UK)

[Nicholas.Puls@ Moorfields.nhs.uk](mailto:Nicholas.Puls@ Moorfields.nhs.uk)

Ocularist.

## Organizing committee of the AEO Congress – 2017

### 1. Association of European Ocularists

**Irina A. Sirotkina**, President AOE 2015-2017  
[okoris@yandex.ru](mailto:okoris@yandex.ru)

**Ekaterina A. Perfilieva**, vice-President AOE 2015-2017  
[catherine\\_perfilieva@yahoo.com](mailto:catherine_perfilieva@yahoo.com)

### 2. Moscow Helmholtz Research institute of Eye Diseases

**Vladimir V. Neroev**, the director, prof., MD, corresponding member of the Russian Academy of Sciences

### 3. Chairwoman of the Expert Council on Ophthalmic Plastic Surgery of Association of Ophthalmologists in Russia

**Irina A. Filatova**, MD, the Lead Research Scientist and Chief of The Department of plastic surgery and eye's prosthetics in Moscow Helmholtz Research Institute of Eye Diseases  
[filatova13@yandex.ru](mailto:filatova13@yandex.ru)

### 4. The Center of Ocular Prosthetics

**Anton A. Tuchin**, CEO  
[4613372@mail.ru](mailto:4613372@mail.ru)

### 5. Ural Center of Ocular Prosthetics “Okoris”

**Irina A. Sirotkina**, CEO  
[okoris@yandex.ru](mailto:okoris@yandex.ru)

### 6. “FOCOS” Laboratory

**Aleksey V. Tuchin**, CEO  
[cgp@bk.ru](mailto:cgp@bk.ru)

### 7. The information partner

<http://www.organum-visus.com/>



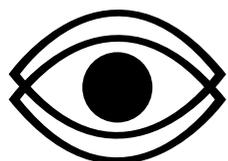
Moscow Helmholtz Research Institute of Eye Diseases



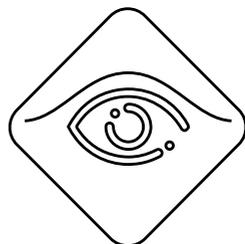
Общероссийская общественная организация  
**АССОЦИАЦИЯ ВРАЧЕЙ-ОФТАЛЬМОЛОГОВ**



ОБЩЕРОССИЙСКАЯ ОБЩЕСТВЕННАЯ ОРГАНИЗАЦИЯ  
**«АССОЦИАЦИЯ ВРАЧЕЙ-ОФТАЛЬМОЛОГОВ»**  
ЭКСПЕРТНЫЙ СОВЕТ  
ПО ОФТАЛЬМОПЛАСТИЧЕСКОЙ ХИРУРГИИ



ЦЕНТР ГЛАЗНОГО  
ПРОТЕЗИРОВАНИЯ



Updated 11. September 2017

130 Attendants

PARTICIPANT		COUNTRY	CITY
1	2	2	3
Altona	Gail	South Africa	Tzaneen
Altona	Desmond	South Africa	Tzaneen
Balescu	Horatio	Romania	Timisoara
Baldursson	Stefan	Denmark	Copenhagen
Bernal	Fausto	Ecuador	Loja
Bittl	Thomas	Germany	Munich
Beckman Berglund	Emelie	Sweden	Malmö
Bradley	Anne	UK	London
Bruckner	Elmar	Germany	Stuttgart
Collin	Richard	UK	London
Dempsey	Faith	Australia	Brisbane
Dorahy	Trevor	Australia	Brisbane
Ilkka	Kai	Finland	Oulu
Isojarvi	Jyrki	Finland	Rovaniemi
Feil	Rahel	Germany	Stuttgart
Franken	Axel	Netherlands	Hague
Friel	Timothy	USA	Bethesda
Freund	William	USA	Linwood
Flettner	Benjamin	Germany	Wiesbaden
Geelen	Emily	Australia	West Perth
Geelen	Paul	Australia	West Perth

1		2	3
Giucoane	Mihaela	Romania	Timisoara
Gotschin	Lidia	Suriname	Parimbo
Gorywoda	Lennard	Germany	Wiesbaden
Greiner	Gerald	Germany	Hannover
Greiner	Ute	Germany	Hannover
Groet	Erica	Netherlands	Hague
Gupta	Sachin	India	New Delhi
Guthof	Karen	Germany	Rostok
Guthof	Rudolf	Germany	Rostok
Hartong	Dyonne	Netherland	Amsterdam
Hirschmann	Mauritz	Germany	Wiesbaden
Hofmann	Curtis	Ecuador	Loja
Johansson	Eva	Sweden	Stockholm
Kataev	Mikhail	Russia	Moscow
Kemppinen	Lea	Finland	Helsinki
Kerbl	Nikolaus	Austria	Vienna
Khanna	Ravi Raj	India	Bijnor
Kuldeep	Raizada	India	Hyderabad
Kuster-Oehlers	Dorette	Suriname	Parimbo
Lopez	Ignacio	Spain	Murcia
Loyer	Robyn	Australia	Camberwell Victoria
Loyer	Patrick	Australia	Camberwell Victoria
Matharu	Narinder	UK	London

1		2	3
Mangone	Domenico	Germany	Wiesbaden
Mueller-Uri	Jan	Germany	Wiesbaden
Mueller-Uri	Yannick	Germany	Wiesbaden
Mueller-Schmoss	Otto	Germany	Wiesbaden
Muller-Welt	Ruth	Germany	Stuttgart
Muller-Welt	Christine	Germany	Stuttgart
Nimitwongsakul	Aree	Thailand	Bangkok
Ocampo	Guillermo	Spain	Madrid
Ohlf	Martin	Germany	Stuttgart
Puls	Nicholaus	UK	London
Remmers	Jelmer	Netherlands	Amsterdam
Rosenfield	Jill	USA	Linwood
Salinas	Miquel	Barcelona	Spain
Sekhina	Ludmila	Barcelona	Spain
Siniora	Faidra	Greece	Elliniko
Siniora	Sotiris	Greece	Elliniko
Sohlberg	Liisa	Finland	Helsinki
Stefansdottir	Maria	Denmark	Copenhagen
Trawnik	John	USA	Dallas
Trawnik	Olena	USA	Dallas
Verniol	Christine	France	Toulouse
Zimmermann	Barbara	Germany	Munich
Zimmermann	Christian	Germany	Munich

PARTICIPANT			COUNTRY	CITY
Aprelev	Alexander	Evgenievich	Russia	Orenburg
Aprosicheva	Tamara	Ivanovna	Russia	Novosibirsk
Afanasyeva	Daria	Sergeevna	Russia	Moscow
Balikoev	Timur	Mikhailovich	Russia	Moscow
Barash	Alisa	Nikolaevna	Belarus	Gomel
Baranova	Nadezhda	Alexandrovna	Russia	St. Petersburg
Belolyubsky	Innokenty	Vasilievich	Russia	Yakutsk
Borzenkova	Elena	Stanislavovna	Russia	Ekaterinburg
Boyadzhi	Nikolai	Valerievich	Russia	Taganrog
Bugrova	Anna	Vladimirovna	Russia	Chelyabinsk
Filatova	Irina	Anatolievna	Russia	Moscow
Fokina	Victoria		Russia	Moscow
Fomina	Alina		Russia	Chelyabinsk
Gadzhieva	Atia	Gasanovna	Russia	Makhachkala
Galimova	Venera	Ubybekovna	Russia	Ufa
Gushina	Marina	Borisovna	Russia	Moscow
Hakimova	Guzel	Mansurovna	Russia	Chelyabinsk
Karezina	Natalia	Sergeevna	Russia	Omsk
Karyukina	Valentina	Vladimirova	Russia	Chelyabinsk
Kharitonova	Natalia	Nikolaevna	Russia	St. Petersburg
Khodjaev	Dilshodhuzha		Uzbekistan	Tashkent
Kolsunova	Irina	Leonidovna	Russia	Taganrog

	1		2	3
Kondrova	Ksenia	Yuryevna	Russia	Samara
Klimov	Sergey		Kazakhstan	Ust-Kamenogorsk
Kutepova	Nina		Kazakhstan	Ust-Kamenogorsk
Leonhardt	Tatyana	Albertovna	Russia	St. Petersburg
Malkov	Stanislav	Anatolievich	Russia	Moscow
Marakova	Marina	Valeryevna	Russia	Krasnoyarsk
Milyudin	Evgeny	Sergeevich	Russia	Samara
Muzafarova	Liliya	Minneravisovna	Russia	Kazan
Niyazov	Ilzat	Azimjanovich	Kazakhstan	Almaty
Osmanova	Lyubov	Viktorovna	Russia	Krasnoyarsk
Pepeliaev	Vladimir	Vasilevich	Russia	Perm
Perfirieva	Ekaterina	Andreevna	Russia	Moscow
Pipchenko	Elena	Vasilievna	Russia	Klintsy
Pronin	Gleb		Russia	Moscow
Pridvorni	Roman	Evgenyevich	Russia	Omsk
Pryakhina	Irina	Aleksandrovna	Russia	Moscow
Reshetov	Dmitriy	Vladimirovich	Russia	Samara
Reshetova	Marina	Nikolaevna	Russia	Samara
Ryzhov	Victor	Alekseevich	Russia	Ufa
Savinova	Elena	Nikolaevna	Russia	Novosibirsk
Senina	Irina	Anatolievna	Russia	St. Petersburg
Serova	Ekaterina	Viktorovna	Russia	Ekaterinburg



ЦЕНТР ГЛАЗНОГО  
ПРОТЕЗИРОВАНИЯ

14th Parkovaya Street, 1A,  
Moscow, 105203

+7(499) 461-33-72

[www.centrglaz.ru](http://www.centrglaz.ru)

[centrglaz.ru@yandex.ru](mailto:centrglaz.ru@yandex.ru)

Центр, основанное в июне 1943 года, – старейшее в России предприятие, занимающееся протезированием самого сложного и хрупкого человеческого органа – глаза. В настоящее время Центр является ведущим предприятием в области глазного протезирования, предоставляя такие услуги как: индивидуальное глазное протезирование из стекла и полимерного материала, подбор готовых глазных протезов из более чем 5000 имеющихся изделий, реставрация и полировка протезов уже используемых клиентами, а так же обширный перечень услуг офтальмолога (окулиста) оказываемых кандидатами медицинский наук и врачами высшей категории.

The Centre is the oldest company in Russia that creates prostheses of the most intricate and fragile human organ – the eye. It was founded in June 1943, by an order of the Council of People's Commissars as the Moscow Eye Prosthesis Factory. It was the industry pioneer in the Soviet Union. Today the Centre is the leader in eye prosthetics, and offers the following services: individual eye prostheses made from glass and polymers fitting a readymade prosthetic eye out of 5,000 available positions, restoration and polishing of our clients' prostheses, as well as a wide list of services by our ophthalmologists (oculists), all of whom are board certified physicians and hold a doctoral degree in medicine.

	1	2	3	
Shklyaruk	Viktor	Vasilyevich	Russia	Moscow
Sirotkina	Irina	Anatolievna	Russia	Chelyabinsk
Sorokina	Nadezhda	Vladimirovna	Russia	Samara
Tikhonov	Sergey	Grigorevich	Russia	Krasnoyarsk
Tikhonova	Olga	Sergeevna	Russia	Krasnoyarsk
Tolkacheva	Anastasia	Alexandrovna	Russia	St. Petersburg
Tour	Elena	Vladimirovna	Russia	Chelyabinsk
Tsarevskaya	Ksenia	Alexandrovna	Russia	Krasnoyarsk
Tsurova	Leila	Magomedovna	Russia	Samara
Tuchin	Alexey	Vladimirovich	Russia	Moscow
Tuchin	Anton	Alekseevich	Russia	Moscow
Vardanyan	Lilit	Albertovna	Russia	Yekaterinburg
Vildanova	Venus	Gambarovna	Russia	Ufa
Zakharova	Maria	Andreevna	Russia	Moscow
Zakharova	Tatyana	Arsenievna	Russia	Ekaterinburg
Zasorina	Darya	Ilinichna	Russia	Moscow
Zavadsky	Stanislav	Lazarevich	Belarus	Minsk
Zverkova	Maria		Russia	Moscow
Yuzhakova	Natalia	Sergeevna	Russia	Moscow



The Center cooperates with leading medical organizations in the Russian Federation. Our Center also provides training programmes for fitting and manufacturing prostheses

Центр глазного протезирования сотрудничает с ведущими медицинскими организациями в РФ:

- ФГБУ «Московский НИИ глазных болезней им. Гельмгольца»
- ФГБНУ «НИИ ГБ»
- ГБУЗ «Морозовская детская клиническая больница»
- ГБУЗ «Городская клиническая больница им. С.П. Боткина»
- ГБУ «Клиническая больница им. Семашко»
- ФГАУ МНТК «Микрохирургия глаза им. Академика С.Н. Федорова» МЗ РФ

В нашем Центре также проводится обучение специалистов по подбору глазных протезов для кабинетов глазного протезирования и обучение мастерству изготовления протезов

