Global Vitreo-Retina Specialists Join Forces in Sydney for APVRS 2015!

by Ruchi Mahajan Ranga and Gloria D. Gamat

The 9th Asia Pacific Vitreo-retina Society Congress (APVRS 2015) held in conjunction with the Royal Australian and New Zealand College of Ophthalmologists (RANZCO) and the Australian and New Zealand Society of Retinal Specialists (ANZSRS) is taking place at the Hotel Hilton in Sydney, from 31st July to 2nd August.

With the growing developments in the field of retinal subspecialty, APVRS 2015 brings forth an ideal platform for general ophthalmologists and retinal specialists from around the globe to maximize the potential of knowledge sharing about the latest concepts, technology and treatment in the field of vitreo-retina.

The 3-day meeting aims to deliver a high quality, in-depth and enlightening adventure for delegates. The meeting’s emphasis will be on new and emerging treatments and technologies, and controversies and challenges in management of vitreoretinal pathology. Scientific Program Convenor Dr Andrew Chang, MBBS(Hons), PhD, FRANZCO, FRACS, heads the Program Committee of 42 hosts, composed of international and Asia-Pacific coordinators.

Program Highlights

APVRS Congress incorporates many opportunities for delegates to share and enrich their experiences through scientific sessions, expert panel discussions, conferences on retinal cases, and poster sessions. Driving the next wave of treatments, the novel experiences offered to the conference attendees will refine and facilitate treatment options in the field.

The scientific program features 17 symposia (including 100 international and Australian speakers), 4 rapid fire sessions (featuring 46 oral presentations), 6 sponsored symposia, 72 hard copy posters, 109 electronic

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For further details please come and see our team at the Bayer Booth in the exhibition area.
Factors that influence feeling depressed with AMD (E-Poster P007)

Being female and being dependent on others for activities of daily living (ADLs) increase the risk of depressive symptoms in AMD patients, according to Heeyoon Cho, Department of Ophthalmology, Hanyang University College of Medicine, Guri, Kyungkido, South Korea, and colleagues.

It’s therefore important to screen for these characteristics in such patients, they wrote.

Data for the research was obtained from the Korea National Health and Nutritional Survey, 2011, and 329 participants were included. Of these, 19.8% had symptoms that were depressive. Most were female (75.4%).

Mortality of premature babies affects ROP study (E-Poster P051)

One of the significant challenges in performing a study on retinopathy of prematurity in Nepal was that, sadly, many premature babies died during the research period.

Of 78 preterm neonates, 13 died at 6-10 weeks of life and were excluded from evaluation of ROP advancement.

“Mortality of premature babies in [a] third world country like Nepal is high, due to which advance ROP is not being detected in ROP screening,” reported Sanyam Bajimaya, MBBS, MD, Consultant Vitreo-Retina Surgeon, Tilganga Institute of Ophthalmology, Kathmandu, Nepal.

Even among those babies that do survive, compliance and follow-up with an ophthalmologist is typically a rarity. Fortunately, some important statistics still were compiled in this study.

Out of the remaining 65 babies, 76.9% of eyes were normal, while 23.1% of eyes experienced ROP.

Given that economic development and nutritional programs have led to recent successes in corneal- and cataract-based blindness, new challenges in eye care remain, with ROP being of critical concern, the author concluded.

Progression to Bilateral AMD in Asia (Poster P023)

If an Asian patient gets wet AMD in one eye, certain factors may make it more likely that he or she would experience AMD in the fellow eye.

That’s according to Hyoung Jun Koh, professor, Department of Ophthalmology, Yonsei University College of Medicine, Seoul, South Korea.

Sixty-six patients with asymmetric AMD (asyAMD) progressed to bilateral AMD among 659 Asian patients studied. Prior to the appearance of AMD in the fellow eye, the prevalence of retinal pigment epithelium (RPE) change was comparatively high in the polypoidal choroidal vasculopathy group (PCV) versus in the typical AMD group. However, the prevalence of large drusen was higher in the typical AMD group than in the PCV group among patients who progressed.

Overall, the progression from asymyAMD to bilateral AMD after five years occurred in:

- 4.9% of typical AMD patients with AREDS score 2
- 9.5% in the PCV group with AREDS score 2
- 26.6% in the typical AMD group with AREDS score 3
- 33% in the PCV group with AREDS score 3

“Considering the high proportion of PCV and its correlation with RPE change in the Asian population, RPE change should be scored highly when predicting a progression to wet AMD,” he wrote.
Surgeons at the Show

Question: Why did you decide to attend APVRS 2015?

Dr. Lertsumitkul, General Ophthalmologist, Lertstan Ophthalmic, Liverpool, Sydney, Australia

APVRS is combined with our branch meeting and we can learn something about the retina. I don’t have to travel far and I can learn about new things in the retinal space, such as anti-VEGF treatments. I definitely use those. I haven’t gotten one that failed yet, and I use a variety of different such treatments. Although I’m not a medical retinal specialist, I do injections when needed. After all, is it better to refer one in need of retinal treatment to a retinal specialist who is very busy, or do some injections ourselves [as general ophthalmologists?].

Dr. Lalantha Ruwan Gurusinghe, Teaching Hospital, Jaffna, Sri Lanka

We can get knowledge and experience to provide up-to-date treatment for patients. I am interested in the areas of macular surgery, retinal detachments and diabetic retinopathy. In our part of the world, a lot of diabetics are coming up. People are changing their dietary habits. People are busy shifting their habits to fast food, rather than conventional food. I’m particularly interested in laser treatments, new generation anti-VEGF treatments (which a lot of people will come and talk about), and other surgical interventions. I also helped organize a group of six vitreoretinal surgeons from Sri Lanka that came here from different hospitals.
Fire, Fire, Fire with Clinical Pearls

by Matt Young

With a name like “Rapid Fire,” the Rapid Fire Session 2 is expected to be a hit, so to speak, with vitreo-retina surgeons.

There are a lot of topics underway in this session, which occurs on Saturday, August 1 beginning at 10:30 a.m. in the State Room of the Hilton Sydney hotel.

The beginning of the session kicks off with a bang by Dr Noriaki Takase, who while having just started a Retina Fellowship at Nagoya City University Hospital in Japan, is heavy into research. Dr Takase will speak about “Enlargement of Foveal Avascular Zone in Diabetic Patients Evaluated by En Face OCT Angiography.”

Soon thereafter, vitreo-retinal surgeons will have an update that touches upon the world of cataracts. Dr Chee Wai Wong, Senior Resident, Singapore National Eye Centre, will speak about “Factors Associated with Biometric Changes After Scleral Buckling Surgery and Considerations for Cataract Surgery.” Lookout for this at 10:44.

Next up, “Familiar Serous Maculopathy with Associated Juvenile Retinoschisis- like Changes and Peripheral Retinal Ischemia” will be presented by Dr James Leong, an ophthalmology registrar in Wellington Hospital, New Zealand. It’s at 10:51 a.m.

Much awaited, Prof Mark Gillies, the first Australian ophthalmologist to be awarded a Ph.D., and a Sydney Medical School Foundation Fellow, will present “Long-term Outcomes of Treatment of Neovascular Age-related Macular Degeneration: Data from an Observational Study.”

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There’s a lot more going on at this action-packed – and certainly rapid fire – session. Be sure to attend to take in all what’s happening as far as these very hot topics are concerned.

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Alcon Announces New Pharma and Surgical Additions to the VR Toolkit

Sydney, July 31st 2015. Alcon Laboratories Australia has recently released two new additions to their vitreoretinal portfolio, complementing the existing pharmaceutical range and equipment suites.

**JETREA** (ocriplasmin 0.5 mg/0.2 mL), an intravitreal injection, was registered by the TGA late last year and has recently been made available in Australia, indicated for resolution of vitreomacular traction (VMT), including when associated with macular hole of diameter ≤ 400µm. More recently, the **MIVS 27+ Gauge Surgical System** was released.

The Alcon **CONSTELLATION® Vision System** is an ophthalmic microsurgical system that is indicated for both anterior segment (i.e., phacoemulsification and removal of cataracts) and posterior segment (i.e., vitreoretinal) ophthalmic surgery.

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**REFERENCES:**

1. JETREA® Approved Product Information, 9 October 2014
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Sydney in Focus: Top fun Things To Do in Winter

Despite the dropping temperature, the Harbour City of Sydney never runs out of amazing activities that would make visitors and residents alike stay away from their heaters.

by Gloria D. Gamat

Bondi Beach Attractions

An iconic Sydney attraction, Bondi Beach, beyond its golden sands, turquoise waters and perfect waves, offers fine dining, shopping markets, gorgeous coastal walks and a buzzing nightlife whole year-round. While the place sizzles in summertime, wintertime brings Bondi Winter Magic. Featuring an ice rink by the sea, Bondi Winter Magic gives everyone a once-in-a-lifetime experience. Unfortunately for APVRS 2015 Congress delegates, Bondi Winter Magic was only open between June 20 and July 12. But it’s nice to know for your next winter visit to Sydney!

Fancy some crisp cold salty air and a 4-kilometer walk? Available daily, the coastal walk from Bondi beach to Bronte, with its spectacular cliff tops and glorious beaches will surely delight and inspire travelers from across the globe. Do not fret, the locals love it too.

For the culture-and-art enthusiast, you can always check out Bondi Pavillion Gallery located in the heritage-listed Bondi Pavillion.

The Royal Botanic Gardens

A major botanical garden located in the heart of Sydney, The Royal Botanic Gardens, is Australia’s oldest scientific institution and one of the most important historic botanical institutions in the world. Stunningly located on Sydney Harbour and immediately adjacent to the Sydney CBD, the Sydney Opera House and the large public parklands of The Domain, The Royal Botanic Gardens is open every day of the year and freely accessible to everyone. The Royal Botanic Gardens were founded in 1816 by Governor Macquarie as part of the Governor’s Domain. Since then it has played a major role in the acclimatization of plants from other regions, following Australia’s long history of collection and study of plants as far back as 1817 when the first Colonial Botanist, Charles Fraser, was appointed. Today, The Royal Botanic Gardens is one of the most visited attractions in Sydney.

Covering 30 hectares, it forms a large natural amphitheatre, wrapped around and sloping down towards the ‘stage’ of Farm Cove and is divided into four major precincts (Lower Gardens, the Middle Gardens, the Palace Gardens and the Bennelong precinct).
Sydney Harbour Bridge and Sydney Opera House

In today’s ‘selfie’ generation, any Sydney first-timer would head out for a photo op with Sydney Harbour Bridge and Opera House in the background. Don’t be shy; you are most probably not alone with this intention.

The world’s tallest steel arch bridge, Sydney Harbour Bridge is easily recognizable. Connecting Sydney’s northern suburbs to the city center, Sydney Harbour Bridge is a vital link in the city’s transportation infrastructure. In a single day, more than 200,000 cars travel across the bridge. This historic landmark can be experienced from the air (take a scenic flight or helicopter tour), or from the water (catch a ferry from Circular Quay to Manly, Mosman or Taronga Zoo to see the bridge from the harbour). One of the most popular journeys is through the BridgeClimb Sydney – an opportunity to climb the bridge all the way to summit, if you have the heart for it. Of course, a more luxurious option is taking a harbour cruise.

It doesn’t matter how many photos or videos you’ve seen of the Sydney Opera House. The best way to experience it is with your own two eyes. A thriving hub of art, culture and history, the iconic Sydney Opera House is always beautiful against the Sydney Harbour backdrop. Take a guided tour, watch a show and enjoy a cocktail beside the harbour at sunset. Whatever you do in Sydney, do not fail to miss this awesome triumph of architecture and design, and experience everything the Sydney Opera House has to offer.

Darling Harbour

A sweet 10-minute walk from Sydney’s Central Business District (CBD), Darling Harbour is one of the city’s largest dining, shopping and entertainment spots, including a full year calendar of outdoor events and indoor activities.

For those wanting to check out the nightlife in Sydney, Darling Harbour’s King Street Wharf and Cockle Bay offer a dynamic nightspot packed with wonderful selections of establishment for dining, drinking and clubbing. In addition, there is a regular fireworks display held over Cockle Bay every Saturday night at 8.30 p.m.

During the day, Darling Harbour does not fail to entertain visitors as well. You can take a walk along the historic wharf and watch the ferries come in and out of the harbor. Some of Sydney’s most popular tourist attractions can be found on Darling Harbour, including SEA LIFE Sydney Aquarium and WILDLIFE Sydney Zoo. Visitors can certainly bask under the sun or enjoy the nice chilly daytime temperatures at wintertime at the Chinese Garden of Friendship and Darling Quarter Playground.

Named after Lieutenant-General Ralph Darling, Governor of New South Wales from 1825 to 1831, Darling Harbour was originally part of the commercial port of Sydney, including the Darling Harbour Railway Goods Yard. However, during the Great Depression, the eastern part of Darling Harbour (Barangaroo) became known as The Hungry Mile, in reference to waterside workers searching for jobs along the wharves. Today, the Sydney Convention and Exhibition Centre at Darling Harbour is an iconic venue for huge crowd events such as the 2000 Summer Olympic Games and APEC Australia 2007.
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RANZCO Teams Up with APRVS for 9th APVRS Congress
A Prelude to RANZCO 2015

The 9th Asia Pacific Vitreo-retina Society Congress (APVRS 2015), being held in conjunction with the Royal Australian and New Zealand College of Ophthalmologists (RANZCO) and the Australian and New Zealand Society of Retinal Specialists (ANZSRS), is just one of the many testaments of the 3 societies’ dedication to the pursuit of scientific excellence in the field of vitreo-retina in the Australia, New Zealand and Asia-Pacific regions.

Today, ophthalmologists are at the leading edge of vitreo-retina research in the region; developments in retina are definitely booming in Asia Pacific. The latest trends in technology and medicine are providing continuous evidence that blindness can be halted across the region.

As the medical college responsible for the training and professional development of ophthalmologists in Australia and New Zealand, RANZCO’s main mission is to drive improvements in eye healthcare in Australia, New Zealand and the Asia-Pacific regions through continuing exceptional training, education, research and advocacy.

At its 47th Annual Scientific Congress (RANZCO 2015), RANZCO is providing specialists with a huge platform about retinal disease and research through a mixture of sessions, courses, symposia, case studies, debates and discussion about a wide range of topics in the field.

From 31st October to 4th November, RANZCO 2015 will be held in Wellington, New Zealand. Today, at the RANZCO update session at APVRS 2015, 60% of the attendees are from Asian countries and 40% are expected from Australia, United States and Europe.

Through its various work channels, RANZCO is committed to delivering the best patient outcomes, education and training for specialists. Evidence based decision making, education, training, eye health care, collaboration with other groups involved in the delivery of eye health care nationally and internationally, and supporting trainees and Fellows through all stages of their career (collegiality) are hallmarks of RANZCO.

“Australia has a long tradition of helping out with development projects in the Asian region,” said Luke Vanem, General Manager, Community Relations and Congress, RANZCO.

“Countries with emerging economies such as Vietnam, Cambodia, India Nepal, Cambodia, Laos, Myanmar, Thailand Fiji and Cook Islands are just some of the places reached by RANZCO’s training and community services endeavors.

“This includes the education side as well, for example training local ophthalmologists to develop further in their specialization, to see that intellectual underpinning is used to the highest quality. We provide not just the practical side of training but a robust quality assurance component of training to budding ophthalmologists and medical systems around the region,” added Mr Vanem.

RANZCO’s membership is quite diverse, most of them are affiliated with sight saving organizations such as The Fred Hollows Foundation’s Vision 20/20, which has links throughout the Pacific Islands and Asia-Pacific regions. Through RANZCO, ophthalmologists work with program partners in both public and private sectors.
With aging populations, Asia is projected to have the highest burden of age-related retinal diseases, including age-related macular degeneration and diabetic retinopathy by 2040.

- Prof Wong Tien Yien, Medical Director, SNEC

A Taste of Australia

To make it a truly Australian experience, an informal social program, the Congress Party, will be hosted at the Maritime Museum on Day 2 (August 1) from 7.00 p.m. to 10.00 p.m. With a chance to get onboard the HMAS Vampire, the third of three Australian-built Daring class destroyers that served in the Royal Australian Navy (RAN), this entertaining experience will enable the attendees to enjoy the magnificent view of Australia’s skyline in winter time against the Sydney Harbour backdrop, while enjoying quality time with their families and colleagues. With great food, activities, and entertainment, this sure is a wonderful night that you shouldn’t miss.

The amazing city of Sydney unfolds the best of history, art, nature, culture, cuisine and design to its visitors. The congress venue, Hotel Hilton, is located at the heart of Central Business District and its close proximity to Darling Harbour precinct gives the delegates a chance to make the most of this magnificent city.

The closing session on Day 3, (August 2), from 3.30 p.m. to 4.00 p.m. will include the inauguration of upcoming APVRS President along with announcement of details for the 10th APVRS Congress.

Opening Ceremony Highlights

This year, the Medical Director of Singapore National Eye Centre (SNEC), Prof Wong Tien Yien, MBBS, MMed(Ophth), MPH, FRCS(Ed), FRANZCO, FAFPHM, PhD (Johns Hopkins), will deliver the APVRS Yasuo Tano Lecture to talk about the past, present and future of myopic macular degeneration.

Myopia is a major public health problem in East Asia, affecting 40% of adults, and high myopia is associated with myopic macular degeneration. According to Prof Wong, one of the most important features of this degeneration is choroidal neovascular membrane (myopic CNV), a leading cause of vision loss, particularly in younger people.
“With aging populations, Asia is projected to have the highest burden of age-related retinal diseases, including age-related macular degeneration and diabetic retinopathy by 2040,” said Dr. Wong.

“The APVRS meeting is increasingly seen as the pinnacle meeting for the latest updates and development in the field of retinal diseases,” he added.

Over the past decade, there have been advances into the epidemiology and pathophysiology of myopic CNV, which Dr. Wong will discuss during his lecture as well. However, a universally accepted definition of the disease accounting for severity of myopia, axial length and other degenerative changes in the fundus has yet to be agreed.

More importantly, there are major developments in treatment that will be discussed further. For example, randomized clinical trials have shown that anti-vascular endothelial growth factor (VEGF) is effective for treatment of myopic CNV.

Over the past decade, there have been advances into the epidemiology and pathophysiology of myopic CNV. However, a universally accepted definition of the disease accounting for severity of myopia, axial length and other degenerative changes in the fundus has yet to be agreed.

“These trials demonstrate substantial gains in visual acuity in patients treated with either ranibizumab or aflibercept, with low number of injections needed in the first year of treatment and no major safety issues,” explained Dr. Wong.

The results from these trials offer exciting prospects for the management of myopic CNV, and provide patients the hope of restored vision. However, the burden of treatment remains substantial, noted Dr. Wong.

“Future research should focus on developing clear guidelines on the classification of myopic CNV, recommendations for how myopic CNV should be managed, and prevention of myopia and thus myopic macular degeneration,” Dr. Wong concluded.

For further details, do not miss Dr. Wong’s Yasuo Tano Lecture at the APVRS 2015 Opening Ceremony on Day 1 (July 31), at Ballrooms A and B, from 16.15 pm to 17.45 pm.

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Ways to Minimize Litigation in Medical Practice

by Gloria D. Gamat

In the medical world, nobody likes to get sued. However, even the best of doctors struggle with the litigation process. Despite having delivered the best appropriate care, there are still instances when medical practitioners get accused of having negligently injured a patient. When this happens, doctors generally experience huge anxiety because they often feel that lawsuits attack them not only on the personal level, but professionally as well. To say that lawsuits bring stress is an understatement. They take a toll on the physician’s personal life, and can often lead to serious financial and professional consequences.

APVRS ShowDaily searched online literature to find out how litigation can be avoided in the medical practice, and we found a few helpful tips:

- **Use the power of good documentation:** While lawyers can argue that if something is not recorded then it did not happen, anyone who practiced medicine is very much aware that not everything makes it on the patient’s chart. But it is crucial that all information that led to the diagnosis and treatment decisions are well documented (i.e. patient’s inputs, description of physical examination and laboratory results, discussion of why certain decision was made, discussion of treatment course selected, and discussion of follow-up strategies).

- **Good communication with patients is always helpful:** More often than not, doctors don’t get sued when the patient’s perception is that the physician cared about him or her. According to medical litigation experts, in situations whereby patients leave the physician’s office believing that the physician listened carefully to their complaints, spent the time to explain the course of treatment, and genuinely cared about them as people, lawsuits don’t usually happen.

- **The benefits of good consultation:** Hospitals don’t have a long term relationship with their patients. But patients often have a good long term relationship with their regular physicians. The regular physician knows the patient’s medical history better than anyone else. Therefore in the event of hospitalization, it helps for the hospital to be in good consultation with the patient’s regular physician. This involves proper referral and hand-over of medical history documents.

- **Stick to accurate presentations:** In today’s web age, patients become overly-informed. In addition, physicians are getting sued for alleged misrepresentations to patients. Patients may be able to allege that all information they get on the Internet and advertisements are true, and therefore a guarantee that a certain procedure and/or medication will work 100% of the time. Unrealistic expectations about patient outcomes can lead to lawsuits, in the same way that doctors misrepresenting themselves (i.e. claiming to have performed 100 cases of certain procedures) can lead to lawsuits as well.

We could add a few more tips, but we better leave that to the experts. Here at APVRS 2015, Scott Chapman will discuss in-depth the various way to minimize litigation in your medical practice at the Young Fellows Symposium. Having more than 23 years of experience in Health Law and advising numerous major health institutions, Mr Chapman’s expertise and experience includes negotiations with government health departments, professional conduct and administrative law matters, risk management and corporatization of medical practices, among others.

The Young Fellows Symposium will be held at the State Room of Hotel Hilton on August 2, 2015 (Sunday), from 12.30 to 01.30 pm.

*Sources: The Hospitalist, Medical Economics, Hong Kong Medical Law Brief*
As a leader in ophthalmology, Bayer understands the importance of taking responsibility to drive science for a better life. This means addressing unmet needs through scientific progress and innovation and facilitating medical education and knowledge sharing. As such, Bayer supports multiple projects and initiatives worldwide as well as partnering with multiple organisations to help improve the lives of people living with a visual impairment or blindness.

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