



**7<sup>th</sup> Annual  
Ophthalmological Society of Jamaica  
Conference**

**THEME**

*DIABETES AND THE EYES: DIABETIC RETINOPATHY*

*6 CME hours*

**Sunday March 19<sup>th</sup> 2017, Jamaica Pegasus**

**The Ophthalmological Society of Jamaica (OSJ)**

**In collaboration with the VISION 2020 LINKS programme**

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The Ophthalmological Society of Jamaica's constitution was passed on May 12, 1985 at the UHWI Eye Clinic. The founding fathers of the specialty in Jamaica were Dr. Leighton Clarke, Dr Lyndon Evelyn, Dr D. Degazon and Dr H.A. Bramwell. The founding President was Dr Hugh Vaughan. The OSJ was relaunched in 2011 and has been committed to its objectives.

The objectives of the OSJ includes promotion of the best possible eye-care in Jamaica and the Caribbean through corporative efforts by:

1.
  - I. *Educational Work*: Promoting excellence through continued education
  - II. *Publications*: issuing of appropriate publications.
  - III. *Statistics and Reports*: Obtaining and disseminating accurate information regarding the various activities of this society
2. *Associations*:  
Encouraging and assisting in the formation of such societies, and forming strong links with existing societies in the Caribbean and worldwide.
3. *Cooperation with other bodies*: Promoting fraternal and professional relationship between fellow practitioners

The OSJ has held 3 conferences each year since 2011

- |   |                |
|---|----------------|
| 1. Annual Ophthalmic Conference             | - March/April  |
| 2. Medical Physician's Ophthalmic symposium | - Sept/October |
| 3. Public Ophthalmic Symposium (free)       | - Sept/October |

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### **Ophthalmological Society of Jamaica(OSJ) Conference Registration Costs:**

Ophthalmologists: \$5000 (note this year we have reduced the annual OSJ membership fee – the conference is free to all paid up OSJ members)

Optometrists: \$4000

General Physicians: \$3500

Residents: \$3000

Nurses: \$3000

Other medical staff, ophthalmic assistants, Workshop attendees etc: \$3000

Medical Students with ID: free

*Please note that these fees are greatly subsided costs and include the Pegasus lunch and 2 coffee breaks.*



THE OPHTHALMOLOGICAL SOCIETY OF  
JAMAICA in collaboration with the  
VISION 2020 LINKS PROGRAMME  
Presents the  
7<sup>th</sup> ANNUAL OSJ 2017  
CONFERENCE AND DRS WORKSHOP  
**THEME:**  
**DIABETES AND THE EYES - DIABETIC RETINOPATHY**

*March 19<sup>th</sup> 2017*



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**THEME:**

**DIABETES AND THE EYES - DIABETIC RETINOPATHY**

*Guest Speakers from the UK*

**Dr Andrea Kerr**  
Hospital

Consultant Ophthalmologist, Corneal Specialist, Northampton

**Dr Zubin Saihan**  
Moorfields Hospital, London

Consultant Ophthalmologist, Medical Retina Specialist,

**Dr Dawn Sim**  
Moorfields Hospital, London

Consultant Ophthalmologist, Medical Retinal Specialist,

**Dr Andrej Kidess**  
Elizabeth Hospital, Birmingham

Consultant Ophthalmologist, Vitreoretinal Specialist, Queen

**Marcia Zondervan**

Vision 2020 Links programme manager

**This year we will be introducing the Degazon Lecture**

**“THE IMPORTANCE OF DIABETIC RETINOPATHY SCREENING” to be given  
by Dr Zubin Saihan,**

**Medical Retinal Specialist, Moorfields Eye Hospital, London, England**

## CONTENTS

PRESIDENT'S MESSAGE.....	9
Ophthalmological Society of Jamaica (OSJ) Executives (2015-2017).....	11
Message from the Ministry of Health - Dr Beverly Wright.....	13
Message from the Diabetes Association.....	15
Message from the Vision 2020 Links Programme - Marcia Zondervan.....	16
7th ANNUAL OSJ CONFERENCE PROGRAMME.....	18
CONCURRENT DIABETIC RETINOPATHY SCREENING (DRS) WORKSHOP.....	21
Dr Denis Degazon Tribute.....	24
OSJ 2017 CONFERENCE ABSTRACTS.....	28
SESSION 1: DIABETES AND THE CORNEA: Chair Dr Donald Swaby.....	28
SESSION 2: LAYING THE FRAMEWORK FOR DRS: Chair: Dr Joan McLeod.....	28
SESSION 3: DEGAZON LECTURE Chair: Dr Lisa Leo Rhynie.....	30
SESSION 4: IMAGING IN DIABETIC RETINOPATHY Chair: Dr Gail Webster.....	31
SESSION 5: MEDICAL MANAGEMENT OF DR Chair: Dr Winsome Hastings.....	32
SESSION 6: SURGICAL MANAGEMENT Chair: Dr Jeannine Nelson-Imoru.....	33
SESSION 7: The Diabetes and the future Chair: Dr Claudine Green.....	35
SPEAKERS BIOGRAPHY.....	37
Gohar Beint (Diabetic Retinopathy Screening [DRS] Workshop).....	37
Dr Andrea Kerr MB; BS (Hons) (UWI), FRCOphth.....	37
Dr Andrej Kidess, MD, FEBO.....	38
Dr Jose Mendoza MD, MS.....	39
Professor the Honourable Errol York St Aubyn Morrison OJ, Hon. LLD, Hon. DSc, MD, PhD, FRCP ( <i>Glasg</i> ), FACP, FRSM ( <i>UK</i> ), FRSH ( <i>UK</i> ), FICD, FJIM.....	39
Dr Lizette Mowatt MB; BS (UWI), MMed Sci, FRCS (Ed), FRCOphth.....	42
Dr Zubin Saihan MBBS, PhD, FRCOphth.....	43
Dr Dawn Sim PhD, FRCOphth.....	43
Dr Hugh L Vaughan MBBS, FRCS, FRCOphth.....	44
Dr Beverley Wright.....	44
Prof Rosemarie Wright Pascoe MB;BS, DM, MRCP, FRCP (Ed).....	45
Marcia Zondervan <b>Non-Practicing</b> RN DTD DCEH MBA PATHE PG ROI.....	46
OSJ NeWstletter: DRS in Jamaica.....	49
Annual General Meeting.....	53

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The last 2 years have been that of growth in Ophthalmology in Jamaica. Several new technologies have increased in Jamaica with the introduction and development of pattern scanning micropulse laser, selective laser trabeculoplasty, corneal crosslinking, advances in Micro Incisional Vitrectomy Surgery (MIVS) from 23G to 25G then 27 G vitrectomies, and refractive surgery. Diagnostic investigations such as optical coherence tomography (OCT) and OCT- A (retinal angiogram) have allowed us to make better diagnostic and prognostic evaluation of common ophthalmologic diseases such as diabetic retinopathy, retinal arterial and vein occlusion, macula oedema and age-related macular degeneration (ARMD).

The OSJ has also undergone growth and this year for the first time has invited several eminent UK Medical Retinal and Surgical retina specialists to our meeting and have included a concurrent Diabetic Retinopathy Screening (DRS) Workshop in association with VISION 2020 LINKS. This will enhance the training of DRS photographers and screeners. We are pleased to have collaborated with the Vision 2020 LINKS programme to make this a successful conference. This year our theme is Diabetes and the Eye -Diabetic Retinopathy. This condition impacts all of us, regardless if you practice general ophthalmology or subspecialize. Jamaica has an 11.9% prevalence of diabetes (~300,000 people). All type II DM must have an annual dilated eye examination from diagnosis onwards. Can we manage to screen and treat all these patients effectively?

Diabetic eye disease is a significant cause of visual morbidity in our working-age patients. Although we have intravitreal anti-VEGF agents, lasers and surgical treatment for diabetic retinopathy, patients present very late to their ophthalmologists. Diabetic Retinopathy Screening (DRS) is essential in reducing visual loss from this avoidable cause of blindness. It is such an important area, that the Queen Elizabeth Diamond Jubilee Trust (QEDJT), a charitable organisation set up when Queen Elizabeth achieved 60 years on the throne, has extended funding to the commonwealth to reduce this disease, hereby reducing avoidable blindness. This will allow us to set up island-wide DRS screening (by a digital camera, photographers, screeners and graders), which has started in phases in Mandeville and will spread island wide, ultimately making this health care accessible to all.

Collaboration is the key to success and we welcome the participation of the Diabetes Association (DA), Prof, the Hon Errol Morrison OJ, DA Co founder's address and Dr Beverly Wright, Director of Health Promotion, from the Ministry of Health in our Symposium. We are pleased to have Prof Rosemarie Wright-Pascoe, Consultant Endocrinologist to update us on the management of diabetes. We will look at the factors that affect the journey from Vision to Blindness in patients with diabetic retinopathy.

During this 2017 OSJ conference, we will delve into the intricacies of diabetic eye disease with talks delivered by our own Jamaican, Dr Andrea Kerr, UK Consultant Corneal Specialist on Corneal disease. We are pleased to introduce for the first time our Dr Denis Degazon Lecture, which will be given by Dr Zubain Saihan, Medical Retina Specialist from Moorfields Eye Hospital. This lecture is fittingly entitled, "The Importance of Diabetic Retinopathy Screening". We will also hear from Dr Dawn Sim, another medical retinal specialist (Moorfields Eye Hospital) on Anti-VEGF treatments, Imaging in Diabetic Retinopathy and telemedicine. Her research work includes regenerative medicine (stem cells) in diabetic eye disease and teleophthalmology.

The prevention of diabetic retinopathy with DRS will be highlighted as will key aspects of the management including Imaging in Diabetic Retinopathy, OCT-A (angiogram), treatments including Anti-VEGF, micropulse laser and

vitrectomy surgery (MIVS). There will be a special lecture on cataract surgery in diabetic patients- the pearls, which will be of great interest to all. We have a special segment this year on Diabetic Retinopathy Screening, with our invited guest Ms Marcia Zondervan, VISION 2020 LINKS programme manager, who has been involved in setting up 28 links on DRS in Africa, Phillipine and for the first time in the Caribbean at the UHWI. We welcome Dr Joan McLeod, who will chair the session. She has made a significant contribution in developing Eye Services (including DRS) in Latin America and the Caribbean, especially Jamaica through her work with ORBIS

This very informative conference has an added bonus this year as we will be having a concurrent Diabetic Retinopathy Screening workshop, where technicians, nurses, ophthalmic assistants, medical staff, etc can get practical training in taking good ophthalmic photographs.

The past year (2016-2017) has seen the OSJ continuing its mandate of providing professional education to our fellow physicians and patients. In recognition of World Sight Day in October 2016, we held our usual Medical Physicians Ophthalmic conference and public symposia, themed: Stronger Together. This was postponed from Oct 2<sup>nd</sup>, to Nov 27<sup>th</sup> 2016 at the Main Medical Lecture theatre (UWI), due to the impending passage of Hurricane Matthew. The symposia were videotaped by Cable News and Sports (CNS News) and showed several times over the following months on that TV channel. We also had our usual articles written by our members in a Gleaner World Sight Day supplement. These articles are available on our website ([www.opthalsj.com](http://www.opthalsj.com)) and updated news can be found on our facebook page.

The OSJ calls for action from the Ministry of Health for the improvement of access to and quality of eye care services that are an integral part of a national health system. As 80% of the visual impairment is avoidable, we must work towards the global plan, developed in 2013 by the World Health Assembly. The Global Action Plan (GAP) for the Prevention of Avoidable Blindness and Visual Impairment 2014-2019, aims for Universal Eye Health, to reduce avoidable blindness and visual impairment worldwide by 25% by 2019. So, engaging with the Ministry of Health, we hope to improve public-private partnership to deliver sustainable quality Eye Care in Jamaica.

Preventative and screening actions are essential in reaching our goal. We are pleased to see the growth of Diabetic Retinopathy Screening (DRS) clinics at the University Hospital of the West Indies, Diabetes Association and the start of the National Diabetic Retinopathy Screening Clinics, initially in Mandeville to be rolled out islandwide within the next 2 years, with funding from the Queen Elizabeth Diamond Jubilee Trust fund

This year we welcome 2 Platinum sponsors, Aristopharma as a returning Platinum sponsor and our new sponsor, Jamaica National Bank, amongst the many sponsors (new and returning) who have always supported us through the years. I would like to thank the hardworking executive who worked tirelessly and to make our 2017 conference such a success.

Finally, I would like to wish that you leave this conference better informed, better equipped with relevant ophthalmic knowledge which will make a positive difference in your practices, as we continue saving sight, one eye at a time.

Sincerely,



Dr Lizette Mowatt MB; BS, MMedSci, FRCS (Ed), FRCOphth  
President/Scientific Chair (OSJ Symposium)

OPHTHALMOLOGICAL SOCIETY OF JAMAICA (OSJ) EXECUTIVES (2015-2017)



Dr Lizette Mowatt MB;BS, MMedSci, FRCS(Ed), FRCOphth  
President  
Scientific Chair



Dr Leon Vaughan BSc (Hons) MB BS, FRCSEd  
Vice President



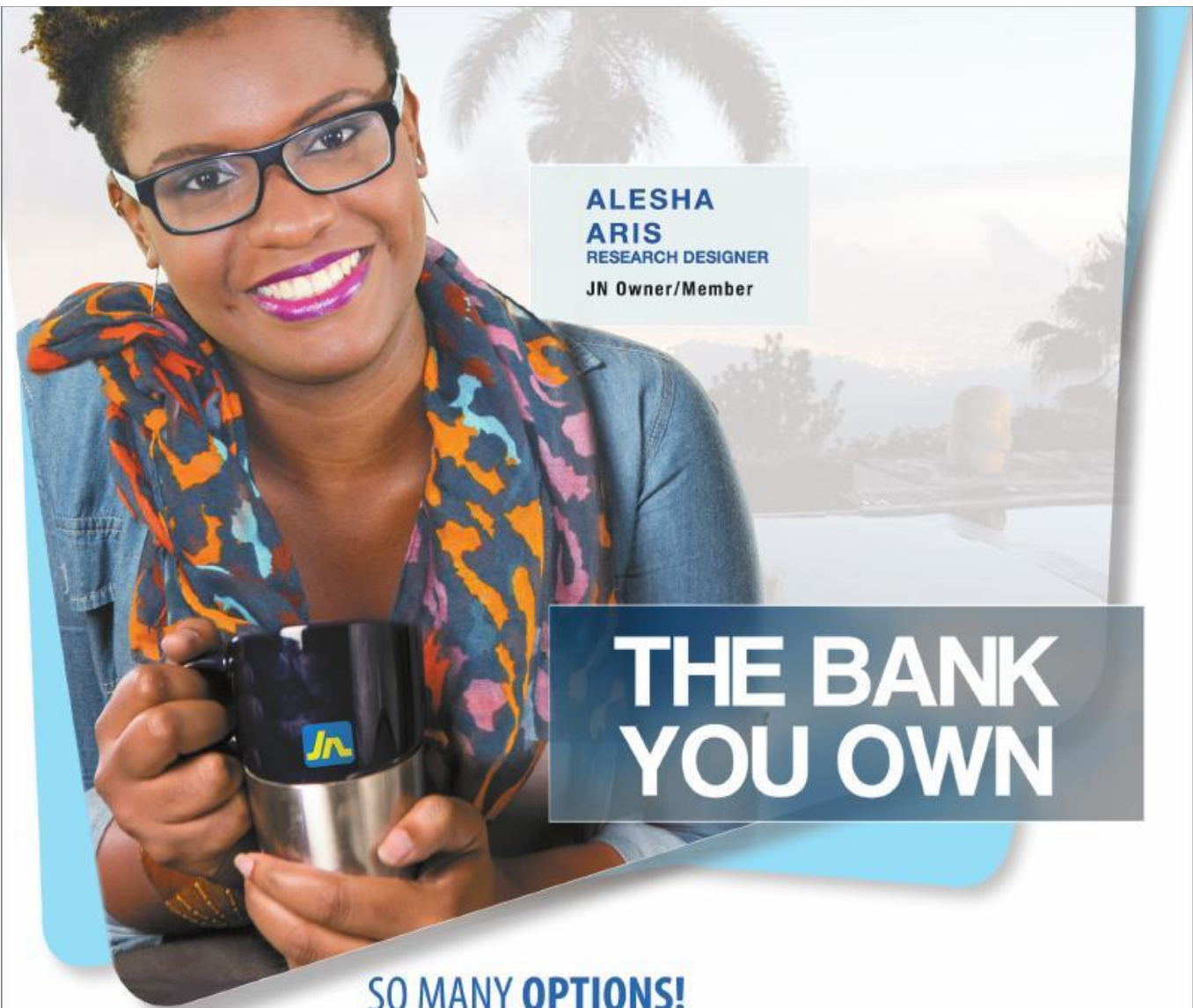
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**Dr. Beverley Wright** is a Public Health Specialist with thirty years of service with the Ministry of Health, Jamaica. She is an expert in Primary Health Care and Acting Director of Health Promotion

The Queen Elizabeth Diamond Jubilee Trust (the Trust) was established to celebrate Her Majesty the Queen's unrivalled 60 year contribution to the Commonwealth and a life of public service. The Trust is committed to deliver iconic projects including the prevention of blindness from diabetic retinopathy. Diabetes mellitus is a major cause of morbidity and mortality in Jamaica. Various studies suggest that 10-12% of Jamaicans over 40 years old suffer from diabetes. The condition is closely linked to eye disease, ischemic heart disease, stroke, peripheral vascular disease, renal disease and peripheral neuropathy which are the main causes of morbidity and mortality.

An ~ 183,800 persons (20-79 years) in Jamaica are living with diabetes. Of these, 55,140 are likely to have diabetic retinopathy and about 11,028 might need or benefit from laser treatment. Laser eye treatment in Jamaica is expensive and beyond the reach of the average citizen.

Referrals for eye conditions between primary, secondary and tertiary institutions are not streamlined and waiting time for treatment typically ranges from 6 to 24 months. The main hospitals in Jamaica are well-served with trained ophthalmologists but there were no eye care services at the health centre level. At the same time, there is a distinct shortage of essential eye care equipment in public hospitals.

With grant funding from the Trust through the Caribbean Council for the Blind Eyecare, Jamaica proposes to establish a robust, efficient and sustainable screening and treatment programme for diabetic retinopathy over a period of four years 2015-2019. The specific objectives were to;

1. Establish a policy framework for effective, efficient and sustainable management of diabetes and diabetic retinopathy.
2. Implement a comprehensive model for screening and treatment of diabetic retinopathy.
3. Provide requisite technical, physical and financial resources to sustain an effective screening and treatment programme for diabetic retinopathy.

The programme was rolled out on a staggered basis beginning with the Southern Region in Year 1 with intended expansion to the South Eastern Region in Year 2 thereby providing coverage to an estimated 70% of the population. It is proposed that there will be cumulative total of 138,680 screening events for diabetic retinopathy and a cumulative total of 7,780 persons with diabetic retinopathy will receive laser treatment over the course of the four years.

The project was launched in the SRHA in July 2015 and to date a primary eye screening clinics was established in each of the three parishes and the Mandeville Regional Hospital Eye Clinic strengthened to provide laser treatment. The second phase is yet to begin in the SERHA where

three primary eye care clinics are also being established and the Kingston Public Hospital Eye Clinic strengthened to provide laser treatment.

A recent evaluation revealed that the uptake and outputs are below target and recommends strengthened linkages through a medical information system. There is need for better integration between primary, secondary and tertiary care to ensure health education for the prevention and control of diabetes, the prevention of diabetic retinopathy and increased screening, treatment and follow up of patients. Another key recommendation is the continuing education and training of existing staff and employment of allied health professionals, namely refractionists and optometrists in the screening for diabetic retinopathy.

Other strategies are public education/communication, health promotion and advocacy at the regional and national levels to increase primary and secondary prevention and ensure quality improvement and sustainability.

Dr Beverley Wright



**Prof, the Hon Errol Morrison** OJ, Hon. LLD, Hon. DSc, MD, PhD, FRCP (*Glasg*), FACP, FRSM (*UK*), FRSH (*UK*), FICD, FJIM.

*Co-founder of the Diabetes Association of Jamaica, co-founder and Executive Member of the Diabetes Association of the Caribbean and Advisor to the Pan American Health Organisation (PAHO)*

The Diabetes Association is especially pleased to participate in this conference. It was in the early 70s that the Lions Club movement in Jamaica was challenged to add to its endeavours in "Saving Sight" .....a quest in educating the population about diabetes which was emerging as an important and common cause of secondary blindness. In those days the literature was uncertain as to which topped the list in causing secondary blindness.....diabetes or glaucoma. I cast my lot with diabetes and for some 40 years have endeavoured to bring to the health team as well as the public the changing fortunes in this condition.

To have this conference focussing on diabetes and the eye, is of major importance to us at the diabetes association and it coincides with our recent acquisition of a retinal camera, an ophthalmologist joining our team and us recently being awarded a grant from CHASE funds to screen 1200 persons for diabetic retinopathy.

As the saying goes...sometimes it doesn't just rain; it pours.

We stand ready to participate in any outcomes from the conference and are deeply appreciative of being invited to participate.

Sincerely

Prof the Hon Errol Morrison OJ,  
Hon Life President, Diabetes Association of Jamaica





The VISION 2020 LINKS Programme is delighted to be part of the OSJ 7<sup>th</sup> Annual Symposium and wishes all participants a stimulating and enjoyable day. The LINKS Programme supports 30 long-term training LINKS in the Caribbean, Africa and Asia. Enhancing detection and treatment of diabetic retinopathy is a huge issue worldwide and the DR-NET (diabetic retinopathy network) has been established to help address it by sharing learning between the LINKS.

The VISION 2020 LINK between UHWI and Moorfields/Homerton in London, UK, is part of DR-NET and is embracing the challenge of increasing the number of patients treated for sight-threatening DR by at least one per week. This will save many people in Jamaica from unnecessary loss of sight.

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## 7TH ANNUAL OSJ CONFERENCE PROGRAMME

Time		Speaker
<b>8-8.30am</b>	Registration	
	<b>WELCOME CEREMONY: Chair: Dr Donald Rhodd</b>	
<b>8:30-8:35 am</b>	Opening Remarks	Dr Donald Rhodd
<b>8:35-8.45am</b>	Welcome Address	Dr Lizette Mowatt <i>OSJ President</i>
<b>8:45-8:55am</b>	Greetings from the Ministry of Health	Dr Beverley Wright <i>Director of Health Promotion and Protection (MOH)</i>
<b>8:55-9:05am</b>	Greetings from the Diabetic Association	Prof, the Hon Errol Morrison O.J <i>Co-founder Diabetes Association &amp; President of UTECH.</i>
<b>9:05- 9:10am</b>	Greetings from the Vision 2020 LINKS programme	Marcia Zondervan <i>Vision 2020 LINKS programme manager</i>
<b>9.10-9.15am</b>	Vote of Thanks	Dr Donald Rhodd
	<b>SESSION 1: DIABETES AND THE CORNEA</b> <b>Chair: Dr Donald Swaby</b>	
<b>9:15-9:20am</b>	Chairman remarks	
<b>9:20-9:35 am</b>	Corneal Pathology in Diabetics	Dr Andrea Kerr
<b>9:35-9:40am</b>	Questions	
	<b>SESSION 2: LAYING THE FRAMEWORK FOR DRS</b> <b>Chair: Dr Joan McLeod</b>	
<b>9:40-9:45am</b>	Chair remarks	
<b>9:45-10.00am</b>	Update on the management of Diabetes	Prof Wright Pascoe
<b>10:00-10:05am</b>	Questions	
<b>10:05-10:20am</b>	Diabetic Retinopathy: Journey from Vision to Blindness – can we prevent it?	Dr Lizette Mowatt
<b>10:20-10:25am</b>	Questions	

10:25-10:35am	Vision 2020 Links DRS Programmes: an overview Introduction of the Homerton- UHWI Links team	Marcia Zondervan and team
10:35-10:40am	Questions	
10.40 -11:10am	<b>Coffee Break</b>	
	<b>SESSION 3: Dr DENIS DEGAZON LECTURE</b> <b>Chair: Dr Lisa Leo Rhynie</b>	
11:10-11.15am	Chair remarks	
11:15-11:20am	Introduction to the Degazon Lecture	Dr Hugh Vaughan
11:20-11:35am	The Importance of Diabetic Retinopathy Screening (DRS)	Dr Zubin Saihan
11:35-11:40am	Questions	
	<b>SESSION 4: IMAGING IN DIABETIC RETINOPATHY</b> <b>Chair: Dr Gail Webster</b>	
11:40-11:45am	Chair remarks	
11:45-12:00pm	Imaging in DR	Dr Dawn Sim
12:00-12:05pm	Questions	
12:05-12:20pm	How OCT-A revolutionised my ophthalmic practice?	Dr Jose Mendoza
12:20 -12:25pm	Panel Discussion	
	<b>SESSION 5: MEDICAL MANAGEMENT OF DR</b> <b>Chair: Dr Winsome Hastings</b>	
12:25-12:30pm	Chair remarks	
12:30 -12:45pm	VEGF, What is it and its implication in disease	Dr Hugh Vaughan
12:45-12:50pm	Questions	
12:50 -1:10pm	Updates on the medical management of DR: Intravitreal Injections	Dr Dawn Sim
1:10-1:15pm	Panel discussion	
1:15-2:15pm	<b>LUNCH</b>	
2:15-2:30pm	<b>Platinum Sponsor</b>	<b>Aristopharma</b>
	<b>SESSION 6: SURGICAL MANAGEMENT</b> <b>Chair: Dr Jeannine Nelson-Imoru</b>	
2:30-2:35pm	Chair remarks	
2:35-2:50pm	Cataract Surgery in the Diabetic patient	Dr Zubin Saihan

2:50-3:05pm	Micropulse Laser treatment in diabetic macula oedema	Dr Lizette Mowatt
3:05-3:15pm	Indications for vitrectomy in diabetic retinopathy	Dr Andrej Kidess
3:15-3:30pm	Updates on Vitrectomy in Diabetics	Dr Andrej Kidess
3:30-3:35pm	Panel discussion	
3:35-4:00pm	<b>Coffee Break: Time with Sponsors</b>	
4:00-4:15pm	<b>Platinum Sponsor</b>	<b>Jamaica National</b>
	<b>SESSION 7: The Diabetes and the future</b> <b>Chair: Dr Claudine Green</b>	
4:15-4:20pm	Chair remarks	
4:20-4:35pm	Telemedicine in the management of Diabetic Retinopathy	Dr Dawn Sim
4:35-4:40pm	Questions	
4:40-4:45pm	Vote of Thanks	Dr Donald Rhodd
4:45- 5.30pm	<b>Annual General Meeting</b>	



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## CONCURRENT DIABETIC RETINOPATHY SCREENING (DRS) WORKSHOP

### (OSJ and Vision 2020 LINKS collaboration)

This workshop is intended for technicians, diabetic staff, ophthalmic staff, nurses, medical staff interested in learning more about the practical aspect of Diabetic Retinopathy Screening, mainly fundus photography – how to take the best photograph so that it can be read and images properly interpreted. This is an essential course for anyone interested in being part of a DRS programme. This course is also for personnel presently involved in a DRS programme as it will give you the pearls in taking great images.

**Chair: Ms Marcia Zondervan, Programme Manager Vision 2020 LINKS programme**



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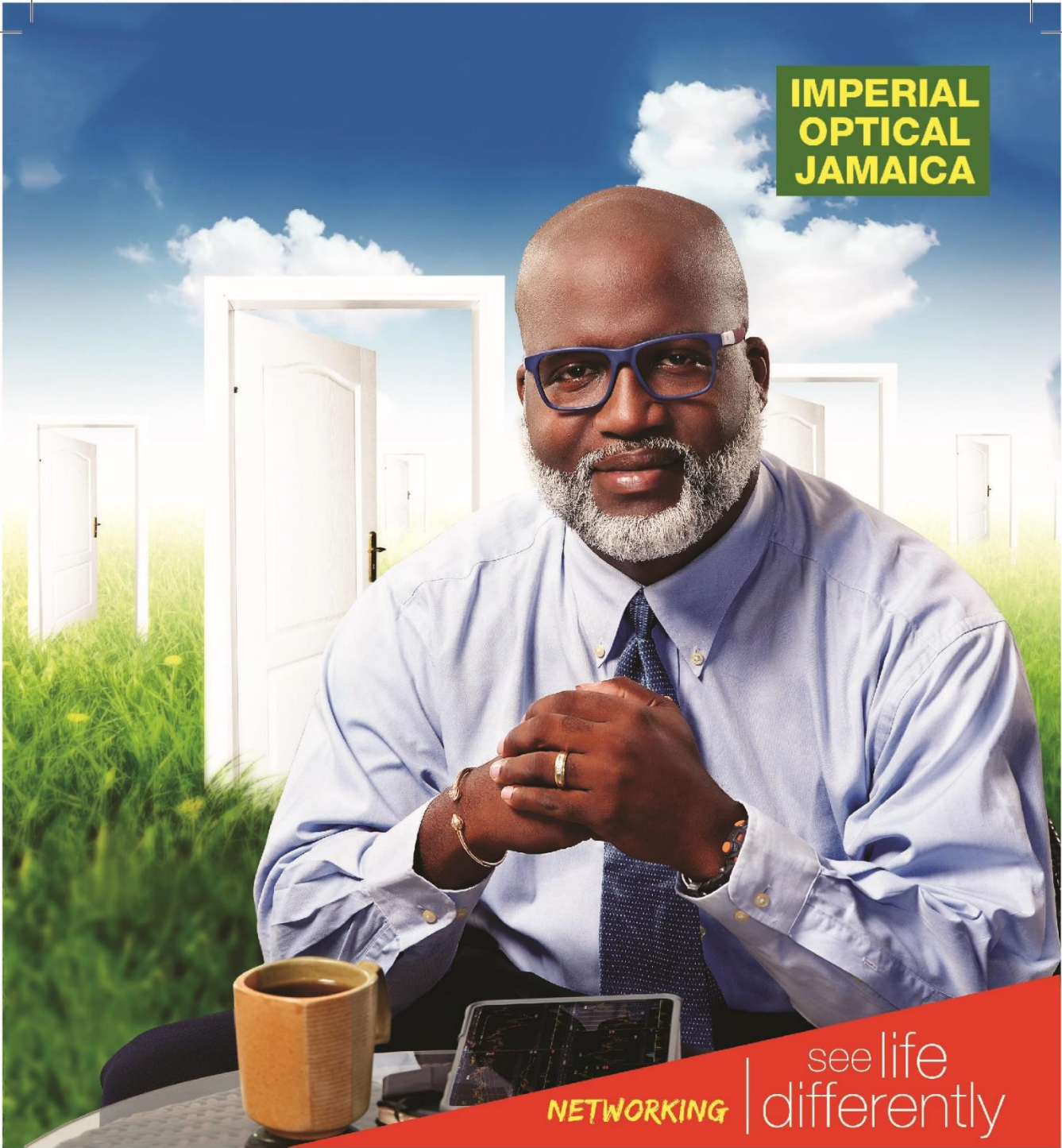
**Attendees would be part of the OSJ programme (8:30-5pm)**

Time	Topic	Speaker
12:20-12:25pm	Welcome	Lizette Mowatt
12:25-12:30pm	Introduction to DRS and Vision 2020 Links	Ms Marcia Zondervan
12:30- 12:45pm	Introduction to Diabetic Retinopathy and why we screen	Gohar Beint
12:45-12:50pm	Questions	
12:50-1:15pm	Introduction to Fundus Photography	Gohar Beint
1:15-2:15pm	LUNCH	
2:15pm 3:15pm	Fundus Photography (power point and practical)	Gohar Beint Assistants: Roshi Sawh/ Rhona Ferguson
3:15-3:30pm	Questions	
3:30-3:40pm	Coffee Break	
3:40-4:30pm	Grading Fundus Photographs	Gohar Beint

<b>4:30-4:35pm</b>	Vote of Thanks	
<b>4:35pm</b>	To join the main OSJ meeting	

**Gohar Beint is the Clinical Manager of the very busy Homerton NHS DRS programme. This programme has been linked with the UHWI EYE Clinic DRS through the Vision 2020 LINKS programme.**

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**Denis William Alexander Degazon** was born on November 13, 1909 in Castries, St Lucia.



Denis attended St. Mary's College in St Lucia with other well-known Caribbean figures such as Sir Arthur Lewis, Sir Allen Lewis and Sir Garnett Gordon. He won the St Lucian Island scholarship and left to study medicine in the United Kingdom at the University of London.

He was recruited to the British Medical Service when he qualified with the MBBS from London University. He was assigned as a Medical Officer to British Honduras, now Belize.

He contracted Malaria when he was in British Honduras and was treated with quinine, the principal treatment at that time. Quinine is known to be destructive to the liver and on two occasions in his life, he would suffer from attacks of jaundice, eventually dying from a diagnosis of cirrhosis of the liver at 76 years.

In the mid-1940s, Denis Degazon returned to England to further his studies. He specialized in Surgery and Ophthalmology completing these qualifications at the University of London and Edinburgh University respectively.

In 1946 at a West Indian Student Union party he met Dorothy Marguerite Blanchette, a Kittitian student who was on a British Council music scholarship at the Guildhall School of Music. They were engaged within 3 months and married on August 1<sup>st</sup>, 1947 at the Surbiton Methodist Church in Surbiton, Surrey, England.

Returning to British Honduras at the end his studies, still a British medical officer, Dr. Degazon was assigned to the Belize Hospital as the head of Surgery and Ophthalmology. He and his new bride would live on the hospital compound. Their first daughter, Daphne, was delivered in the Belize hospital.

In 1948, Denis Degazon accepted a position as head of the Eye Clinic at Kingston Public Hospital (KPH) and moved his family to Jamaica. He was also appointed to head the fledgling ophthalmology clinic and programme at the still new University College of the West Indies.

The establishment of the University College Hospital of the West Indies in the late 1940s brought several gifted and capable academics and professionals to Mona. His friends and colleagues at that time included Sir Hugh Springer, Dame Nita Barrow, Professor John Figueroa, Sir Harry Anamunthodo, Sir Kenneth Standard and Sir Phillip Sherlock whose children became playmates of the Degazon children. He also befriended two Jewish doctors who had been held at Gibraltar camp during the war: Dr. Max Sugar and Dr. Jacobson. Between 1949 and 1962, he worked at both institutions, giving his mornings to the KPH and his afternoons to the UWI.

Degazon was elected and served as president of the Jamaica chapter of the British Medical Association.

In 1960, Degazon retired from the British Medical Service and was assigned to the Eye Clinic at Kingston Public Hospital. He opened his private practice at Melmac Avenue, the first medical practitioner to do so. To this day, Melmac and Paisley Avenues are known to be the venue where many doctors, dentists, ophthalmologists, optometrists' offices are located.

The University of the West Indies - no longer a “college” of the University of London – appointed him as Consultant Ophthalmologist. He enjoyed lecturing to students, but always felt, and often said that many of the students would opt for specializations other than Ophthalmology as it did not have the “drama and excitement” of other fields.

Ophthalmic students who have passed through his hands include Dr. Albert Lockhart and Dr. Hugh Vaughan, among others.



Dr Denis Degazon and Family- wife, Dorothy and younger daughter Rolande

In 1972, Dr. Degazon underwent a straightforward surgical procedure which presented every complication imaginable. He made it through but the impact took a toll on his health and in 1974 he decided to move into semi-retirement in his homeland, St Lucia. He opened a small practice in Castries for a few mornings each week.

In 1984 when his health deteriorated further, he returned to Jamaica with his wife, where he passed away in 1986 at the University Hospital of the West Indies. He left his widow, Dorothy, two daughters, Daphne and Roli, and four grandchildren. His last grandchild, Danielle was born four months after his death.

Compiled by Lisa Leo-Rhynie with information submitted by Roli Degazon-Johnson.

## INTERESTING FACTS ABOUT DR. DENIS

### DEGAZON

- Dr. Degazon was born to Dominican mother and a St. Lucian father.
- His father was the elected Mayor of Castries.
- He was the eldest of three boys.
- His father died while he was still a student and he had to support himself and his brother on his scholarship, and a loan from a family friend.
- He had a German friend, who invited him to spend Christmas in Germany. He attended a Hitler-led parade, and remembered being scrutinized by Hitler, being the only black man in the crowd.
- He was able to speak German, and was the President of the Jamaica-German Society, being awarded German National Honours at the end of his presidency.
- He studied with Jomo Kenyatta, independent Kenya's first President.
- He loved classical music and opera. On a visit to the theatre in London he was once mistaken for Paul Robeson, and mobbed for his autograph.

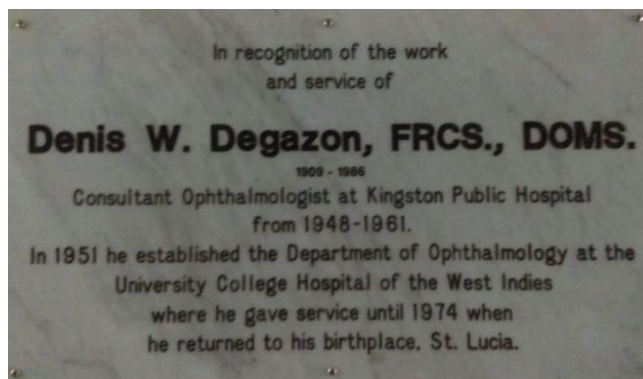


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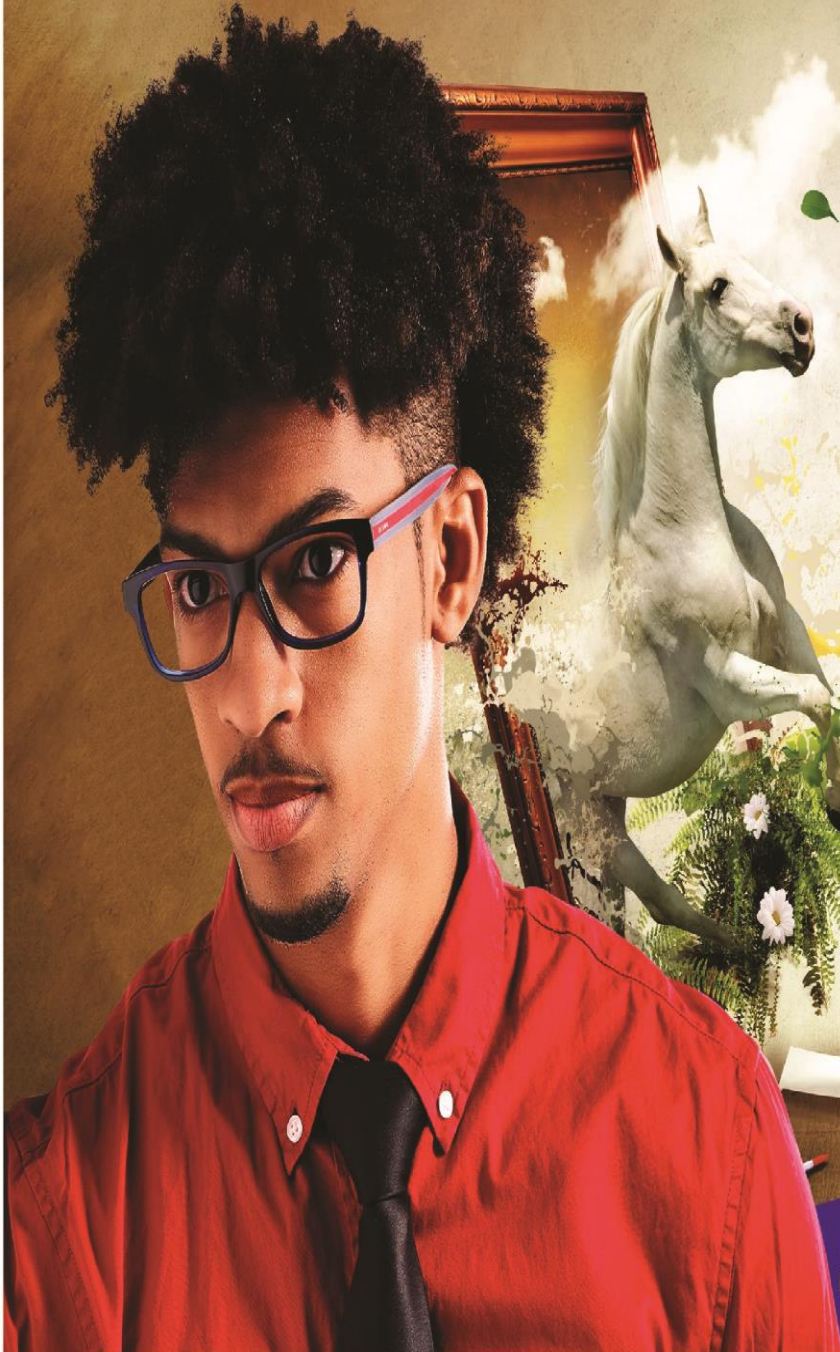
### MORE INTERESTING FACTS...

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- Their wedding reception was held at the home of the Mayor of Surbiton, Percival Ramson, because none of the reception halls or restaurants in London would agree to host the wedding of a black couple. The Mayor's wife had befriended Mrs. Degazon, and offered to host the reception.
  - He looked after the eyes of both National Heroes, Norman Manley and Alexander Bustamante.
  - He got word that his mother and aunt perished in a fire in Roseau, Dominica, while he was hosting a reception at his home in St. Andrew. He did not inform his guests, because "The show must go on..."
  - He was known fondly by his students as "Big D", and is considered the 'Father of Ophthalmology' in Jamaica.
  - He was known to perform appendectomies in the morning and then cataract extractions in the afternoon.
- 
- **Dr. Degazon was the embodiment of the 'Melting Pot' of the Caribbean; born of a Dominican mother, a St. Lucian father, marrying a Kittitian, and raising his children in Jamaica.**
- 



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SESSION 1: DIABETES AND THE CORNEA: CHAIR DR DONALD SWABY

**Corneal Pathology in Diabetics - Dr Andrea Kerr**

An overview of the anatomy and patho-physiology of the cornea and the changes produced in the cornea at the metabolic level and the correlation of how these relate to the manifestation of pathology in the diabetic patient. The changes in the tear film complex surface and how these interact to cause the commonly recognised complications such as corneal erosion, neurotrophic cornea and ocular surface disease will be examined. The implications for prognosis and outcomes in corneal surgery in patients with diabetes will conclude the presentation.

SESSION 2: LAYING THE FRAMEWORK FOR DRS: CHAIR: DR JOAN MC LEOD

**Update on the management of Diabetes - Prof Wright Pascoe**

**ABSTRACT PENDING – leave ½ page space**

## **Diabetic Retinopathy: Journey from Vision to Blindness – can we prevent it? Dr Lizette Mowatt**

Diabetic Retinopathy (DR) is a major cause of preventable blindness. Jamaica has an 11.9% prevalence of diabetes. ~300,000. However, 50% of them don't know that they are diabetic. An UHWI DR study showed that over 69.5% of our patients had visually threatening (PDR and/or macula oedema) (*Mowatt MEAJO 2013*). Type 1 DM had a 1.88 odds ratio of getting PDR versus the Type II. Further, Type I DM males were more likely to have higher blood pressures, glucose levels and worse vision.

Another UHWI study confirmed that patients' knowledge and beliefs didn't correspond to practice. Only 40% of patients exercised and 49.7% ate a special diet, despite > 95% knew the importance of this (*Foster T, Mowatt L, Mullings J J-Com Health 2016*). A poorer quality of life (QOL) was seen in patients with severe visual impairment and lower socioeconomic status. However, patients who were medication compliant exercised and ate a special diet had a higher QOL.

Several factors explain the high prevalence of DR in our society. The United Kingdom Prospective Diabetes (UKPDS) study determined ~37% of Type II DM have DR at the time of diagnosis, hence screening for DR should occur on diagnosis. Diabetic Retinopathy Screening (DRS) can significantly reduce the incidence and severity of this disease. There are not enough Ophthalmologists in Jamaica to screen 300,000 patients annually. Therefore, island wide digital screening with the use of trained fundus photographers, screeners and graders with referral to Ophthalmologists cases that require treatment needs to be implemented.

### **Vision 2020 Links DRS Programmes: an overview**

**Introduction of the Homerton- UHWI Links team Marcia Zondervan and team**

# COFFEE BREAK

## **The Importance of Diabetic Retinopathy Screening (DRS) Dr Zubin Saihan**

The main aim of Diabetic retinopathy screening (DRS) is to reduce preventable vision loss in individuals with vision threatening diabetic retinopathy (VTDR).

### **WHAT IS SCREENING?**

Screening is the process of identifying individuals who are at increased risk of a disease or condition. Diabetic retinopathy (DR) is a disease well suited to screening as: 1. DR is a well-defined disorder 2. The natural history is well known 3. Proven treatments exist 4. Validated screening tests (adequate specificity and sensitivity) exist 5. DRS is cost effective.

### **WHY?**

There is currently a worldwide epidemic of diabetes due to changes in lifestyle, obesity and demographic shifts.

### **HOW?**

There are many DRS programs worldwide, each with their own challenges.

In the UK, DRS is nationally coordinated and screens 75% of diabetics using retinal photography. Image acquisition and grading of digital images is performed by trained technicians (automated grading is used in Scotland). Low risk individuals are invited back to screening; individuals with VTDR are referred to the hospital eye service for assessment and treatment. The success of the UK DRS efforts have resulted in DR no longer being the leading cause of blindness in working aged adults.

Jamaica has a population of around 2.8 million, of which 11% (200,000+ people) have diabetes, 10% of which (20,000+ people) may have VTDR requiring treatment. As of 2012 there were only 43 ophthalmologists in Jamaica.

Several centers provide DRS in Jamaica although these efforts are not nationally coordinated at present. There are challenges identifying and reaching diabetic patients, funding and infrastructure.

## **Imaging in Diabetic Retinopathy Dr Dawn Sim**

This talk will describe the latest advances in the field of ophthalmic imaging in the field of diabetic retinopathy. Optical coherence tomography (OCT), a non-invasive imaging modality that allows visualization of the optical cross-section of the retina and choroid. The use of OCT-derived parameters for diagnosis and monitoring of both diabetic retinopathy and diabetic macular oedema will be discussed. Emphasis will be given to practical applications and real-world limitations of newer imaging modalities, such as optical coherence tomography angiography (OCTA) imaging, and the potential future role of ultrawide-field (UWF) retinal imaging in applications such as diabetic retinopathy screening, telemedicine, and virtual clinics

### **How OCT-A revolutionised my ophthalmic practice? Dr Jose Mendoza**

OCT Provides Bi-dimensional and 3D images of the Choroid, Macula and Optic Nerve with micrometric resolution. The evolution of OCT technology lead us to obtain better images but, it is still unable to detect directly vascular changes.

The idea of scanning several times the Retina to get only images from structures moving inside the blood vessels gives birth to OCT-A. Also the presence of new algorithms to detect changes in the vessels (i.e. SSADA) helps to improve the images obtained.

Compared with AGF and ICG, OCT-A has several advantages and differences. Images can be acquired in a few seconds and does not require contrast injection. Being quick and noninvasive, follow up can be perform more often. In traditional AGF, leakage is the key point to look for in cases of neovascularization and micro aneurysms. A-OCT is unable to assess "leaks".



Abnormalities are detected based on the depth and vascular patterns. So, we need to re-establish the way we understand the vascular features and patterns that we are looking to.

Pathologic evaluation in OCT-A is, for example, the absence or reduction of normal flow in normal vascular areas or abnormal vascular patterns in normal avascular areas. Decrease capillary detection and measurements in non-perfusion in the fovea (FAZ) Retinal Neovascularization detection (RNV) or detection of Choroidal Neovascularization (CNV).

#### SESSION 5: MEDICAL MANAGEMENT OF DR CHAIR: DR WINSOME HASTINGS

##### **VEGF, what is it and its implication in disease Dr Hugh Vaughan**

VEGF or Vascular Endothelial Growth Factor also known as Vascular permeability factor(VPF) is a protein messenger. Its role in eye disease management is outlined. On its initial discovery it was believed to be a single molecule. Its now known too have isoforms, and the roles of each is examined. The various strategies of combating VEGF are outlined.

##### **Updates on the medical management of DR: Intravitreal Injections Dr Dawn Sim**

Diabetic macular edema (DME) is the most common cause of vision loss from diabetic retinopathy. In the past 5 years, we have witnessed a dramatic paradigm shift from macular laser therapy to intravitreal injections of anti-angiogenic and anti-inflammatory agents. This has created both a clinical capacity and socioeconomic burden on many public healthcare systems in the world. This section will cover current treatment pathways for patients with DME requiring injection therapy, and the protocols used in the United Kingdom. The role of nurse-led injectors and optometrist assessment will also be discussed.

## LUNCH BREAK

**Cataract Surgery in the Diabetic patient    Dr Zubin Saihan**

Practical surgical tips and options for management of cataract in the presence of diabetic macular oedema and proliferative diabetic retinopathy will be discussed.

Cataract occurs more frequently and at an earlier age in diabetics.

Diabetic patients have been shown to have a higher rate of peri and post-operative complications including corneal oedema and delayed wound healing, post-operative inflammation and cystoid macular oedema (CME).

Post-op CME occurs in around 1% of non-diabetics and <12% of diabetics undergoing cataract surgery. This is thought to be due to the breakdown of the blood-retinal barrier in diabetic eyes. Post-op CME is a problem as it adversely affects visual outcomes after cataract surgery.

Recent data suggests the relative risk of post-op CME is increased in diabetics, even in those without any diabetic retinopathy, this risk increases with increasing severity of retinopathy.

Topical non-steroidal anti-inflammatory drugs (NSAIDs) and intraocular/periocular steroids have a protective effect both in reducing post-operative CME in diabetics and treating post-op CME. The optimum drug, dose and regimen for both NSAIDs and steroids remains unclear now, but are the subject of ongoing research.

**Micropulse Laser treatment in diabetic macula oedema    Dr Lizette Mowatt**

Lasers have been a well-established treatment modality for diabetic retinopathy from 1969 with the ruby laser for photocoagulation. The application technique has become faster and more accurate and safer with the pattern scanning and NAVILAS focal laser. With the advent of the anti-VEGF, the use of conventional (CW) laser for diabetic macula oedema has reduced. The BOLT study has shown the benefit of anti-VEGF, resulting in a better visual acuity compared with CW laser.

ETDRS proved that laser treatment of clinically significant macula oedema (CSMO) reduced moderate vision loss by 50% at the 3 years' mark. Diabetic Retinopathy Clinical Research Network (DRCR.net) showed that focal laser was more effective and lesser side effects than intravitreal triamcinolone.

The CW focal laser is thought to stimulate RPE, closing leaking micro aneurysm, resulting in decreased oedema. Repetitive short threshold pulse prevents thermal retinal damage and is thought to produce a stress response and inducing beneficial intracellular biological factors (anti-angiogenic and restorative) without tissue necrosis.

It is important to monitor with an OCT, as the foveal thickness of >400um doesn't respond well to micropulse laser. An OCT Angiogram is also important to determine if the CSMO has associated significant macula ischemia which will affect the prognosis.

### **Indications for vitrectomy in diabetic retinopathy Dr Andrej Kidess**

Diabetic retinopathy is the leading cause of blindness among the working population in the developed world. In many cases the retinopathy progresses despite the best efforts on the part of the patients and of the ophthalmologist. The visual loss in proliferative diabetic retinopathy (PDR) is caused by the combination of retinal ischaemia, vitreous haemorrhage and/or tractional retinal detachment. About 5% of patients with PDR show continued progression of retinopathy and require surgical intervention despite adequate photocoagulative laser treatment and good glycaemic and hypertensive control.

The role of vitrectomy for the complications of PDR is now unquestionable and, with newer techniques, minimally invasive vitreoretinal surgery and intravitreal Bevacizumab, early vitrectomy is increasingly favoured to achieve better visual outcome in those vulnerable patients. The aim of my talk is to share with you my experience on decision-making for surgery

### **Updates on Vitrectomy in Diabetics Dr Andrej Kidess**

Vitrectomy for the complications of proliferative diabetic retinopathy was first described more than 35 years ago. Pars-plana vitrectomy (PPV) allows the removal of opacities from the media, such as non-clearing vitreous haemorrhage, and offers relief from vitreoretinal traction. Preoperative retinal laser photocoagulation also helps to stabilise the intraocular vasoproliferative process. Innovative technologies in vitrectomy surgery have allowed for improved instrumentation and surgical efficiency compared to prior 20-gauge PPV systems. Small-gauge vitrectomy such as 23- and 25-gauge systems which have now become standard in

clinical practice, has permitted transconjunctival incisions and smaller sclerotomy size. 27-gauge systems have also started to become available and may eventually become widely used in practice. The aim of my talk is to demonstrate my surgical techniques using surgical videos.

## COFFEE BREAK (TIME WITH SPONSORS)

SESSION 7: THE DIABETES AND THE FUTURE CHAIR: DR CLAUDINE GREEN

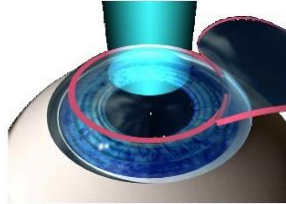
### **Telemedicine in the management of Diabetic Retinopathy Dr Dawn Sim**

Modern ophthalmic practice is faced by the challenges of an aging population, increasing prevalence of systemic pathologies with ophthalmic manifestations, and emergent treatments that are revolutionary but dependent on timely monitoring and diagnosis. This represents a huge strain not only on diagnostic services but also outpatient management and surveillance capacity. Concurrently, there have been exponential increases in computing power and developments in imaging capabilities. Despite this, image analysis techniques are still currently superseded by expert ophthalmologist interpretation. Teleophthalmology is therefore currently perfectly placed to face this urgent and immediate challenge of provision of optimal and expert care to remote and multiple patients over widespread geographical areas. This section reviews teleophthalmology programs currently deployed in the United Kingdom, focusing on diabetic eye care, further compares the similarities and differences between population screening, and teleophthalmology.



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## SPEAKERS BIOGRAPHY

### GOHAR BEINT (DIABETIC RETINOPATHY SCREENING [DRS] WORKSHOP)



Gohar graduated in Optometry from Cardiff University. She has worked within the Hospital Eye Service for 15 years, more recently splitting her time between Whipps Cross Hospital and Homerton University Hospital. At Whipps she works within the medical retina team in the AMD and diabetic clinics and at Homerton, has recently taken over the clinical manager role of the North East London Diabetic Eye Screening Programme.

### DR ANDREA KERR MB; BS (HONS) (UWI), FRCOPHTH

Graduated from the University of the West Indies in 1989 with MBBS (Hons). After completing my internship at Spanish Town Hospital, Bustamante Children's Hospital, I emigrated to the UK to pursue post-graduate ophthalmology.

I started my post-graduate training in Ophthalmology in the UK at the Princess Alexandra Eye Pavilion in Edinburgh where I spent three years as a Senior House Officer from 1991 until 1994, followed by the Royal Liverpool University Hospitals as a Registrar from 1994 until 2000 and the Queen Victoria Hospital in East Grinstead as a Corneal Fellow from 2000 until December 2001. I completed my Certificate of Completion of Specialist Training (CCST, now CCT) in October 2000. I am a Fellow of the Royal College of Ophthalmologists (RCO), a member of the British Society of Cataract and Refractive Surgeons (BSCRS),

Along the way, I got married and have three children, two of whom are now at University reading civil engineering and the youngest still at Rugby School in Warwickshire, preparing for GCSE's.

I practise as an anterior segment surgeon in the NHS at Northampton General Hospital where I have been a consultant since January 2002. This is a district general hospital in the Midlands with a consultant staff of 10 consultants, each with his/her own subspecialty interest. We treat a wide

range of corneal and external eye disease conditions both medically and surgically. I also provide county wide services for Northamptonshire County (with a population of 750,000) for corneal graft surgery and collagen cross linking surgery. I also practise privately and you can find me at [www.lasereyeconsultant.co.uk](http://www.lasereyeconsultant.co.uk).

I am also involved in post-graduate education. I was College Tutor for 9 years followed by a three-year stint as the Training Programme Director for the East Midlands and was a member of the Royal College of Ophthalmologists Training Committee during this period. I am one of the sponsors for the Royal College of Ophthalmologists MTI (Medical Training Initiative) programme which allows overseas doctors to have a two-year period of training in Ophthalmology in the UK.

DR ANDREJ KIDESS, MD, FEBO



Consultant Vitreoretinal Surgeon, University Hospitals Birmingham  
- Queen Elizabeth Hospital

Graduated and trained in Athens in an ophthalmic trauma hospital.  
Fellow of European Board of Ophthalmology.

Mr Kidess has 7 years' ophthalmology experience in Athens and 5 years in the UK. Completed higher training in vitreoretinal surgery in Birmingham and London (Western Eye Hospital). Special interests in vitreoretinal and cataract surgery, trauma and medical retina.

DR JOSE MENDOZA MD, MS



Dr Mendoza graduated from the University of San Martin de Porres, Lima, Peru in 2001 Postgraduate training at the Universidad Nacional Federico Villarreal Instituto de Ojos Oftalmosalud, Lima, Peru. He is the Director Medico CEDO (Centro de Diagnostico Ocular), Lima, Peru. Medical Advisor and Consultant Oculus Optikgeraete Wetzlar - Germany (2010 – Actualidad). Medical Advisor and Consultant for Topcon Medical Systems (TMS) Oakland – USA (2011 – Actualidad)

Miembro de la Asociación Panamericana de Oftalmología (PAAO). Miembro de la Academia Americana de Oftalmología (AAO)

PROFESSOR THE HONOURABLE ERROL YORK ST AUBYN MORRISON OJ, HON. LLD, HON. DSC, MD, PHD, FRCP (GLASG), FACP, FRSM (UK), FRSH (UK), FICD, FJIM.



In 1992, at the University of the West Indies, he was appointed Professor of Biochemistry and in 1994, Professor of Endocrinology. In 1999, he was made Pro Vice Chancellor and Dean, School for Graduate Studies & Research, University of the West Indies.

In 1993, he founded the University Diabetes Outreach Programme (UDOP), which now hosts the largest annual international diabetes conference in the Caribbean region. Since 2007, UDOP includes diabetes related activities in the University of the West Indies (UWI), the University of Technology, Jamaica (UTech) and Northern Caribbean University (NCU).

He was seconded as President & Chief Executive Officer of Blue Cross of Jamaica Limited from June 2005 to December 2006.



He is Co-founder and Hon (Life) President of the Diabetes Association of Jamaica; Co-founder and Executive Member of the Diabetes Association of the Caribbean; advisor to the Pan American Health Organisation (PAHO); and has served on several editorial boards of International Journals.

He continues to maintain an active research interest in medicinal plant extracts and their potential for therapeutic application and has authored over 200 articles in peer reviewed learned journals.

**AWARDS:** In 1997, he received the Vice Chancellor's Award of Excellence for outstanding achievements in research and distinguished service to The University of the West Indies and the wider community. Amongst several international honours, he received the Harold Rifkin Award from the American Diabetes Association (1998) for outstanding and distinguished services in the cause of diabetes internationally...

In 1999, he received the Gold Musgrave Award for outstanding services in the medical sciences. As well as **the national honour of Order of Jamaica (OJ), 2001, for distinguished services in Biochemistry, Medicine and the Voluntary Social Services**

In July 2006, he received the Queen's Gold Medal to the Commonwealth through the Royal Society for the Promotion of Health, for his services in Medicine and Medical Education throughout Jamaica, the Caribbean and internationally.

Since 2006, he has been delving into and delivering several lectures in 'The biochemical and biomechanical aspects of athletic prowess'.

He held the post of President, University of Technology, Jamaica, 2007-2014.

In 2011 he was appointed Chair of the Caribbean Region of the prestigious global network – the International Association of University Presidents (IAUP). He will represent the interests of tertiary institutions in the territories of Jamaica, Bahamas, Cuba, Dominican Republic, Guadeloupe, Guyana, Haiti, St. Thomas (US Virgin Islands), Trinidad, Puerto Rico and Belize.

In 2011 Prof. Morrison was awarded the Hellmut Mehnert UN/UNESCO Award for the Prevention of Diabetes and its Complications. Named in honour of the physician, researcher and teacher, Professor Hellmut Mehnert, MD of the University of Munich, the award recognizes major contributions to the knowledge and understanding of diabetes, its complications, their causes and their prevention. Prof. Morrison is the only individual from the Caribbean Region and Central America to receive this distinguished award. He shared the award with Prof. Hans-Ulrich Häring

of the University of Tübingen, Germany who is internationally renowned for his clinical and scientific studies of insulin resistance and insulin action in human diabetes.

In 2012, Professor Morrison was awarded the Honorary Doctor of Laws Degree (LLD) from the University College of the Caribbean for years of sterling service in the fields of education and the medical sciences and for extensive pioneering research in diabetes. Also, in 2012, Professor Morrison was invited to chair the National Innovation Awards Steering Committee, Ministry of Science, Technology, Energy and Mining (MSTEM).

In 2014 Prof Morrison was seconded to be the Advisor to the Prime Minister and Director General of the National Commission on Science and Technology. Upon completion of his tour of duty as President of the University of Technology, he continues in this new role.

In 2015 awarded the Hon DSc by the International Biographical Centre, Cambridge England. In 2016 awarded the National Medal for Science & Technology, Jamaica.

**EXTRA-CURRICULAR** activities emphasize volunteerism and he has served both locally and internationally on several non-governmental organizations such as Chair, International Diabetes Federation, North American region 1997-2000, and Chair, The Council for Voluntary Social Services in Jamaica (CVSS), 1998-2004,

In 2009, he was inducted as a Fellow of the Jamaican Institute of Management (JIM).

In 2013 he was inducted as a Fellow into the International College of Dentistry.

He was appointed Honorary Consul for the Republic of Namibia, (Southern African Development Community) to Jamaica in 2015.

He is married with 8 daughters and enjoys reading and public speaking.



Dr Mowatt is a graduate of the UWI, Mona. She did her postgraduate studies in Ophthalmology in the UK attaining a Masters in Medical Sciences, FRCS (Ed) and FRCOphth. After completion of her Ophthalmology training (CSST), she did a Vitreoretinal surgery fellowship in Birmingham, England. She has presented in international, regional and local scientific conferences and published in several peer-reviewed scientific journals including writing 2 book chapters.

In 2013 she received the American Academy of Ophthalmologist's (AAO) International Ophthalmologist Education Award and was awarded the AAO's International Scholar Award in 2015.

Presently she is a Consultant Vitreoretinal Surgeon at the UHWI, Head (Ophthalmic Division, UHWI) and DM Ophthalmology residency programme at the University of the West Indies (UWI), Mona, Jamaica. She is a Senior Lecturer at the UWI, teaching both undergraduate and postgraduate students. Her sub specialty area is Retinal surgery. She is the immediate Past President of Ophthalmological Society of the West Indies (OSWI) and is the present President of the Ophthalmological Society of Jamaica (OSJ).



Dr Saihan is a Consultant Ophthalmic Surgeon at Moorfields Eye Hospital, London, UK where he is also training director for the Medical Retina service. He works in both the Medical Retina and Cataract services.

Dr Saihan has a PhD in Ophthalmic Genetics from the Institute of Ophthalmology, UCL, London, UK where he is currently an Honorary Research Associate.

Specialist interests: Diabetic retinopathy and other retinal vascular disease, retinal therapies, cataract surgery in the presence of retinal disease, retinal imaging and inherited retinal disease.

Medical School: University of Newcastle-upon-Tyne, UK.

Postgraduate training in Ophthalmology: Yorkshire and London Deaneries, UK. 3 years of advanced subspecialist training with fellowships in Medical Retina and Cataract at Moorfields Eye Hospital. Dr Saihan is representing Moorfields Eye Hospital as part of the DR-LINKS project with University Hospital of the West Indies



Dr Dawn A. Sim, PhD, FRCOphth, currently works as a Consultant Ophthalmic Surgeon at Moorfields Eye Hospital, United Kingdom, specializing in Medical Retina & Cataract. Dr Sim obtained her medical degree from St George's Hospital, University of London, and did her PhD research at the Institute of Ophthalmology, University College London. Dr Sim's primary areas of interest include retinal imaging, teleophthalmology, and the potential use of regenerative medicine in the treatment of diabetic eye disease.



**CURRENTLY SERVES AS:**

- Founding President - Jamaica Society of Ophthalmologist
- Council Member - Jamaica Society of the Blind
- Former Member - Council of Medical Association of Jamaica
- Consultant Ophthalmic Surgeon
- Member - Pan American Medical Association
- Member - American Society of Contemporary Ophthalmology
- Member - International Glaucoma Congress

Member - American Academy of Ophthalmology

Founding President - Ophthalmic Society of West Indies (OSWI)

Fellow of the Royal College of Ophthalmology

Fellow of the Royal College of Surgeons of Edinburgh

Member - Association of Surgeons in Jamaica

Former Member - Caribbean College of Family Practitioners

Associate Lecturer Department of Ophthalmology U.W.I.

Member – Board of Management, Kingston College since 2006



**Dr. Beverley Wright** is a Public Health Specialist with thirty years of service with the Ministry of Health, Jamaica. She is an expert in Primary Health Care who has been Medical Officer of Health, Manchester for over fifteen years. She has also served as Medical Officer (Health) in Hanover, St. James and St. Elizabeth and was also the Acting Regional Technical Director for the Western and Southern Regional Health Authorities.

In 2014 she attended an ORBIS sponsored three week course in Health System Based Training for Eye Care Program Managers at the PAHO Collaborating Centre, Lions Aravind Institute of Community Ophthalmology, Madurai, India. She then became the Eye Care Focal Point for the SRHA and Project Manager for the region's Diabetic Retinopathy Prevention and Treatment Project sponsored by The Queen Elizabeth Diamond Jubilee Trust. Since January 2017 she is the Acting Director Health Promotion and Protection Branch of the Ministry of Health where she has overarching responsibility for the CNCD's including diabetes mellitus

PROF ROSEMARIE WRIGHT PASCOE MB;BS, DM, MRCP, FRCP (ED)

#### **Professor of Medicine and Endocrinology**



Professor Rosemarie Wright-Pascoe's research interests have included the aetiology, pathophysiology, classification and complications of diabetes mellitus and Graves' Disease. Her current research interest is the pathophysiology of type 1 diabetes mellitus, glycaemic control in diabetes mellitus and in common endocrine disorders.

She has authored 2 book chapters and more than 78 scientific papers and abstracts which have been published in peer-reviewed journals amongst others.

She has been a peer reviewer for the journals, *Journal of National Medicine Association*, the *West Indian Medical Journal*, the *Journal of the Royal College of Physicians*, *Clinical Audit*, *International Journal of General Medicine*, *International Journal of Nephrology and Renovascular Disease*, and *Diabetes Metabolic Syndrome and Obesity: Targets and Therapy*.

She is a member of the Board of the International Advisory Network of the *Journal of the Royal College of Physicians*, an internal medicine journal published in Scotland by the Royal College of Physicians of Edinburgh.

For more than fifteen years, she has been an assistant Voluntary Professor of the University of Miami for the John Harrington Latin American Training Programme which offers training in medicine and research to medical students, physicians and university faculty staff of persons working in the Caribbean and Latin America.

She has been named to several national working groups in the field of diabetes, endocrinology and metabolism. She was the first Chairman of the National Committee for the Non-communicable Diseases (NCDS) in Jamaica (2011-2013), a CARICOM ratified Committee, whose role is to help in the reduction of the prevalence, morbidity and mortality of the NCDS in Jamaica.

Professor Wright-Pascoe has provided leadership in the profession of medicine having been a President of the Medical Association of Jamaica (2007-2009) and the Association of Consultant Physicians of Jamaica (2011-2013). She was the one of the founding fathers and the first president of the Caribbean Endocrine Society (2008-2010).

In recognition of her outstanding role in medicine, endocrinology and metabolism, Dr. Wright-Pascoe has been elevated to fellow of several colleges: the Royal College of Physicians of Edinburgh, the American College of Physicians and the American College of Endocrinology. She is presently the Head of the Department of Medicine at the University of the West Indies Mona

MARCIA ZONDERVAN **NON-PRACTICING** RN DTD DCEH MBA PATHE PG ROI



Marcia Zondervan, trained as a nurse and worked in Africa for 16 years. She currently is a Lecturer at the London School of Hygiene & Tropical Medicine and manages the VISION 2020 LINKS Programme. This Programme identifies tertiary education institutions overseas, and matches them with a Training Institution in the UK in a long-term training and capacity-building LINK. There are now 28 LINKS in 16 countries, developed since the VISION 2020 LINKS Programme began in May 2004. Each LINK is based on the specific defined ophthalmic training needs and priorities of the overseas institution. The recent development of the Diabetic Retinopathy Network (DR-NET) supported by the Queen Elizabeth Diamond Jubilee Trust involves 14 of these LINKS who identified the need to share learning in developing their DR services



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## Diabetes Association of Jamaica Diabetic Retinal Screening (DRS) Report



*Lurline Less is the Chairman of the Diabetes Association of Jamaica where she has been a member for the past 27 years and a volunteer for 20 years. She has a bachelor's degree in Health Administration and Master of Philosophy degree in Diabetology (specializing in diabetes education). Her work is dedicated to the cause of diabetes, and makes contribution in lay diabetes education as well as a full diabetes service delivery centre. Her interest is to improve lives of persons with diabetes through education, equity in access to care and improvement in quality of care in diabetes management. She has been living with diabetes for over 27 years and is married with 2 children 16 and 14 years of age.*

Diabetic retinal screening by the Diabetes Association of Jamaica started in July 2016. This was made possible by a donation of the Retinal Camera from the International Diabetes Federation, Life for a Child Programme (LFAC). Children/youth on the LFAC programme ages 2-26 can access DRS for free.

228 patients were screened from various health facilities across the island. It is required that all patients have blood sugar, blood pressure and A1c test done before the retinal screening; these results are given to the patients to take back to their health facility. We assist in the management of the patients by making diabetes specialist (endocrinologist); nutritionist; diabetes education and ophthalmologist accessible.

In partnership with CHASE fund, the Diabetes Association of Jamaica is offering 1,200 DRS and A1c tests to persons with diabetes free of cost.

Preliminary findings of DRS are as follows:

74% high A1c - above 8%

22% normal retinal report

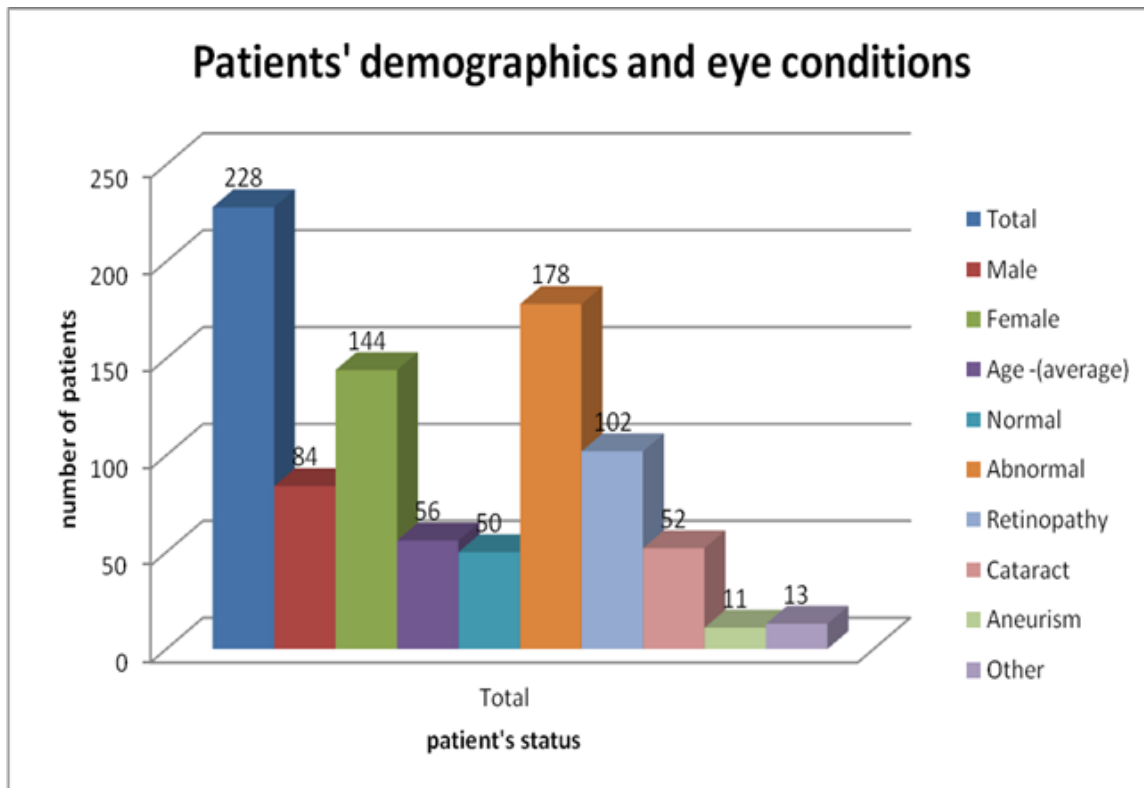
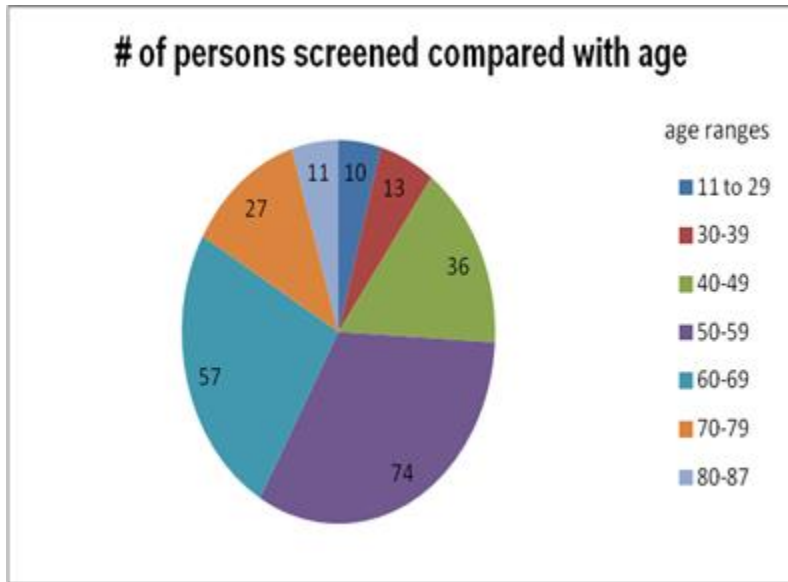
78% abnormal retinal report; of these 57% were diagnosed with diabetic and/or hypertensive retinopathy, 29% Cataract;6% aneurysm; 8% other eye conditions

**Lurline Less**

**Executive Chairman**

**Diabetes Association of Jamaica**

**DIABETES ASSOCIATION DATA**



## Diabetic Retinopathy Screening (DRS) at UHWI



The UHWI DRS Clinic started screening in March 2016. It was a collaborative effort of VISION 2020 LINKS Programme, Homerton University NHS Trust, Moorfields Eye Hospital and the UHWI, together with funding from the QEDJT to make this a reality. A MOU was signed between the UHWI and Homerton NHS Trust /Moorfields Eye Hospital, to LINK DRS screening between the 2 hospitals. Their involvement was an essential help with the donation of the Top Con camera for digital screening and training of our staff.

Three members of UHWI staff underwent training visits at Homerton and Moorfield eye hospital and online training for the Certification in Higher Education in DR (1-year programme) from the University of Gloucestershire and Gloucestershire Hospitals NHS Trust through the VISION 220 LINKS. Dr Roshni Sawh has recently completed this certification. With the development of DR screening to detect disease and implement treatment earlier, we also do educational sessions for all patients attending our DR screening clinic, with the aim of reducing the modifiable risk factors (diet, exercise and medication compliance).

Our screening has detected retinopathy in 15.2% and 17.2% of males and females respectively, with 3% of females having proliferative diabetic retinopathy and 7.3% maculopathy (Figure 1).

DRS Data 2016	Males (n=33)	Females (n=55)
<b>March- December 2016</b>		
<b>Age Range (years)</b>	5-71	26-86
<b>Mean Age (years)</b>	49.2	53.4
<b>Type I DM</b>	3%	1.8%
<b>Type II DM</b>	97%	98.2%
<b>Positive findings (eyes)</b>	15.2%	17.2%
	(10/66)	(19/110)
<b>Maculopathy</b>	3%	7.3%
<b>Proliferative Diabetic Retinopathy</b>	0%	1.8%
<b>Ungradable image</b>	3%	1.8%
	(2/66)	(2/110)
<b>Proliferative Diabetic Retinopathy</b>	0%	3%

Our future goals are to increase patient education, awareness and screening and assist island-wide as the Govt of Jamaica rolls out its nationwide DR screening programme (funded by QEDJT). We plan to train more technicians to do the photography and screening. By the end of 2017, we will have a second Top Con camera donated to the Diabetes (Medicine) Clinic so that patients can be screened at the same time as their medicine appointment.

We look forward to the day when DR will no longer be the leading cause of visual impairment in the working-age group in our country. This first step was possible with the collaborative efforts of the VISION 2020 LINKS Programme, Homerton University NHS Trust, Moorfield Eye Hospital and the UHWI, together with funding from the Queen Elizabeth Diamond Jubilee Trust.

**Dr Lizette Mowatt**

**Clinical Lead, UHWI DRS Clinic**

**Head, Ophthalmic Division, UHWI**



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<b>Call to order</b>	<b>Dr Lizette Mowatt</b>
<b>Review of the minutes of the AGM</b>	<b><u>Dr</u> Lisa Leo Rhynie</b>
<b>Matters arising from the minutes</b>	
<b>President's Report</b>	<b>Dr Lizette Mowatt</b>
<b>Treasurer's Report</b>	<b>Dr Angela Mattis</b>
<b>Any other business</b>	
<b>Election of officers</b>	<b>Dr Hugh Vaughan</b>
<b>Presentation of new committee</b>	
<b>Adjournment</b>	

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