

MSOExpress

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2021

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**MALAYSIAN SOCIETY
OF OPHTHALMOLOGY**

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Dear MSO members,

It has been a rollercoaster ride in the past few months since our last edition was published. We are finally starting to see the effects of the Covid-19 vaccination drive as the nation slowly eases into recovery mode. While restrictions are being lifted for most of us, it is always prudent to still maintain social distancing and wearing of mask. Let us all be careful not to be complacent to cause another wave of the disease.

October 14 is World Sight Day 2021

The second Thursday of October every year is a significant day for all eyecare providers, as it is when we observe the annual World Sight Day (WSD). This day is a reminder for all of us to intensify our efforts on detection and treatment of vision impairment and blindness suffered by many people worldwide. This year's theme is "**Love Your Eyes**", and the call to action is "**Everyone Counts**". We should encourage our family and friends to have their eyes checked to preserve their good vision as well as to detect any ocular pathology. We might not be able to get everyone's eyes checked, but we can start with our own circle of friends and relatives first.

In conjunction with this year's World Sight Day, the Society, together with the Malaysia Advocacy on Myopic Prevention (MAMP) under the auspices of our Paediatric Ophthalmology Special Interest Group, will be organising a series of events throughout the week of October 11 – 17. Do watch out for the event announcements in our Facebook pages!



In this issue, we are proud to publish the results of the Cataract Surgery Practice Trend survey among eye doctors in Malaysia. This survey was conducted by our Malaysian Young Ophthalmologist Special Interest Group (MYOSIG) with some interesting results. Do check it out!

For our Personality Focus this time, we feature the story of Prof Dr Wan Hazabbah Wan Hitam, who was conferred the Distinguished Service Award

by the Asia-Pacific Academy of Ophthalmology (APAO) during its recent Virtual Congress 2021. In the interview, we delve into the early years of Prof Wan, his proudest moments as well as his hopes for the neuro-ophthalmology subspecialty in Malaysia.

The editorial team warmly welcome any contribution of articles or ideas for this newsletter from our MSO members. If writing is your forte or you have an interesting suggestion that we can follow up on, please do write to us at admin@mso.org.my.

DR TEH WEE MIN

Editor, MSO Express
Consultant Ophthalmologist
OasisEye Specialists, Seremban



<p>WORLD SIGHT DAY 2021</p> <p>PROGRAMME</p> <p>YOUR EYES</p>	<p>f LIVE 11 OCT 2021 • MON • 8 PM</p> <p>MYOPIA (SHORT-SIGHTED) – WHAT ABOUT IT? Dr Sunder Ramasamy and Dr Fazilawati A Qamaruddin</p>	(https://fb.me/e/2leyFW4gw)
	<p>f LIVE 12 OCT 2021 • TUE • 8 PM</p> <p>MIOPIA (RABUN JAUH) – APA YANG ANDA PERLU TAHU? Dr Malisa Ami and Dr Duratul'Ain</p>	(https://fb.me/e/IRHmoN4D)
	<p>f LIVE 13 OCT 2021 • WED • 8 PM</p> <p>MIOPIA (RABUN JAUH) – ADA PENAWAR? Dr Malisa Ami and Dr Duratul'Ain</p>	(https://fb.me/e/IMegyPCNQ)
	<p>B 14 OCT 2021 • THU • 10.30 AM</p> <p>JOM SEMBANG TENTANG RABUN (Tune into Bernama Radio) Dr Miswan Muiz</p>	
<p>WORLD SIGHT DAY 2021</p> <p>PROGRAMME</p> <p>YOUR EYES</p>	<p>f LIVE 15 OCT 2021 • FRI • 8 PM</p> <p>MYOPIA (SHORT-SIGHTED) – IS THERE A CURE? Prof Dr Choo May May and Dr Miswan Muiz</p>	(https://fb.me/e/l3fpvyuJu)
	<p>f 16 OCT 2021 • SAT • 9 AM</p> <p>OUR MISSION TO PROTECT OUR FUTURE GENERATION Dr Safinaz Mohd Khialdin</p> <p>MYOPIA - A SHORT-SIGHTED PROBLEM NEEDS FAR-SIGHTED SOLUTIONS Dr Choong Yee Fong Animation video by MAMP Quiz with free vouchers</p>	(https://fb.me/e/3RkXROslw)
	<p>f LIVE 17 OCT 2021 • SUN • 3 PM</p> <p>THE EFFECT OF LOCKDOWN ON CHILDREN'S EYE WITH DR NORAZAH (TALKING 'LIFE' WITH MEI SZE) Dr Norazah and Dr Choo Mei Sze</p>	

PERSONALITY FOCUS: PROF DR WAN HAZABBAH BIN WAN HITAM—FATHER OF NEURO-OPHTHALMOLOGY IN MALAYSIA

**Prof Dr Wan Hazabbah
bin Wan Hitam**

Early Life and Background

I was born at Bukit Besi, Dungun, Terengganu in 1966. I received my primary education at Sekolah Rendah Sultan Omar, Dungun, and secondary education at Sekolah Menengah Sains Sultan Mahmud (SESMA), Kuala Terengganu. I was appointed as the head boy during my secondary school. That was the time when I learnt about leadership. Later, I continued my study in medicine at Universiti Sains Malaysia and graduated as MD (USM) in 1991.

What made you choose medicine as a profession?

My interest in medicine developed during childhood. I was born in a family with a medical background. My father was a medical assistant, and my late mother was a staff nurse. I've explored more by joining the Malaysia Red Crescent Society and was appointed as chairperson. I was also representative for National First Aid Competition for my school.

Career in Ophthalmology

I joined the Department of Ophthalmology, Hospital USM during my medical-officership in 1993. This is the time when I started to develop my interest in ophthalmology. I was offered as a USM trainee lecturer in ophthalmology in 1994

and continued my post-graduate training at Universiti Kebangsaan Malaysia in the same year. I completed my postgraduate training and obtained M.Surg. (Ophthal) (UKM) in 1999. I became a lecturer and ophthalmologist at the Department of Ophthalmology, School of Medical Sciences, Health Campus, Universiti Sains Malaysia, Kubang Kerian, Kelantan, Malaysia.



History in the making. Academic and non-academic staff of Department of Ophthalmology, School of Medical Sciences, USM 2003.

I was appointed as the head of the department from 2003 till 2013. I did my fellowship training in Neuro-ophthalmology at The Eye Institute, Tan Tock Seng Hospital, Singapore in 2006-2007. I am the head of the neuro-ophthalmology service at Hospital Universiti Sains Malaysia since 2007. I became an associate professor in 2008 and was later appointed as professor in 2014. I was the first professor in ophthalmology for our department since it was established in 1993. I was then elected as a senate member of USM from 2018 till 2020. Later, I was appointed as Deputy Dean of Industry, Community Engagement and Student Affairs in 2019 till now.

What are your achievements so far as an ophthalmologist?

The most important achievement was the establishment of the conjoint ophthalmology postgraduate training programme in Malaysia. The effort started in 2003 when I became the head of the department and the chairperson for the conjoint committee of ophthalmology. It was

a big challenge to bring the universities and Ministry of Health representatives to sit together and agree to run the same curriculum and examination for ophthalmology postgraduate training. It was a great achievement when we were able to form the Malaysia Universities Conjoint Committee of Ophthalmology and established the new curriculum in ophthalmology training in Malaysia in 2006. Later, we progressed further in organising the yearly Conjoint Ophthalmology Scientific Conference (COSC) that became a successful ophthalmology conference at the national level.



Singapore Society of Ophthalmology Named Lecture Award 2017 during APAO Congress 2017.

I have received a few international awards and recognition throughout my career. In 2008, the Japanese Neuro-ophthalmology Society (JANOS) awarded me a Tsutsui Award for my contribution to neuro-ophthalmology. I was appointed as Council Member of the Asian Neuro-ophthalmology Society (ASNOS) in 2015 till date. In 2017, I received the Name Lecture Award by the Singapore Society of Ophthalmology during APAO Conference. This year 2021, the Asia Pacific Academy of Ophthalmology awarded me the Distinguished Service Award 2020. And the latest, I received Cureus Laureate Award 2021 by The Cureus Journal of Medical Science. I hope this will inspire all our junior colleagues.

I was a former president of the Persatuan Alumni Doktor USM (PADU) and contributed a lot to my alma mater. I am also active in community work and was appointed as a chairperson for USM-Merican Community Engagement Programme for a multi-discipline health screening project that involved multi



As a chairperson for USM-Merican Community Engagement Programme – 2 buses of mobile clinic.

disciplines including ophthalmology, ORL, Family Medicine and Rehabilitation. I have initiated the establishment of the second Ronald McDonald House of Charity (RMHC) in Malaysia at Hospital USM. It is a transit home funded by RMHC for paediatric patients who received treatment at Hospital USM.



Initiated the transit home of Ronald McDonald House Charity at Hospital USM for paediatric patients and parents.

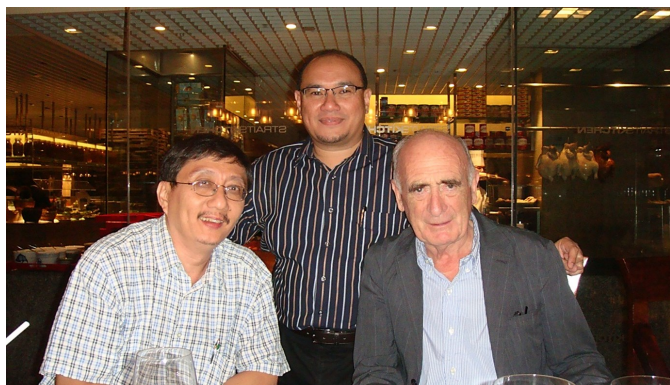
What made you choose Ophthalmology as your passion?

Ophthalmology is a very challenging field. Although the eye is a very small organ, it is unique and very important to humans. Without the eye, you will not be able to see the world. Ophthalmology is among the medical disciplines that progress very fast in terms of microsurgery and research.

My journey in Neuro-Ophthalmology

I did my fellowship training at TTSH Eye Institute, Singapore in 2006-2007 under Prof Dr

Goh Kong Yong. At the same time, I had an opportunity to be trained under the late Prof Dr James F Barry Cullen at Singapore National Eye Institute. Upon completion, I've started my Neuro-ophthalmology services at Hospital USM in 2007. This is the first official clinical neuro-ophthalmology service in Malaysia. I've received a lot of referrals from all over Malaysia including Sabah and Sarawak. My research interest areas are optic neuropathy, visual electrophysiology, OCT and retinal imaging. With the support of my colleagues, we managed to publish more than 100 peer-reviewed articles in Neuro-ophthalmology.



With my main supervisor Prof Dr Goh Kong Yong and co-supervisor the late Prof Dr James F. Barry Cullen during my neuro-ophthalmology fellowship training (2006-2007)

You are one of the pioneers in neuro-ophthalmology service in Malaysia. What were the challenges that you faced?

Neuro-ophthalmologists often see patients with complex multi-system diseases. Cases that have been referred are challenging and not strait forwards. We must find the clue and work it out accordingly. The spectrum of neuro-ophthalmology cases in Malaysia is different compared to the Western world. The Neuro-ophthalmology subspecialty is rather new in our country. We do not have much data and publications available for our neuro-ophthalmology. It is a great challenge to me but at the same time create an opportunity to do research and review. The other challenge that I'm facing as the chief of the Neuro-ophthalmology Subspecialty Training Programme is to promote neuro-ophthalmology. Not many

of young ophthalmologists interested to choose neuro-ophthalmology as their future career. However, we must remember, the Rome Empire was not built up in one night. I can see the future of neuro-ophthalmology in Malaysia is very promising. The time will tell us.



Invited speaker at ASNOS Meeting 2017, Seoul, South Korea.

What are your views on neuro-ophthalmology services in Malaysia in the future?

Neuro-ophthalmology has a very high potential area to be developed in Malaysia. We have very low number of neuro-ophthalmologists in Southeast Asia. Our biggest challenge is to train more neuro-ophthalmologists in future to provide optimum services to our community. Neuro-ophthalmology also is a very potential area in research. The use of artificial intelligence (AI) as a tool to assist neuro-ophthalmologists in diagnosing and managing patients in future. AI algorithms have shown high accuracy in detecting papilloedema and other neuro-ophthalmology diseases.



DR CHAN JAN BOND

Consultant Ophthalmologist & Cataract
Refractive Surgeon
International Specialist Eye Centre (ISEC)

Preferred Cataract Practice Among Malaysian Ophthalmologists 2021

This report contains the results of Cataract Surgery Practice Trend among eye doctors in Malaysia which was conducted in April 2021. Delegates took the survey online via Google Form and was participated by all ophthalmologist and medical officers practicing in Malaysia. This survey has been initiated by Malaysian Young Ophthalmologists Special Interest Group.

There were 173 responses. This survey results helps Malaysian Ophthalmologist to understand the current trend of practice among Malaysian eye doctors and the data enhances our understanding on current cataract surgery practice among peers in Malaysia.

This survey has been initiated by:

Dr Sudhashini Chandrasekaran
Dr Chan Jan Bond
Dr Noor Aniah Azmi
Dr Tan Chai Keong
Dr Puspha Raman
Dr Premala Devi Sivagurunathan
Dr Cheng Teck Chee
Dr Tang Seng Fai



Report prepared by

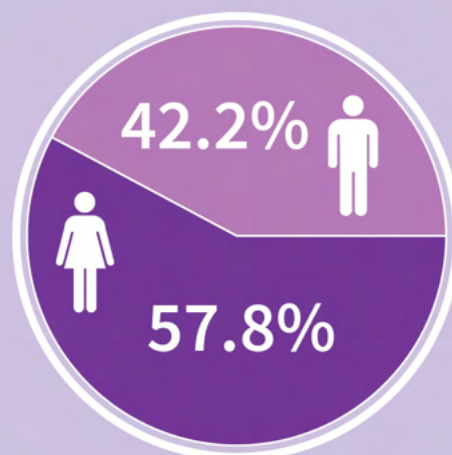
DR CHAN JAN BOND

Asst Secretary of Malaysian Society of Ophthalmology
Vice President of Malaysian Young Ophthalmologists
Special Interest Group

Consultant Ophthalmologist & Eye Surgeon
 Refractive Surgeon

INTERNATIONAL SPECIALIST EYE CENTRE, KUALA LUMPUR

1. Gender

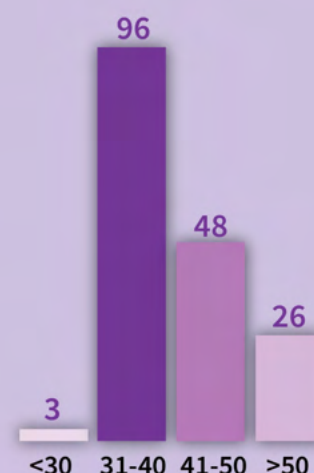
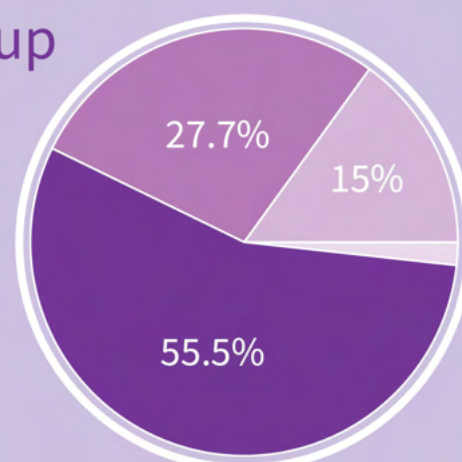


Total No of Responders

173

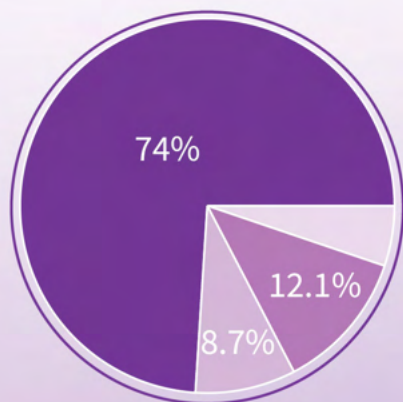
2. Age Group

- Less than 30
- 31-40
- 41-50
- Above 50



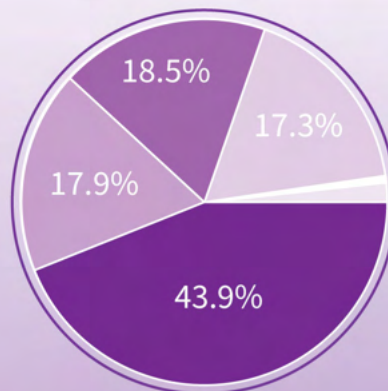


3. Current Position



- Medical Officer
- Masters Student
- Gazetting specialist
- Specialist/Consultant

4. Which sector are you in practising in?



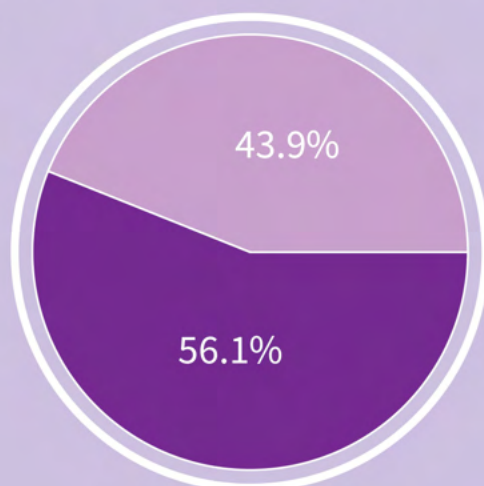
- Government hospital
- Private hospital
- Private eye clinic
- Public university
- Private university
- Armed forces

5. Which state are you in? Preferred practice in cataract surgery (%)



6. Which phacoemulsification machine system do you prefer?

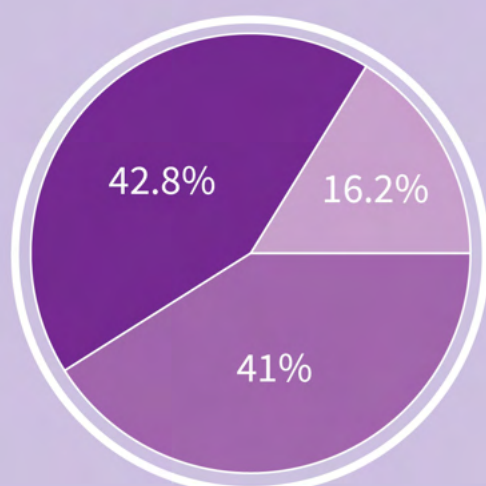
- Peristaltic pump
- Venturi system



7. Do you apply povidone iodine in the conjunctival sac?



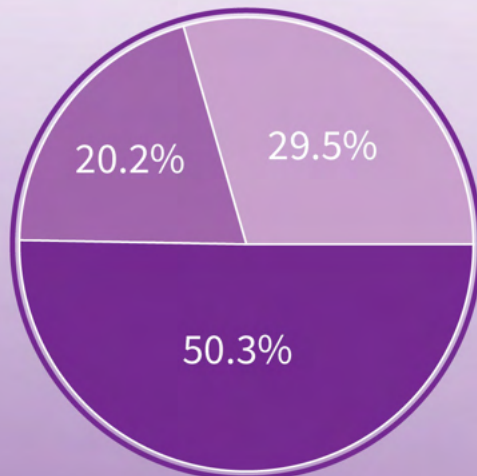
8. Which is your preferred / commonly used local anaesthesia?



- Topical anaesthesia
- Intracameral anaesthesia
- Subtenon anaesthesia

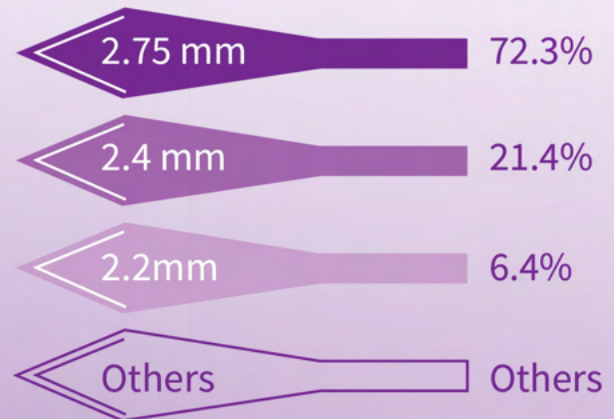


9. Where do you place your main incision?

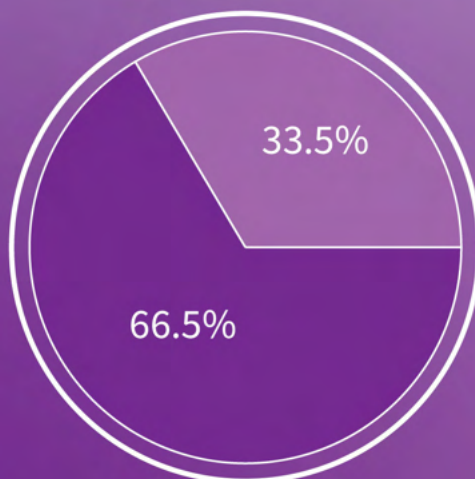


- Fixed superior incision
- Fixed temporal incision
- Based on the steep axis

10. Which microkeratome blade do you commonly use?

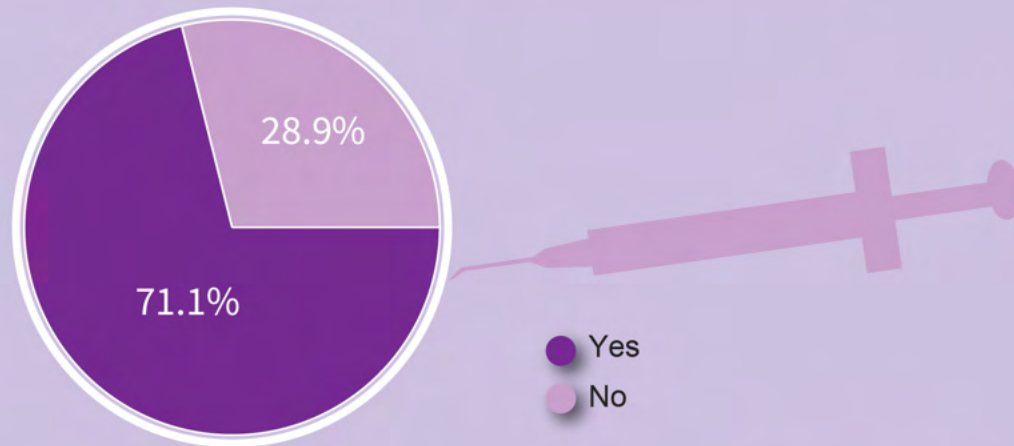


11. Which blade do you use to make paracentesis?



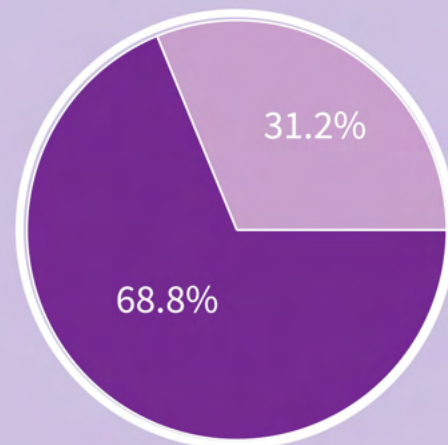
- 15-degree blade
- Microkeratome blade

12. Do you commonly use vision blue?

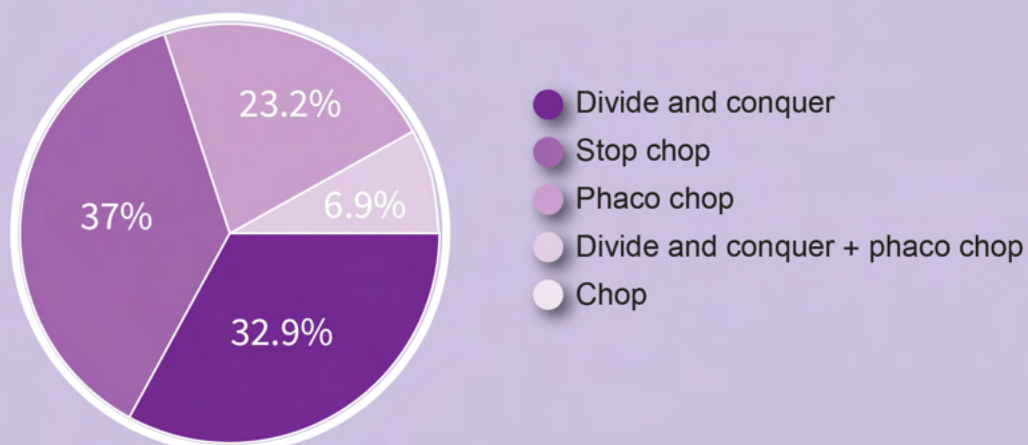


13. Which technique do you prefer to loosen and separate the cataract to facilitate its removal?

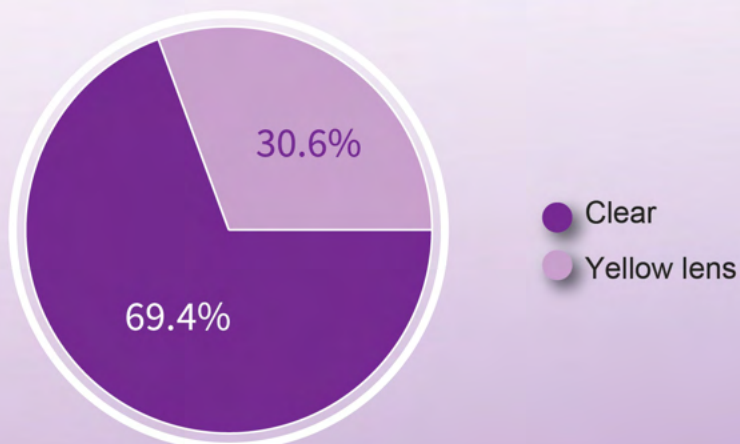
- Hydrodissection
- Hydrodelineation
- Both



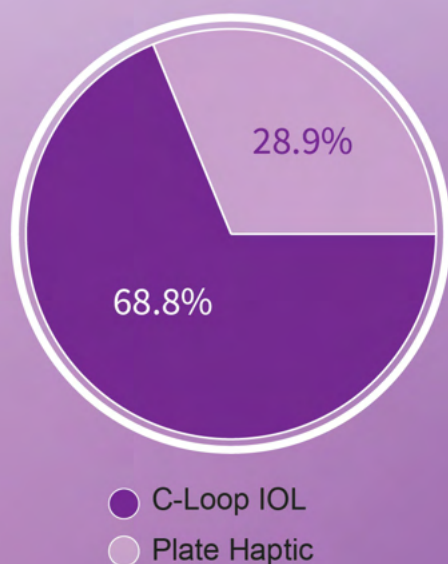
14. Which technique do you use for phacoemulsification?



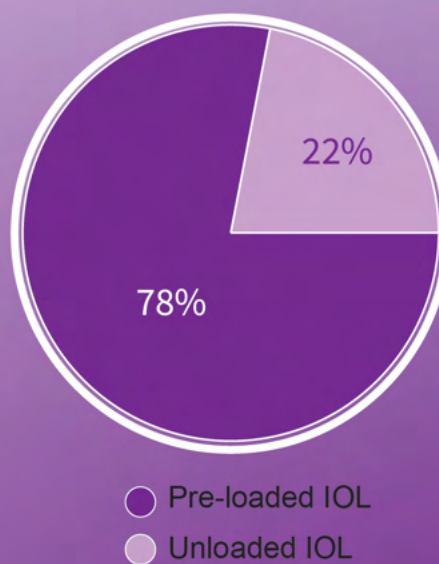
15. Which type of lens do you routinely implant?



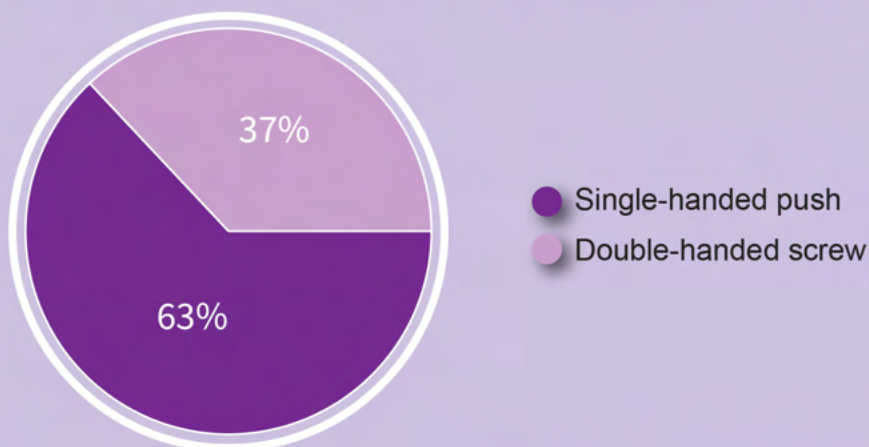
16. Which type of lens design do you prefer?



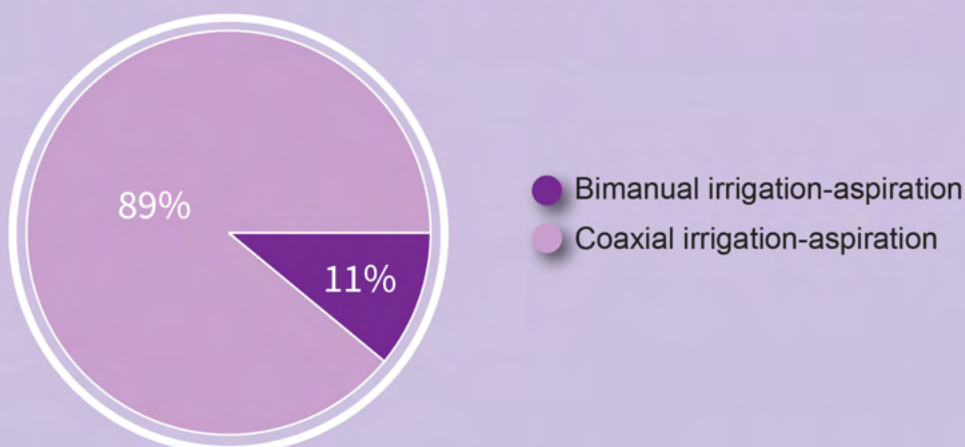
17. Which type of lens do you prefer?



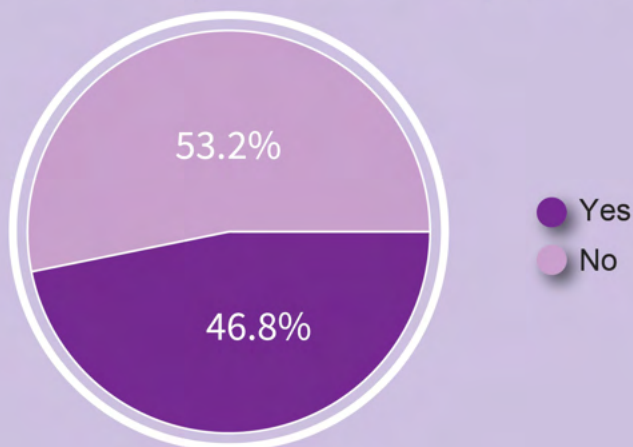
18. Which type pre-loaded lens system do you prefer?



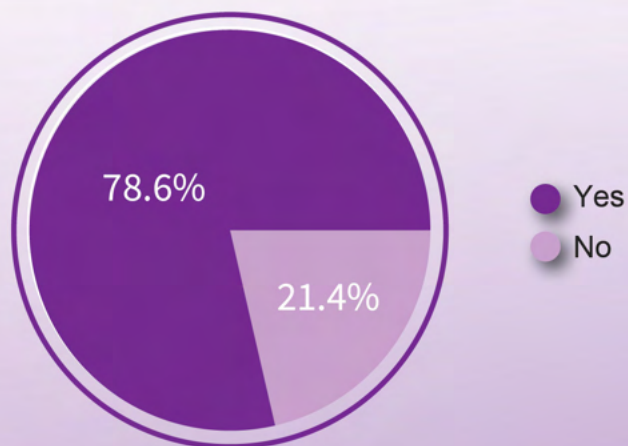
19. How do you perform cortical matter aspiration?



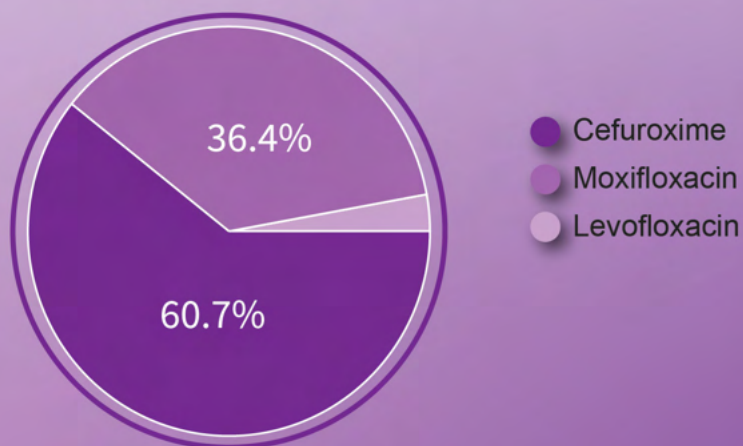
20. Do you routinely polish the capsular bag?



21. Do you routinely use Miostat (Carbachol)?



22. Which type of intracameral antibiotics do you use?





First and foremost, I would like to congratulate The Young Ophthalmologist Special Interest Group of MSO for this novel survey initiative. Obtaining data from an online survey, especially on the practice pattern, is a challenge mainly to achieve an acceptable percentage of response that is representative. It is also best if we could correlate the responses to capture any significant statistical associations and get a more accurate picture.

Demographically, more than half of the respondents were 31-40 years old, 2/3 were specialists/consultants, almost half were working in the Government Hospital, and half were practicing in Selangor/KL. These generally translated to young and energetic phaco surgeons working in centres, most of them furnished with well-maintained high-end machines and with less dense cataracts to operate on. (Population and hospital data have shown that patients presented earlier for cataract surgery in the country's Central Region, including Selangor and Kuala Lumpur, compared to other regions probably due to abundant resources and access).

However, the two most glaring responses, which I believe were not consistent with the demographic profile of the survey, are the high percentages of vision blue usage and the routine use of miostat. Both can give complications when not used sparingly. It is absolutely unnecessary to stain the capsule when it is visible, and there is no need to inject miostat when there is no iris prolapse at the end of surgery. The reason for injecting miostat at the end of surgery is beyond the survey. The young surgeons might routinely use it to constrict the pupil to stop the intraocular lens (IOL) from prolapsing out of the capsular bag. They might not realize that in prolapsing IOL, they are supposed to address the wound rather than the pupil. These practices probably have been passed down along the training line all these years without proper justification/explanation. If they go unchecked, they will, unfortunately, become an endorsed mainstream practice of the nation.

Thank you



MOHAMAD AZIZ SALOWI

*Public Health Ophthalmologist and Consultant
Selayang Hospital
Ministry of Health, MALAYSIA*

Thank you to MYOSIG for this initiative and for your kind invitation to comment on the results of this survey. This is an important and necessary step to have this Practice Pattern survey so the ophthalmology community can all see what local practices are like and where we can collectively improve on.

The demographics of the survey respondents indicate majority representation from the YO (31-40 year old) group of Specialist Consultants in the Government sector, hence, the opinions expressed may be biased to that practice setting.

It's reassuring to note that the vast majority of us do use povidone iodine for endophthalmitis prophylaxis but I would urge the remaining 8.7% who don't use it to do so as it has been proven to be the single most important step cataract surgeons can take to prevent this dreaded complication! The survey also covers the use of intracameral antibiotics and it will be good to know what proportion of surgeons are using this. Cefuroxime is the most commonly used antibiotic and it will also be interesting to know how these drugs are prepared for injection.

A large proportion of surgeons use intracameral anaesthesia and it would be good to know if this is used in isolation or in combination with other forms of anaesthesia. If used in isolation, this may be the first step towards 'dropless' cataract surgery which may be a strategy to increase efficiency and lower costs.

The majority of surgeons prefer a fixed superior incision with the least popular being a fixed temporal incision. If there is a move towards improved predictability of refractive outcomes with advanced technology IOLs (particularly for astigmatic correction), then a smaller (<2.4mm), consistently placed temporal incision will provide the lowest centroid induced astigmatism.

The preference for preloaded IOLs is in line with global trends as reduced handling of the IOL would further lower the risk of infection and IOL damage.

The use of Vision Blue and Miostat is quite high and this seems surprising to me. These important add-ons are vital for selected cases but should not be used routinely as they are not without their problems and would also incur unnecessary costs.

Thank you once again.



DR LEE MUN WAI

*President of Malaysian Society of Cataract and Refractive Surgery
Medical Director of Lee Eye Centre, Ipoh*

Malaysia Cataract Surgery Survey 2021 revealed that majority of the respondents were specialists and aged more than 40 years old. The subsequent findings in the survey reflects the collective training and the exposure that they underwent throughout the years. It is interesting to note the variety of surgical techniques used by the respondents, from the choice of anaesthesia, the placement and size of incisions to the techniques of phacoemulsification. From this survey, it has been well-established that most of the surgeons complied with the standard chemoprophylaxis guidelines to reduce the risk of endophthalmitis by incorporating instillation of povidone-iodine in the conjunctival sac perioperatively and injection of intracameral antibiotic at the end of surgery. The choice of IOL designs and deliveries are expected to be divided differently depending on the preferences of individual surgeons. However, it is surprising to learn that more than half of the respondents chose not to polish the capsular bag. The findings in this survey are useful to both practicing ophthalmologists and Ophthalmology residents/trainees to benchmark and observe the common cataract surgery practices in Malaysia.



ASSOC. PROF. DR. KHAIRIDZAN MOHD KAMAL
*Director,
Cornea, External Disease and Refractive Surgery,
Department of Ophthalmology, IIUM*

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References:

1. Packaging Insert of Optaprost Ophthalmic solution 0.05%
2. TOA Pharmaceuticals Co., Ltd. :Biological Equivalence Study of Latanoprost Ophthalmic Solution 0.005% "TOA"(internal data)