KSOS News Letter

For Private Circulation only

Official News letter of Kerala Society of Ophthalmic Surgeons

September 2008
Vol. IX Issue - 3

Walk the Talk with the legendary Dr. Babu Rajendran



Dr. Sheena Bilal
Consultant
Chaithanya Eye Hospital, Cochin

When Dr.Sasikumar told me to interview Dr. Babu Rajendran for KSOS newsletter, I sat and thought of all the questions that I would have loved to ask him in the past 8 years that I have known him. The very dynamic, innovative, impressive, tall, handsome Vitreo Retinal Surgeon with an eye for perfection is the Director of The Eye Research Foundation (TERF). He has many degrees, papers, awards to his credit and has held many important positions in TNOA and AIOS. The latest feather in his cap is the "Life Time Achievement Award" bestowed to him by TNOA at the recently held conference. I was lucky to catch up with the man himself en route to Chennai from Guruvayoor on the 11th of September. I managed to ask few questions quickly when we had a stroll at the Cochin airport on our way from the car parking to the departure gate.

Q: One question that passes the mind of every ophthalmologist in Kerala is the mystery of how you landed up in Chennai?

Not out of choice but out of necessity. When I returned from Australia after my training in 1978, I was planning to start practice in Bangalore since my family was already there and I had worked there for a while. But, my wife Girija who had settled down in Chennai had an asthmatic problem aggravated in Bangalore and hence I had to stay on in Chennai.

Q: You have taken a very bold decision 25 years ago when you started your practice in TERF in a not so familiar place and today you have built a huge empire. Can you share some pearls of wisdom from your success mantra to motivate the young ophthalmologists of today to take similar decisions?

There is NO magic mantra in this. Like I said before, I started in Chennai (Madras at that time) with great disadvantages. I had never studied here, I had no contacts who would refer cases, there were many leading practitioners there already, Sankara Nethralaya had started so everything was a very challenging scenario. But VERY hard work, sincerity and dedication saw me through. Of course I was very lucky to get attached to a big hospital like Vijaya Hospital which had been vacated by Dr.Badrinath, to begin with. Over time, one builds contacts and attends meetings speak at conferences etc and people get to know you and your work and then word of mouth takes over.

Q: You have been an inspiration for many young ophthalmologists. Is there anyone who has been an inspiration in your life?

Many people have influenced my life in one way or the other, but two significant people who have to take responsibility are my two main teachers. Prof Srinivasa Rao of Manipal, a very tough taskmaster, a man of few words but who taught me the value of hard work and sincerity to ones job. Secondly, Prof Crock in Melbourne who I think made a Man out of a Boy. He taught me that, no one should ever pass on work to someone else which he is not willing to do himself. I remember in Melbourne I had to go to collect Monkey eyes from a Lab at 4 am during the winter and Prof Crock would come also, just to keep me company saying that if he wanted me out there on a cold wintery morning, he should be willing to do that as well. It was an eye opener for me. Of course others have influenced me in other ways. I remember while in Melbourne listening to Dr.Steve Ryan and sitting in the audience and thinking whether I would ever be able to hold an audience spell bound like that and I have worked very hard towards that.

> I have a very simple Four word philosophy in life. The philosophy as outlined by the Lord Buddha and it is BE GOOD, DO GOOD.

Q: Everyone knows that you have been a pioneer in high tech, sophisticated diagnostic and management techniques in India. But I have seen that you make a clear judgment about which things to adapt and which ones to ignore. How do you take

contd... page 8

President's Message



Dear Colleagues

We have had a hectic KSOS year so far. We had many CMEs under the aegis of KSOS through out the State, some well attended and some not so much. Drsihti is round the corner and Cochin Ophthalmic Club is sure to set new standards.

The Preferred Practice Patterns put up for review at the website is evoking strong reactions. Let me assure you that the KSOS is not going to push this forward unless we reach a consensus. We are planning to include more common diseases rather than complex diseases which are too much dependent on technology for diagnosis and treatment. The KSOS is planning to issue these guidelines for its members for their own reference. We are planning to prepare it in such a way that even general ophthalmologists who are having individual practice can also adhere to it.

The KSOS membership is nearing the magic figure of 1000. Please enroll all your ophthalmologist friends who are yet to do so.

See you all in Cochin for Drishti 2008

Jai Hind! Jai KSOS!

Secretary Writes



Dear Colleagues,

We are in the last quarter of this KSOS year and the mega event Drishti 2008 is fast approaching. Every year the standards of our annual conference is rising and the organiser's have to toil hard to set higher benchmarks. This year also "Team Cochin" is preparing well to keep up with their reputation.

We already had 15 CMEs this year. August Ophthalmica by Cochin Ophthalmic Club had a record attendance. The organizers of the CMEs next year will have to think several times to chose the topics to ensure better attendance.

The KSOS membership upto 998 have been ratified. We are planning to give membership certificates to all life members of KSOS during the Drishti 2008. There is a proposal to raise the membership fee, which has not been changed for the last 8 years, will be presented during the Annual General Body Meeting this year. Please tell your colleagues to join KSOS before the hike.

See you all in Kochi for Drishti 2008

Dr. Sasikumar S.

drsk93@gmail.com; drsk93@yahoo.com

Have You Tried this?

Dr. Sreeni Edakhlon, Thalassery

Tips on use of Ultrasonic cleaners

- ` use only warm (40-45 degrees C)distilled water in US cleaners. warm water without cleaning agents does not have satisfactory cleaning results and therefor a suitable cleaning agent should be added.
- too dirty solution in the container decreases the cleaning effect. Hence change the solution periodically
- US waves at a frequency of 35 kHz for 3 minutes is enough for routine cleaning
- Hinged instruments should be kept open
- Never mix different types of instruments(Titanium and stainless steel instruments) at the same time
- Instruments must not touch each other in the basket
- After US treatment all instruments must be rinsed and checked for loose parts(eg: screws etc)

Ophthalmic club reports

Cochin Ophthalmic Club

The period between June and August 2008 was, for COC, mainly a time for consolidation of preparations for the forthcoming annual conference to be hosted by the club in November.The monthly meetings were however regular.

The June meeting was held on 19.6.08 at Hotel Gokulam Park. The guest speaker for the day was Dr Rohit Shetty from Narayana Nethralaya, Bangalore.He gave a very comprehensive talk on the newer modalities of treatment of Keratoconus. Appreciation of the talk was expressed by the fact that there was a very lively discussion after the talk.

July meeting was at IMA Hall. Cases were presented by AIMS – a case of Retinoblastoma and Little Flower Hospital – a case of VKH and CSR. Dr Hiran, a pathologist from AIMS was the guest for the evening. He showed very graphic slides of retinoblastoma and the pathology was discussed at length.

August was the time for the Annual CME program- August Ophthalmica. This time the topic "Controversies in Ophthalmology" elicited a record attendance of about 250 delegates at the meeting. The scientific program was excellent and highly appreciated by all. The Dr Gopinatha Menon Memorial Oration was delivered by Dr Santhosh Honavar of LVPEI Hyderabad, who spoke on "Masquerades in Ophthalmology". All credit to Dr Mahesh, the scientific committee chairman of COC, and his team for an excellent CME program.

In the midst of all this, preparations for DRISHTI 2008 continues. Two announcements of same have been sent to the KSOS members. Numerous new ideas to make it a memorable conference are being mooted and execution of these ideas will hopefully please one and all.

-Dr Revati Ramesh, Secretary COC

Trivandrum Ophthalmic Club

The new office bearers for the year 2007 – 2008 were nominated on 16th September 2007 under president Dr. K. Mahadevan.

The first meeting under the new team was held on World Sight Day, 11th October 2007. Dr. Jayaram V.R, Cornea Consultant, Vasan Eye Care, Trivandrum spoke on "Conductive Keratoplasty – A new approach to presbyopia".

The next meeting was held on 12th January 2008 at Hotel Mascot, Dr.B. Sridhar Rao eminent glaucoma specialist from Kumaran Hospital, Chennai spoke on various aspects of surgical management of glaucoma. The session was well attended and appreciated.

On March 11th 2008, TOC members met to attend an interactive session on Refractive Surgery – Phakic IOL's, Lasik and other surface ablations (PRK, Epilasik, Lasek). Dr. Philip Kuruvila, Dr. Anil Radhakrishnan and Dr. Swapna Nair were the speakers .

In April 2008, the annual CME programmes organised by RIO, Trivandrum and Chaithanya Eye Hospital, Trivandrum under KSOS in association with TOC were held on April 6th and April 27th, 2008 respectively. RIO conducted on "Ocular surface disorders" and Chaithanya covered "Medical retina simplified".

On 22nd May 2008, Dr. Kavitha Kalivani, consultant paediatric ophthalmologist from Sankara Nethralaya Chennai spoke on "Evaluation of Strabismus in a child" followed by a video on adjustable suture in strabismus surgery.

TOC plans to award gold medal to the best outgoing student from Kerala University and DNB after conducting a common screening examination scheduled towards the end of their term.

-Dr. Meena Nair, Secreaty, TOC

Kottayam Ophthalmic Club

29th June 2008

A special executive meeting of Kottayam ophthalmic society was held on 29 June sunday 2008 at hotel Orchid regency, kottayam.. Members discussed various instances in which patients were treated unethically by people of other systems of medicine which had resulted in loss of vision and unnecessary monetary loss to the patients. Aggressive marketing of drugs were done by these hospitals in the name of prophylaxis, which had no scientific basis.

The meeting decided to take up the matter to KSOS and IMA after verifying if these 'medicines' were produced and marketed as per the drug controllers act and rules.

dr anand suggested that kos members who are still not members of ksos or aios should be given an opportunity for registering as members at the bimonthly meetings of kos after discussing the matter with the concerned secretaries.

Dr Alex baby was elected as the editor of kos newsletter.

27th July 2008

The 26th meeting of Kottayam ophthalmic society was held on July 27 2008 , at Hotel Arcadia, Kottayam. In the first scientific session Dr Radharamanan from LF , Angamaly spoke on recent trends in investigative and management modalities of glaucoma. In the second scientific session Dr M S Sunil from medical college , Kottayam presented a case of corneal toxicity following topical gatifloxacin use and a video on phacoemulsification in topical anaesthesia and explained how to manage complications like PC rent even without additional supplementation of anaesthesia.

Dr Natasha P K, PG student from MCH, Kottayam presented a case of orbital metastasis in thyroid malignancy. Dr Sindhu Bhaskaran .PG Student from MCH, Kottayam presented a case of third nerve palsy in a case of intracranial aneurysm.

-Dr Manjit P S, Secretary, KOS

All about contact lenses and Low vision aids' –

CME by LF Hospital, Angamali

The CME organised by Little Flower Hospital Angamaly -'All about contact lenses and Low vision aids'was conducted at L F hospital auditorium on 15th of June 2008.Dr P Rajagopalan Nair the President of KSOS inaugu rated the CME.Rev Fr.Sebastian Vadakkumpadan Director L.F hospital Angamaly presided over the function. A "Hand Book of Contact Lenses& Low vision aids " was released in the inaugural function. Dr.Thomas Cherian welcomed the gathering.

Dr. Murali k Aazuri (Hydrebad) delivered the key note address- "The Global trends in contact lens practice".

Other faculties were Dr Sunita Lulla Gur(Venu Institute,Delhi),Mr. karthikeyan (IACLE India co-ordinator) ,Dr Bindu N Das, Dr V. Sahasranamam,Dr Mohammad Swadique,Dr SasiKumar. S,Dr Freddy T. Simon, Dr Deepa Paulose, & Dr.Aneeta Jabbar.

The CME was followed by a 'Hands-on 'training on Contact lenses and Low vision aids under the guidence of Dr. Elizabeth Joseph,Dr.Freddy T Simon,and Dr Deepa Paulose.

160 Delegates from all over the state attended the CME

-Dr Alex Baby, Secretary , Organising Committee.



Operation Theatre Ventilation (Part-2)

Binoy B. Raj
Hospital Consultant, Mob : 9446075079 e-mail : binoybraj@rediffmail.com

False Ceiling System

A good false ceiling system has to be provided in the theatre to ensure a hermetically sealed enclosure which ensure a pressure control with out any air leakage above the false ceiling

Material	Merits	Demerits	Approx. Cost/sqft
Gypsum Board/POP	Cheap, readily available	Porous, vulnerable to fungus, no humidity resistant. Not recommended for OT	Rs 55
Eboard within aluminium frame	Cheap, readily available	More joints, can't bend to form round corners. Not recommended for OT	Rs. 50
PVC strips (SYNTAX)	Cheap, readily available	Not fire proof, Once remove for some purpose, reassembling to previous finish is not easy	Rs. 50
Aluminium composite panel with silicon joint	Large sheets are available, can be bend to form round corners	Very skilled labors are required to make proper joints with silicon	Rs. 200
Powder coated Aluminum strips clip-in	Long sheets are available	Can't be bend to form round corners	Rs. 175
One side 50mm EPS TF(Expanded poly sterile –Tested for Fire). Other side imported GI , coated polyester painted sheet machine made panels	Large sheets are available, High thermal insulation	Very skilled labors are required to make proper joints.	Rs. 150
Calcium Silicate board with epoxy coating	Large sheets are available, form a seamless finish	Can't bend to form round corners	Rs 120
0.8mm stainless steel sheet(304 grade)	Large sheets are available, form a seamless finish ,can be bend to form round corners	Very expensive. Very skilled labors are required to make proper joints.	Rs 700

Monitoring

We should carry out airflow visualisation (smoke testing) to ensure turbulent airflow in the theatre, particularly around the position of the operating table (a puff of smoke should disperse within seconds of creation).

Airflow visualisation should also be used to establish that air flows in the desired direction between rooms in the suite (with all doors closed):–

- from the theatre into
  - the anaesthetic room
  - the disposal room
  - the corridor
- from the anaesthetic room and scrub area into the corridor
- air should either flow from the preparation room into the theatre if it is used for lay-up or they should be at equal pressure if used as a sterile pack store (i.e. no direction of flow between them) and should flow into the corridor from the preparation room.

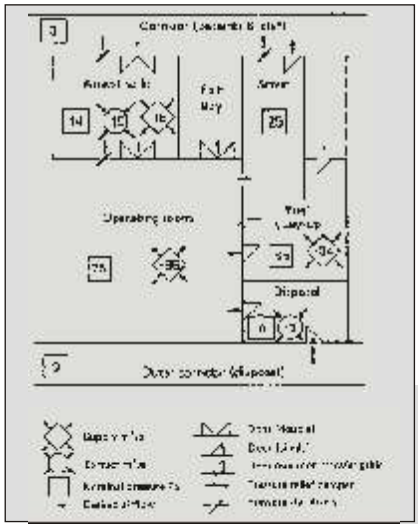


Figure: One of the eight "suggested air movement schemes" from HTM 2025, volume b, Design considerations

Choosing the right equipment

As an example, window or small split ACs ,if they must be used in a hospital, are best for patient's rooms or a doctor's examinations room but certainly not for an operating room unless only the very minor type of surgery is performed there.

An economical and yet acceptable air-conditioning system for an operating theatre where even major surgeries can be performed, can be designed and installed using a direct expansion system of 5 to 40 ton capacity with an air handler using recommended air filters and fresh air quantity.

Co-ordination between architect and engineer

The vertical and horizontal distribution of air supply system is a major design issue requiring co- ordination between the architect and the air conditioning engineer.It would be advisable to select the basic system during the early phase of building design.This is because ducting requires to take the optimum route in the space between the false ceiling and the main ceiling avoiding obstructions such as beams, columns and partition walls.

Fresh air

Noise & Noise control in Air conditioning

Ducts are fitted with sound attenuators which work some what like the mufflers in the exhaust pipe of a car. In addition acoustic insulation is used on some portions of the duct,

Near the AHU discharge, where it is most prone to making noise

Commissioning

Commissioning must occur before an operating theatre is first used and after any substantial modifications that may affect airflow patterns in pre-existing theatres (as part of a re-commissioning process). It is important that the infection control team is involved at all stages from pre-design through to opening and that adequate time for commissioning is built-in to the schedule, including an allowance of time for microbiological assessments. This may need particular consideration for facilities built under private finance initiatives in that there may be need for a contractual condition to allow commissioning before handover of the theatre or for delayed acceptance after handover such that faults can be rectified.

- pressure-release dampers should move freely and be partially or fully open when doors are closed and move to shut when doors are opened
- doors must close properly

Specifically to ophthalmology theatre

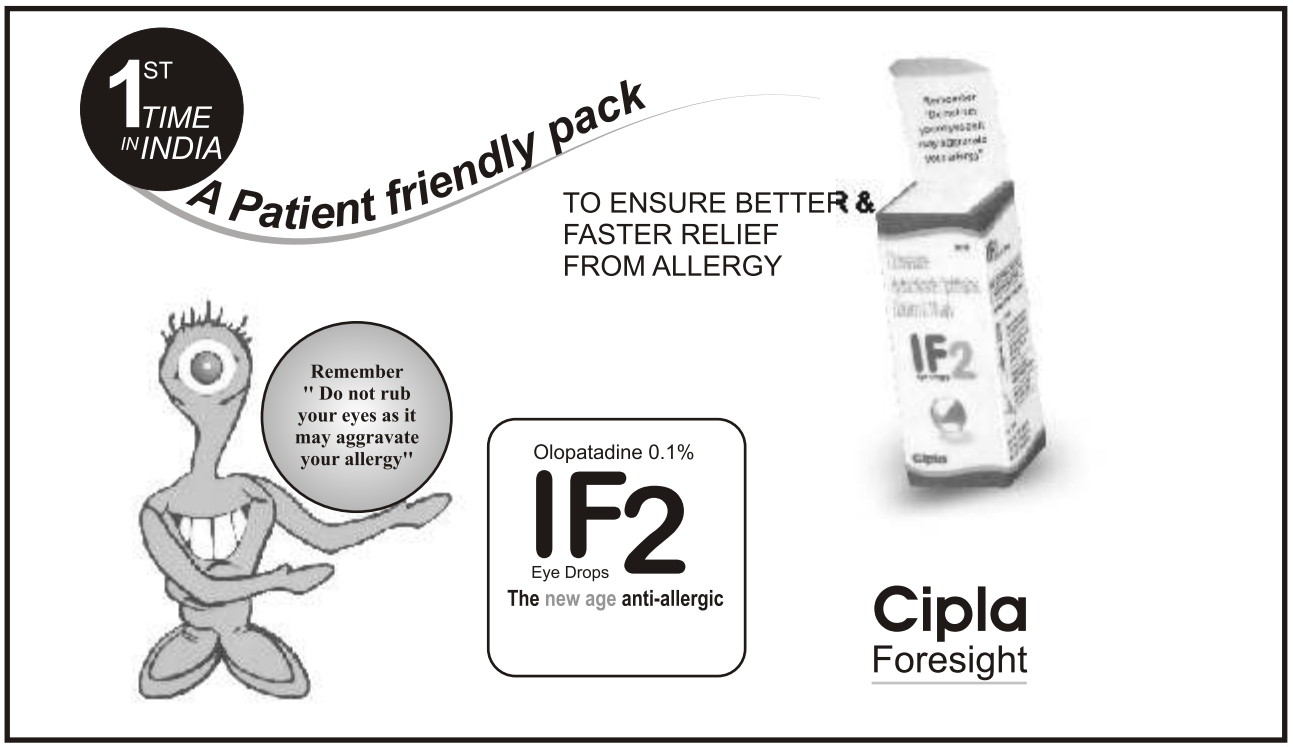
1) The HEPA filter can be a 4' x 4' single piece as there is no OT light used unlike other surgical specialities.In other theatres a void (opening) has to be given in the HEPA filter plenum in the ceiling to mount OT light. So 2' x 2', 8 nos of filters are given(please see the fig-1)
2) The filtered air coverage has to be given to the surgical area as well as to the instruments
3) Although Vertical Laminar flow is the best, horizontal laminar flow can also be used in ophthalmology theatres. The supply air can be from leg side wall of the operation theatre table and return from the head end. Only disadvantage is the lack of coverage to instrument set because of the obstruction from the people or /and equipment in between the supply air plenum and instrument set.

4) The Economics of ophthalmology theatre ventilation.

The size of the theatre should be optimized to reduce the initial and running cost for ventilating a theatre.15' x14' is an ideal size but should not be less than 14'x13'

The Economics of ophthalmology theatre ventilation.

The initial cost of the system is	= Rs. 450,000.
The running cost	
Say the power of motor of AHU (indoor) and the out door is 3 HP each. So total is 6HP ie 4.5 KW	
One year expense for Electricity is – 4.5 KW x 12 Hrs. running / day x 300 Days / year x Rs 5/- (HT power charge per unit)	= Rs 81000/-
Annual Maintanace Contract (AMC)= 9% of initial cost	= Rs. 450000 x 8%
	= Rs. 36000
One 4' x 4' HEPA filter	= Rs. 16000 /-
	which will last for 2 years on an average
So per year expense on HEPA is	= Rs. 8000/-
So Total expense / year	= Rs. 125000/-



Problems and actions

A risk assessment should be carried out involving an assessment of the abnormal bacteriological results, the likely cause and the ease of rectifying this, the type of theatre and the procedures carried out there, and the consequences of theatre closure.

Problem	Action
Theatre fails bacteriological testing (empty theatre)	Check that sampling technique is satisfactory (check with someone experienced in such sampling), then repeat sampling. If still fails, test particle penetration of filters outside clean zone to inside zone; test air velocity within clean zone.
Theatre fails bacteriological testing (working theatre)	Test theatre empty as above; check that sampling technique is satisfactory. Repeat sampling. If still fails, discuss possibilities with people experienced in theatre testing.
Clusters of infection known or suspected (having excluded more obvious causes such as changes in operative procedures)	If an airborne component is suspected or needs to be excluded, do a full check on the ventilation: filters in air handling unit, ventilation rates, airflows in theatre (& prep room), airflows between rooms, bacteriological air sampling in empty theatre, ascertain if anything has changed since before the cluster occurred.
Theatre staff "uncomfortable"	This is primarily a problem for the Department, but if staff are uncomfortable because of draughts i) ensure that ventilation rates are not altered and ii) if airflows are redirected by adjusting fins on outlets, smoke test to ensure air is still sufficiently turbulent at the table to disperse contamination.

* The possible engineering causes causing or contributing to microbiological test failures of theatres are listed below:

PROBLEM	POSSIBLE ENGINEERING DEFECTS
Microbiological tests fail: possible engineering causes	Insufficient air volumeCheck no water-pooling in air handling unit or ductwork (condensation or faulty drainage)Incorrect airflow patterns between rooms in theatre suiteAir flow pattern in working area poor Filters incorrectly fitted or damaged (gaps in filters or around filter housing)Filters very dirty Wrong filters fitted Temperature gradient too large across doorways from clean to dirty areas causing reverse flowDebris in ductwork and air handling unitIncorrect interlocking of supply and extract fans i.e. extract stops before supply

References

1. NHS Estates. Health Technical Memorandum 2025: Ventilation in Healthcare Premises. 1994; HMSO: London
2. Noble WC. Dispersal of skin organisms. British Journal of Dermatology 1975; **93**: 477-485
3. ASHRAE
4. Blue Star Air conditioning guide

Dr K.R. Bhat - "Best Doctor" in Calicut for 2008



Dr. Jayathilak, District Collector of Calicut, giving the Best Doctor Award to Dr. K.R. Bhat on July 1st 2008

Kozhikode IMA honoured Dr K.Ramachandra Bhat, Retd Prof: of Ophthalmology, Calicut Medical College by bestowing the Best Doctor Award for 2008 from Calicut . This is the first time an Ophthalmologist has been selected for this award by IMA Calicut. He is presently working as Senior Consultant and PG teacher for DNB courses at Comtrust Eye Hospital, Kozhikode. He is a life member of KSOS, AIOS, IMA and IMA-AMS.



Dr. M.V. Francis, Cherthala

Has released a newsletter on headache. He has presented his work on Headache at various National and International conferences. Congratulations!

From the desk of the Editor, KJO.



Dear Colleagues,

Seasons greetings for a happy and prosperous year from the editorial board of KJO.

With the annual KSOS conference just around the corner, every one seems to be very busy preparing for an academic feast. Hence as expected the contribution to the journal has touched an all time low. Hopefully we will get more articles once the conference is over.

This issue of the journal has a thought provoking article on the varied properties of Omega 3 fatty acids, and a few other interesting articles. In response to popular demand we are continuing the comparative analysis of a particular instrument from different companies in the Ocular instrumentation section. We are planning an article on phacomachines in the next issue.

Please keep us updated of any change of address so that we can ensure that the journal reaches you on time.

Thanks again for your valuable support and constructive criticism.

With warm regards,

Dr. Meena Chakrabarti, Editor.

Report of Website editor



Dears KSOS members,

In this quarter in coordination with the scientific committee chair person, we managed to run online abstract submission via the website. That went off well and a good number of our members utilized the facility.

I have been sending group mails regarding CMEs registered on the site. I hope they are being received by you all from an email id web.ksos@gmail.com . I also request organizers of CMEs to log on to the site and post the CMEs on the conference tab.

After a long time the practice sections in the articles got responses. The government deadlines announced have gone by already and not much progress has happened about publishing a preferred practice pattern. A lot of the suggestions have been incorporated including a disclaimer (that the individual patient needs to be managed by the individual clinician based on his own studied judgment). A lot of common eye problems also need to be incorporated. In consultation with the general secretary, I plan to send out lists of common topics to various district Ophthalmic clubs for the same. The main idea is to generate communication and evolve rough guidelines. Once put up on the website these outlines are for discussion and can be changed if required as and when required. For this prompt feedback is needed. .

The details of Drishti 2008 are on the site and are being made upto date on a regular basis. The abstract submission and registration forms are available on the site.

Regards

Dr. Thomas George

There may be an increase in
Life membership fee in the near future.

HURRY, JOIN KSOS

Contact
Dr Sasikumar S
Secretary, KSOS. Ph: 9447475101

Dr. Babu ....contd. from page 1

such firm decisions without falling into the traps of marketing jargon?

I learnt this a long time ago in Melbourne. We used to work with a prototype of the Coherent Argon Laser probably one of the earliest ones out in the market. We also had a very strong bio engineering department there and the guy in charge was a dear friend. So he taught me the nuances of bioengineering and what to look for. That apart, you have to do your own research and not go by coloured pamphlets and smooth talk. I have a tiny bit of advice here. First decide if you really need whatever you are going to buy. Have you or someone know how to use it? What about the economics of it? Once you have decided and say there are three companies A B & C making similar products. Then don't go by what A B or C say about there products. Instead, ask B& C about A, ask A& C about B and finally ask A&B about C. that way you will get the bad points of each product as well. Today, doing this research is very easy. Talk to other users, check the net. Apart from the product, study the history of the company, after sales facilities and availability of spares and consumables. When we bought our first excimer, we took two years of travelling around the world studying various options, seeing various installations and even went to the company.

Q: You have always been the perfect dream boss for all your staff. Can you tell us the guidelines of being a non partial, no knee jerk reaction commanding but friendly boss?

Wow that's a cute word and thank you. I think the answer is in your question itself. Be Non partial, avoid knee jerk reactions. That apart, you must recognize the dignity of labour and that every employee however big or small is a person with a family and with problems and idiosyncrasies like you and me. I treat everyone, employee or not with dignity. I remember when we were very young; my younger brother once used some derogatory word against the septic tank cleaner. My father blew his top gave us such a lecture that I still remember it as if it was yesterday. He said that no matter what that person did, he still was doing a good job and we should respect him for that. He was doing it only because we would not or could not clean the septic tank. That taught me the dignity of labour. And he also told us that day, "I don't care if you become a road sweeper but you must become the Best road sweeper". Those words have always guided me in my life. You must also lead by example. You must be willing to do any job and share someone's work. Even today if the theatre boy doesn't come I will clean, sweep, mop and sterilize the theatre myself and all my employees know that.

Q: You have always listened patiently to the queries and suggestions of all the people working with you. How do you manage to do this without your ego coming in the way?

Communication is the best part of managing people. The moment you let your EGO get in the way, you better say goodbye to managing your people. Another thing that I keep harping on to everyone is to remember that NO ONE and I mean NO ONE is indispensable.

Q: Now that you have received the Life Time Achievement award, I would like to know which achievement among the many you consider the best one in your life.

No. I can't name one. Each and everyone are equally important. Because I realize that the people who gave me that award could have given that to a hundred others but chose me for a particular reason and I will always respect that. But I think the one that will be VERY special is the one I will get in November from the Karnataka Society- the Srinivasa Rao Oration Award. This is for two reasons. First, of course because it's in honour of MY professor. Second, because I was one of those who started this when the OEU Alumni Association decided to give this award to the Karnataka Society in our Professor's name. It has been given once every two years and is a prestigious oration of the KOS. When we formed the Rules for it we had included that OEU alumni would not be eligible for it but at the negotiation, Dr.K.R.Murthy rejected that line, otherwise I would never have got that. Sadly Both Dr.Srinivasa Rao and Dr.K.R.Murthy are not there now to see me receive it. So that's very special

I also have a favorite prayer that I always keep beside me.

"God give me the Serenity,
To accept the things I cannot Change,
The courage, to change what I can, and
The Wisdom to know the difference."

Q: People who know you closely know that you have created a statue of Buddha whose eyes follow when you walk across the room. (Based on optical illusion). What are the other hidden talents of Dr. Babu Rajendran?

I have no hidden talents. I like to experiment. We used to have a family friend when we were kids growing up in Sri Lanka. He was a malayalee teacher in Colombo well known to people in Kerala. His name was Abraham Kovoor (You can check him out on the net) He was the President of the Rationalist Association, and he used to always tell us never to believe anything because it has been said so. He used to want us to ask why?? And to check things out ourselves. That's how that urge to fiddle with the unknown and the urge to experiment got into me. That's why I got into computers when they FIRST started; starting with the Sinclair Spectrum, bet you haven't even heard of it, long long before the PC era.

Q: You had started surface ablation when the whole world was mesmerized by LASIK and I remember you telling me 3 years ago that one day the world will start surface ablation and we know that surface ablation is slowly resurfacing again. How can you foresee such developments?

I love futurology. Not astrology, Futurology. That's a whole new science by itself. If you have heard of my talk in 1988 on Ophthalmology in the year 2000, well I researched that paper for a year before I gave it (incidentally that was the First ever computerized audiovisual presentation in this country), 90% of what I had said had become true in 2000. So it's a lot of reading, lot of research and some amount of Logic.

Q: What is it that Dr. Babu Rajendran loves to do in his free time (if he ever has any)?

I love to do Rotary work, I watch TV and I love to fly my Flight Simulator on my computer and can spend hours flying my 747 from Singapore to Chennai etc (on the computer of course). Very often Giri (my wife) will come into my den and ask where are you flying today?? Incidentally, I don't agree with your question "if he has time?" Why, because I always tell people I do not accept the excuse- I do not have time. Time is something you make. Time is something you find. And a piece of advise for all you youngsters. Good Time management is one of the secrets of a stress free, happy life.

Q: How do you manage to be so swift, be it while attaching a detached retina or analyzing a thesis or paper?

I don't know. Probably a gift. Yes I can read fast and assimilate. That must be a gift. The retina? Well that's just practice and experience.

Q: A keralite without "meen curry" and "beef fry" is almost non existent. How have you remained a pure vegetarian (eggitarian rather) all your life?

You know my father was a veterinary surgeon and he never wanted us to eat his patients!! Well that's what we were told anyway and we never cooked meat at home. So we never got used to it. And I don't miss it either. Me and my siblings.

Q: What would you have become if you

wouldn't have been an Ophthalmologist?

A Pilot.

Q: What is your vision of developments in Ophthalmology in the next few decades?

The way we practice ophthalmology will be totally different. It will be all Genetic driven, nanotechnology driven, surgery will be minimized to Trauma and micro level surgery and also bioelectronics and artifical retinas will become the order of the day. For those who can afford it, Blindness will be non existent.

Q: I can't resist from asking this question. Which is your favourite festival? Is it Deepavali?

You know I am going to miss my flight if we keep walking and talking….Anyway you know you are a mischievous girl asking that question. You want me to make public the fact that I am afraid of crackers. Yes I am afraid. I have a phobia against sudden loud sounds. The critical word here is sudden. I love Chenda music and Panchavadiyam etc. So whenever they have those programs in the temple here,I go and sit right next to those drums and I get a real thrill, but crackers …never. So deepvali certainly not. That's the only bad thing living in Chennai. The crackers at Deepavali time. Favorite festival?? Onam without doubt.

Q. Okay Sir, only two more. What is your Philosophy of life?

I am not a philosophical fellow. I don't have the intelligence to interpret and study the Vedas the Gita etc. I have a very simple Four word philosophy in life. The philosophy as outlined by the Lord Buddha and it is BE GOOD, DO GOOD.

I also have a favorite prayer that I always keep beside me.

"God give me the Serenity,

To accept the things I cannot Change,

The courage, to change what I can, and

The Wisdom to know the difference."

Q: Okay Sir, One Final question before your flight. What would be that one signature change which Dr. Babu Rajendran will do as the AIOS president? What do you plan to do for all those people from Kerala who traveled far and wide to reach Hyderabad to cast their votes for you?

First and foremost my most sincere thanks to each and every one of them for their support. Very special thanks to Dr.Raju for allowing me to stand at Hyderabad and I feel more miserable now after the debacle in Bangalore, so my gratitude to him is even more. My foremost desire is to see that the election is made more available to everyone. I want every member to be able to cast his or her vote from wherever they are without having to travel to the conference. I have already done a very successful trial with online voting, I think you were part of that trial, and was demonstrated to the OBSC who accepted it unanimously. It is now going for another round of demonstration before the Jaipur conference and needs to be ratified by the general body and then hopefully it will get done in my term. That will remove the regional bias in the election and will also do what the constitution requires, that every member have the right to vote. I have many more plans but I better go now or I WILL miss my flight. Thank you for the opportunity to walk the talk with you. It was fun.

As usual I am totally overwhelmed and energized after talking to the legend himself. I have definitely learnt a few more tricks of the trade today. The confidence, the sharpening of thought process, the ability to be an innovator, the ability to think differently, the courage to question, the natural instinct of being a leader are some of the qualities which rub on to you if you spend quality time with this great man. I am very grateful to Dr. Sasikumar for giving me this opportunity and I also thank Dr. Babu for spending his valuable time with me and also for being the very reachable "Life line" for all of his students and junior colleagues. ■

Proudly Introducing…

Ingredients	Quantity
Ginkgo Biloba Extract	60 mg
Rutin	25 mg
Alpha Lipoic Acid	37.5 mg
Bilberry extract	5 mg
Lutein	3 mg
Zeazanthin	0.5 mg
Beta Carotene	2.5 mg
Vitamin C	250 mg
Vitamin E	100 IU
Zinc	12.5 mg
Selenium	13 mcg



Cipla
Foresight



Dr. Sheena Bilal
Consultant, Chaithanya Eye Hospital, Cochin

WOC
2008 World Ophthalmology Congress



HONG KONG

It was a great feeling when I got to know that my paper and poster had got selected for the WOC 2008. I got geared up with lot of thrill and expectations and reached the airport on 27th July at 19.30 hrs. I was very glad to see the very familiar and dynamic Dr. Saikumar S.J who was also traveling with me to Hong Kong. Then slowly our squad grew. We were joined by Dr. Joseph Varghese, Dr. Amita Varghese and Dr. Sreekanth Karat. It was then that we realized that our wait was going to be long as the flight got delayed and we reached Hong Kong via Singapore 8 hours late. Well, it wasn't very bad because we all got to spend some time with each other.

Hong Kong, the city of harbour and structures looked marvelous. On 28th morning when I reached the Congress venue, I was totally awestruck by the Convention Centre. It looked like the apt place for this event. The organizers were extremely nice and the instructions were so clear that there was no confusion regarding anything.

There was participation from all over the world. Around 10,500 delegates participated including 1200 speakers and 2000 poster exhibitors. The Congress was held over 7 floors which were very well connected with escalators and lifts. The registration counters were well segregated. There was a speaker ready room where you could just walk and login and check and make any final corrections you need to make in your presentation. The 5th floor was the biggest attraction as it held the trade and provided lovely coffee, free massages and web browsing. This floor was thus always crowded. The posters were exhibited on this floor. Dr. Saikumar S.J and Dr. Giridhar.A from GEI, Cochin and I had posters which were displayed as scheduled.

Dr. Aroop Chakraborty of CECC, Trivandrum was the only guest speaker in the Congress among the KSOS members.

Dr. Naved and Dr. Geetha had joined us from UK.

The Scientific programmes were very well structured. The Subspecialty Day Program offered an excellent series of sessions on Cataract & Refractive Surgery; Glaucoma; and Retina. Some newer techniques like phakic IOLs, Presbyopic refractive surgery, Aqualase assisted cataract surgery attracted crowds in huge numbers. The other session which was attended in great numbers was the company sponsored lunch sessions. Basics to sophisticated management of Strabismus, trauma and glaucoma were well covered. The newer vitrectomy instrumentation and techniques, pros and cons of anti VEGF therapy in various conditions and company sponsored ARMD sessions were part of Retina. I had a great opportunity to present my paper in the Vitreo Retina free paper session. Dr. Mark Hughes, man of triple therapy fame in CNVM also had a paper in the same session. Another alumnus of our hospital, Dr. SreeBhargava Natesh also had a paper

The special sessions on magnetic therapy and Chinese traditional therapy of eye diseases were quite popular among the local delegates. The video assisted session held by Dr. Chang covered all the various steps of phacoemulsification and ECCE. Surprisingly, no one spoke about SICS as this is not very popular in the International forum. In between we could hear discussions being held in Chinese and that was quite puzzling.

The Opening Ceremony of the WOC 2008 was spectacular. Mr. Donald Tsang, Chief Executive of the Hong Kong Special Administrative Region Government was present to welcome delegates from over 100 countries and territories. The dragon dance was cheered by everyone. All eminent Ophthalmologists from all over the world were present. Dr. Stephen Ryan, Dr. G.N Rao, Dr. Narsing Rao, Dr. Dennis Lam, Dr. Bruce Spyvy (ICO) and Dr. Yasuo Tano (APAO) to name a few. Special awards were presented.

The Gala dinner and dinner for speakers catered to different cuisines (contents were difficult to decipher) and was accompanied by high class entertainment.

The trade had representation from all the prominent companies. The display of 3 D OCT, Microscopes, Laser machines, Phaco machines were in plenty. The introduction of Blink tears containing Sodium Hyaluronate was something new.

The shopping of electronics, visit to Ocean park which holds the second longest escalators in the world and a walk through the ocean effect, the panda house was all very exciting to watch. The cable car ride over the South China Sea was very thrilling.

Overall the trip to Hong Kong for the WOC was very memorable and educative.

Scientific Committee Chairman enthusiastic about Drishti 2008



Preparations are on in full swing for Drishti 2008! Things are gathering pace, and so are my adrenaline levels !

Papers for all the award sessions have been selected and almost all full texts have been received. Those papers which have not been selected have been given the option of Poster presentations. But since the slots are limited, poster slots will be allotted on a first come first served basis. So please contact me immediately.

We are planning for a Video Kiosk and e posters this time. I am sure this will give one more oppurtunity for the delegates to showcase their scientific work.

We also have a big list of Invited faculty. Their presence will provide more oppurtunity for discussion and interaction.

I am sure you will remember Drishti 2008 for a long time. So come in large numbers and make it a grand success

Dr. S.J. Saikumar

Chairman, Scientific Committee



Entrance of the Convention Centre

KSOS at WOC

Trade

VR Paper presentation by Dr Sheena Bilal

Dr. Arup with fellow faculty members

Get *Control, Protection* and *Safety*

Brimocom

Brimonidine Tartrate 0.2% + Timolol Maleate 0.5% Eye Drops

Added Reduction with Neuroprotecton



Patient friendly pack

Preservative Free

Safe for long-term use



Rx Adlube for

- Severe dry eyes
- Corneal blisters
- Tear film problems
- Blepharitis
- Lids & conjunctival problems

Cipla
Foresight

Published by Dr. S. Sasikumar on behalf of
Kerala Society of Ophthalmic Surgeons