



Moorfields Eye Hospital
NHS Trust

**A PRACTICAL CLINICAL APPROACH TO THE DIAGNOSIS AND MANAGEMENT
OF INTRAOCULAR INFLAMMATION AND INFECTION**

June 08-09, 2018

Moorfields Eye Hospital, London

Course organisers: Professor Sue Lightman and Professor Peter McCluskey

Friday June 8 2018

Morning session: Chairman: Professor Sue Lightman

9.15 – 10.00 Approach to the Uveitides – Professor Douglas Jabs

10.00 – 10.45 Anterior uveitis and the spondyloarthropathies Professor Sue Lightman

10.45 – 11.00 OCT-A does it help us? Professor Peter McCluskey

11.00 – 11.30 COFFEE

11.30 – 12.10 Infectious causes of uveitis and how to recognise them - Professor Peter McCluskey

12.10 – 12.20 Viral retinitis – use of oral valaciclovir Dr Oren Tomkins

12.20 – 1.00 What have the MUST trials taught us? Professor Doug Jabs

1.00– 1.45 LUNCH

Afternoon session: Chairman: Professor Peter McCluskey

1.45 – 2.15 Systemic treatment of uveitis including biologics – Professor Doug Jabs

2.15 – 3.00 Outcome of use with biologics in intermediate and posterior uveitis - Professor Sue Lightman

3.00 – 3.30 Update on JIA - Professor Peter McCluskey

3.30 – 4.00pm TEA

4.00 – 4.30 Scleritis Professor Doug Jabs

4.30 – 4.45 Use of biologics in scleral disease Dr Oren Tomkins

4.45 – 5.30 Management of raised IOP in uveitis - Professor Peter McCluskey

Saturday June 9 2018

Morning session:

9.15 – 10.00 Cataract surgery in patients with uveitis: results and management – Professor Doug Jabs

10.00 – 10.15 COFFEE - then divide into 3 groups and rotate to all stations every 45 mins

10.15 – 11.00, 11.00 – 11.45, 11.45 – 12.30.

Station 1: Patient examination and discussion – Mr Oren Tomkins – Netzer and Dr Xia Wu

Station 2: Patient examination and discussion – Professor Douglas Jabs and Dr Anastasia Tasiopoulou

Station 3: Interactive cases – Professor Peter McCluskey

12.30-1.30 LUNCH

Afternoon session:

Each session 45 mins then all groups rotate, 1.30-2.15, 2.15-3.00, 3.00-3.45

Station 4: Patient examination and discussion – Professor Peter McCluskey and Mr Oren Tomkins – Netzer

Station 5: Patient examination and discussion – Professor Douglas Jabs and Dr Xia Wu

Station 6: Interactive cases – Professor Sue Lightman

AS PATIENT EXAMINATION IS PART OF THIS COURSE NUMBERS OF PLACES ARE LIMITED SO IF YOU WANT TO ATTEND PLEASE BOOK EARLY!!

This course has been awarded 11.5 CPD points by the Royal College of Ophthalmologists

For application form and further details please email uveitiscourse2018@gmail.com

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08 – 09 June, 2018

REGISTRATION FORM

Friday 8th June – Saturday 9th June, 2018

- Option 1: Full Payment
- £450.00
- Option 2: Residents in Training (Confirmation from head of dept required)
- £300.00
- Option 3: Day Rate
- £250.00

Please complete clearly and in BLOCK CAPITALS. Your name should be given as it will appear on your Certificate of Attendance.

Last/Family Name:	
First Name:	Middle/Other name(s):
Title:	<input type="checkbox"/> Male
Nationality:	<input type="checkbox"/> Female
Present appointment (Hospital/Trust/Practice name and address):	

Home Address:	
Correspondence address (please circle):	Home Work
E-mail:	
Contact telephone number:	Fax No:
Current Deanery year (if applicable):	

Payment Details	Please tick (✓) relevant box. <u>All payments to be in GB Pounds Sterling.</u> Registrations will NOT be accepted without payment. Please note we do not accept cheques.
<input type="checkbox"/> Please deduct the total sum due from:	<p style="text-align: center;"> <i>Credit Card:</i> <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <i>Debit Card:</i> <input type="checkbox"/> Visa Delta <input type="checkbox"/> Switch/Maestro Card No: _____ _____ _____ _____ Start date: _____ Expiry date: _____ Issue No (for UK debit cards only) _____ 3 digit security code (last 3 digits on back of card) _____ Amount: £ _____ </p> <p>Name on card: _____</p> <p style="text-align: center;"><i>Cardholder's Signature:</i> _____</p> <p style="text-align: center;"><i>Delegate's billing address, OR Name, address & telephone number of the cardholder if <u>not</u> the delegate:</i></p> <p>_____</p> <p>_____</p>

ONLY SUBMIT YOUR REGISTRATION FORM ONCE.

CANCELLATION POLICY: By returning this registration form and payment details you are agreeing to our set registration procedures and regulations, including any cancellation policies for registration fees costs. **We do not accept any responsibility for any personal or financial information submitted before it is received by us. This is done so at your own risk. Once received, we process the data under data protection legislation.**

Certificates of attendance are only awarded after the final session of each course. Please bear this in mind when making your travel arrangements.

SIGNED: DATE:

Please return to: Professor Sue Lightman, Moorfields Eye Hospital NHS Foundation Trust, 162 City Road, LONDON EC1V 2PD

Or scan and email to: uveitiscourse2018@gmail.com

Please do not put your card details on the form if you are emailing it, instead, please tick this box