



Heritage

Moorfields was founded in 1804 and opened in 1805 in London. It is one of the largest centres for ophthalmic treatment, teaching and research in the world.

The London dispensary for curing diseases of the eye and ear was opened in 1805 by John Cunningham Saunders (1773 - 1810).

The impetus for the formation of the world's first specialist eye hospital seems to have been an epidemic of trachoma. This is a form of potentially blinding tropical conjunctivitis which was brought back to England by British troops returning from the Napoleonic wars in Egypt.

The number of patients seeking treatment steadily increased, forcing a move to a larger site in 1822 and finally to Moorfields present main site on City Road, central London, in 1899. At this time, the first specialist departments were set up (x ray and ultra violet treatment rooms) and the hospital was still operating as a charity where each patient received an admission card that read:

“This letter is granted to the applicant in being poor. Its acceptance therefore by anyone not really poor constitutes an abuse of charity.”

In 1935, after a public appeal for £120,000, the George V extension was opened. This provided a new outpatient department, a new ward and an orthoptic department.



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Heritage

During the Second World War, the hospital opened its doors to general surgical cases and most of the ophthalmic patients were evacuated out of London. Moorfields received a direct hit from a "doodlebug" in 1944 and suffered serious damage. This was so extensive that the hospital was nearly pulled down and rebuilt on a green field location. However, the site was rebuilt and in 1946 the City Road Hospital amalgamated with the Royal Westminster Ophthalmic Hospital, the Central Eye Hospital and took on the clinical facilities of the medical school for the University of London.

With the formation of the NHS in 1948, Moorfields lost its status as a voluntary hospital and in 1956 was officially named as "Moorfields Eye Hospital". In 1950, the Sixteenth International Congress of Ophthalmology was held at Moorfields and for the first time ever TV cameras were installed in the theatres to demonstrate surgical techniques.

Moorfields was redeveloped in the late 1980s allowing for the expansion into more specialist areas. The Trust responsible for Moorfields London now runs outreach community eye clinics at nine other sites where it provides a wide range of ophthalmic services.

Moorfields Eye Hospital Dubai was established in 2006 to provide the same outstanding standard of care in the Middle East.

More patients in the UK go to Moorfields than to any other eye hospital or clinic because of its world-famous reputation. This is based on the expertise of its clinical staff and the cutting-edge research taking place. In fact, over half the ophthalmologists practising in the UK, and many more overseas, have received specialist training at Moorfields.



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Profile

Moorfields Eye Hospital Dubai (MEHD) brings 200 years of excellence in eye care to the Middle East. We are the first overseas branch of Moorfields Eye Hospital London, the largest eye care facility in Europe.

Vision

To be the finest eye hospital in the Middle East.

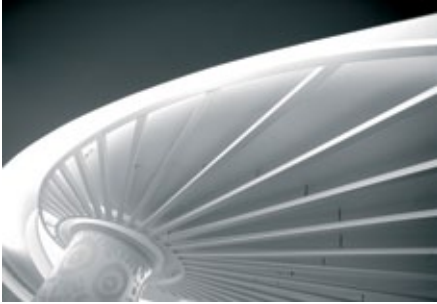
Mission

In order to achieve this vision, we are guided by the following mission statements;

- Operate to the highest standards, as exemplified by Moorfields Eye Hospital London, and to meet the expectations that the brand name implies:
- Provide a comprehensive range of ophthalmic services focusing on under-served subspeciality areas within the region.
- Participate in and develop world-class research and training opportunities within the region in collaboration with local institutions, Moorfields Eye Hospital London and the Institute of Ophthalmology.
- Embrace employment policies and practices that attract and retain high calibre staff, recognising their contribution to the success of our vision.
- Perform the above within the cultural context of the Middle East's local and expatriate population.



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Our reputation is our biggest asset

- We employ only the finest eye care specialists most of whom have trained and worked in Moorfields Eye Hospital London.
- We have six permanent ophthalmic surgeons of international standing based here and full access to over 100 internationally acclaimed eye specialists in London for case referrals.
- Support staff at the hospital are similarly chosen for excellence in their respective fields. They include a general ophthalmologist, optometrists, a senior orthoptist and pharmacist. Additionally our team of highly trained, specialist ophthalmic nursing staff are extremely dedicated to providing high quality care.



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Dr. Chris Canning

FRCS, FRCOphth, MRCP, FCP(SA)
Consultant Vitreoretinal Surgeon and Medical Director

- Dr. Canning has a wide range of experience in the management of retinal, vitreoretinal and medical retinal cases and Moorfields in Dubai has the latest generation equipment to support these patients. His research interests include a range of surgical innovations and modelling techniques applied to clinical vitreoretinal practice.
- Dr. Canning was educated in Johannesburg, South Africa, and started a career in cardiology before switching to ophthalmology. He went on to specialise at Oxford and Moorfields in London before taking up a consultant vitreoretinal post in Southampton. He developed the vitreoretinal unit into a major provider of care on the south coast of England before moving back to Moorfields London.
- He has an ongoing interest in medical informatics and has been involved in many of the initiatives in electronic health records.



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Dr. Edmondo Borasio

Med CBQ Ophth, F.E.B.O.
Consultant Corneal and Refractive Surgeon

- Dr. Borasio graduated magna cum lauda from the University of Torino before specialising in Ophthalmology at the same University. He then moved to Moorfields Eye Hospital in London where he developed his career with fellowships in cataract, external eye disease, cornea and refractive surgery.
- Dr. Borasio has extensive experience with the Visx Star S4 IR laser and the femtosecond laser, and has been on the Faculty of the Moorfields LASIK course and the SOI International Congress. He was the developer of the BESSt formula for calculating lens powers for post-corneal surgery cataract operations and has presented the work at a number of international forums. This is currently amongst the most accurate formula in the world for this purpose. Dr. Borasio is continuing a collaborative research programme with colleagues in London, having authored many peer reviewed scientific papers to date.



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Dr. Andrea Sciscio

MD, FRCOphth

Consultant Oculoplastic Surgeon

- Dr. Sciscio trained in Corneal surgery before undertaking a Fellowship in Oculoplastics under the guidance of Mr. Richard Collin at Moorfields Eye Hospital, acquiring in depth knowledge in the management of complex lid malposition, ptosis correction, lid tumours, as well as lachrymal pathology and socket/orbital disease. He has published numerous papers in peer reviewed journals and presented extensively at international meetings. He maintains an active interest in research ensuring his patients the latest technology in the field.
- Dr. Sciscio graduated with honours in Italy before starting his Ophthalmology training in the UK, becoming a Fellow of the Royal College of Ophthalmologists in 1998. His basic research interest is in ocular biomechanics.



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Dr. Renata A. Puertas

MD, CBO-Brazil, AMRCOphth
Consultant Glaucoma Surgeon

- Dr. Puertas graduated from Medical School and Residency Programme in Sao Paulo, Brazil. After taking her degree in Ophthalmology, she went on to specialise in External Diseases and Glaucoma at UNIFESP – Paulista School of Medicine.
- Dr. Puertas has extensive experience in Ocular Emergency and Trauma as well, having been appointed team leader at the Emergency Room/Trauma section at Sao Paulo Hospital-UNIFESP, one of the largest University Hospitals in Latin America for three years.
- Her latest training period was spent in London at Moorfields Eye Hospital where she did a two year Clinical Research fellowship in Glaucoma. Under the care of Prof. P.T. Khaw and Mr. K. Barton, Dr. Puertas acquired extensive knowledge of surgical techniques for Glaucoma.
- Dr. Puertas has also deep knowledge of research development, having coordinated several surgical and pharmacological clinical trials at MEH in London for the past years. Her main interests in research include the surgical aspect of Glaucoma treatment and paediatric glaucoma.
- Dr. Puertas is native in Portuguese and fluent in English and Spanish.



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Dr. Clare Roberts

MA (Cantab), BM BCh (Oxon), FRCOphth

Consultant Paediatric Ophthalmologist and Strabismus Surgeon

- Dr. Roberts is an experienced consultant ophthalmologist specialising in the assessment and management of children with eye problems, as well as the management of adults with strabismus.
- Dr. Roberts studied medicine both at Cambridge and Oxford University. She trained in Ophthalmology in the Wessex region of England, at Southampton General Hospital, acquiring the Fellowship of the Royal College of Ophthalmologists and developing an interest in paediatric ophthalmology and strabismus.
- She moved to Moorfields London for fellowship training in Strabismus and Paediatric Ophthalmology. Under Mr. John Lee and Miss Gillian Adams she gained extensive experience in general paediatric ophthalmology, retinopathy of prematurity, strabismus surgery and botulinum toxin therapy for strabismus.
- Dr. Roberts has a research interest in amblyopia and retinopathy of prematurity and has published in paediatric ophthalmology and strabismus
- Following a consultant job in Kingston, UK, Dr. Roberts moved to Madrid where she worked with Prof. Dr. Rosario Gómez de Liaño of the Ocular Motility Service of the Hospital Clinico San Carlos (University Complutense de Madrid) and gained experience in strabismus surgery under topical anaesthesia before returning to Moorfields London as a locum consultant. Prior to joining Moorfields Dubai she was most recently a consultant at Imperial College NHS Trust in London where she managed a large paediatric ophthalmology service including screening and treatment for retinopathy of prematurity.



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Dr. Edoardo Zinicola

MD

Consultant Vitreoretinal Surgeon and Medical Retina Specialist

- Dr. Edoardo specializes in vitreoretinal surgery and medical retina.
- He graduated magna cum lauda from the University of Genova in Italy before specialising in Ophthalmology at the same University.
- During his ophthalmology training he worked extensively with Digital Fluorescein Angiography and Indocyanine Green Angiography investigating chorioretinal blood flow and was co-author to numerous peer-reviewed papers on chorioretinal disease. During that time he also did brief fellowships in Paris and New York.
- Dr. Edoardo then moved on to UK as a visiting fellow to the vitreoretinal service of Moorfields Eye Hospital. He then developed his career with a one and a half year fellowship in glaucoma and cataract surgery at Western Eye Hospital and a two and a half year fellowship in vitreoretinal surgery in Portsmouth and Brighton.
- He then moved back to Italy where he was a Consultant in Vitreoretinal Surgery and Medical Retina to various hospitals in the region.
- He is an active member of Fondazione della Macula, a scientific research organization based in Genova, which is particularly interested in the management of Diabetic Retinopathy and Macular Degeneration.
- Dr. Edoardo has extensive experience in the investigative procedures and treatments of retinal diseases, both medical and surgical. He has a particular interest in the management of diabetic eye disease and in promoting retinal screening in diabetic persons.



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Dr. Jana Sheqem

MD

Consultant Vitreoretinal Surgeon and Medical Retina Specialist

- Dr Jana specialises in the assessment and management of vitreoretinal surgery and medical retina.
- After studying medicine at the University of Jordan, Dr Jana trained in Ophthalmology at the University Eye Clinic of Bonn in Germany during which time she worked extensively with Ocular Ultrasound and wrote her dissertation on this subject.
- Dr Jana then moved to the UK and worked in several hospitals in the south-east of the country, sub-specialising in vitreoretinal surgery at the Southampton University Eye Clinic.
- From Southampton, Dr Jana moved to Italy where she was a Consultant in Vitreoretinal Surgery and Medical Retina at various hospitals.
- Dr Jana has extensive experience in the treatment of retinal diseases, both surgical and medical together with a deep interest in the management of diabetic eye disease and in promoting retinal screening in diabetic persons.
- She is fluent in Arabic, German, English and Italian and also proficient in French.



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Dr. Imran Ansari

MBBS, MRCOphth, FRCS, FEBO
General Ophthalmologist

- Dr. Imran Ansari is an experienced general ophthalmologist and has acquired his ophthalmic training from leading teaching and general hospitals within the United Kingdom.
- Dr. Ansari graduated in medicine from the University of London (St Bartholomew's and The Royal London Medical School) in 2000, and after completing house officer jobs in general medicine, orthopaedics and general surgery he went on to pursue a career in ophthalmology.
- He is a member of the Royal College of Ophthalmologists in the UK, and a Fellow of The Royal College of Surgeons of Glasgow. He also holds Fellowship of The European Board of Ophthalmology. As a general ophthalmologist Dr. Ansari is involved in the management and treatment of all aspects of eye disease.
- He has had various opportunities to present at international conferences and is particularly interested in the effects of diabetes on the eyes.
- Dr. Ansari is extensively involved in ophthalmic related charity work in developing countries. He has participated in numerous free eye surgical camps and has also been actively involved in their set up and organisation.



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Examinations:

Ophthalmic Eye Examination (Ophthalmologist)

An Ophthalmologist is “a physician who specializes in the medical and surgical care of the eyes and visual system and in the prevention of eye disease and injury. They provide a full spectrum of care including routine eye exams, diagnosis and medical treatment of eye disorders and diseases, prescriptions for eyeglasses, surgery, and management of eye problems that are caused by systemic illnesses.”

An examination performed by a specialist ophthalmic surgeon might include all or most of the following (depending on the clinical situation of the patient):

- History (general, ophthalmic, family, medications, allergies)
- Examination - ophthalmic (visual acuity, confrontation visual fields, slit lamp biomicroscopy, intraocular pressure, ocular motility)
- Examination – general (BP, pulse, urinalysis, physical examination as appropriate)
- Focimetry (assessment of spectacles) and autorefracton



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Orthoptic Examination

An Orthoptist is an allied health professional who specialises in eye movement problems and disorders that effect how the eyes work together. These conditions are typically diagnosed in childhood; therefore Orthoptists are highly experienced examining children of all ages. In countries such as the US or UK the Orthoptist, working hand in hand with an Ophthalmologist, commonly plays a central role in the evaluation and treatment of childhood eye disorders.

An assessment performed by a specialist Orthoptist that might include all or most of the following:

- Visual acuity (in depth analysis)
- Binocular visual function including stereopsis
- Ocular motility (in depth analysis and recording)
- Management of amblyopia

Optometric Examination

An assessment performed by a specialist optometrist might include all or some of the following:

- Refraction
- Prescription of spectacles
- Prescription of contact lenses
- Ongoing assessment of contact lenses
- Low vision aids

Our contact lens specialist has a wide range of trial lenses including lenses for patients with kerataconus and irregular cornea. They can also supply cosmetic contact lenses for patients with corneal opacities.

Ocularist

Our Ocularist makes and fits artificial eyes through creating hand crafted eyes with a very natural look indistinguishable from the real eye. Made from acrylic, these artificial eyes are very strong, easy to maintain and are comfortable to wear. They also provide a polishing and repair service.



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Our facilities set the benchmark for eye care in the Middle East. The hospital can cater for 20,000 outpatient consultations and 5,000 surgical procedures per year.

Surgical Facilities

- Cataract – customised
- Vitreoretinal – diabetes, retinal detachment, macular degeneration, trauma
- Keratorefractive - Visx Star 4 IR Wavefront and IntraLase femtosecond laser
- Corneal – a full corneal service including keratoplasties (endothelial, lamellar and penetrating)
- Oculoplastics – cosmetic and therapeutic
- Glaucoma including antimetabolite enhanced trabeculectomy and drainage devices (tubes)

Outpatient Facilities

- Optometrist and Orthoptist
- Digital fluorescein angiography and indocyanine angiography
- Three dimensional Topcon OCT
- Pentacam rotating Scheimpflug camera
- Visante anterior segment OCT
- Humphrey visual fields
- GDx scanning laser polarimetry
- Ultrasound
- Specular Endothelial Camera
- Biometry using the IOL Master

Outpatient Treatments

- YAG laser
- Panretinal laser photocoagulation (frequency doubled YAG)
- Lash removal / electrolysis
- Minor operations
- Punctal plugs
- Bandage lenses



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Vitreoretinal Service

Our eye hospital is equipped with a comprehensive set of vitreoretinal equipment with the consultants performing the latest advanced retinal surgery including sutureless 25 gauge procedures and high speed vitrectomies: including all available intraocular gases, liquids and oils. Complex diabetic eye disease, retinal detachments and macular degeneration can also be successfully treated. Many surgical techniques that have been proven to be of benefit are performed here in our Dubai hospital.

Diabetic eye disease

Diabetes is the most common cause of vision loss in the working age population in the developed world, and it is very common in the UAE. A wide variety of problems occur in diabetes that need different types of treatment. This may require laser to the retina to stop blood vessels growing, injections into the eye to stop blood vessels leaking, or surgery to remove scar tissue or fix retinal detachments. Our consultants can perform all of the aforementioned treatments.

Retinal detachment

Although not common the effects of retinal detachment can be devastating. Treatment will vary depending on the extent and type of retinal detachment. This may include laser treatment, injecting a bubble of gas into the eye, placing a buckle around the eye or removing the vitreous jelly and undertaking a major retinal reconstruction. Again we are able to manage every sort of detachment.

Macular degeneration

This overall is the most common cause of poor eyesight in the western world. It usually occurs in the elderly but may be seen in people as young as 50. We are able to offer a comprehensive diagnostic service and treat the retina where this is possible. It does regrettably remain the case that some eyes cannot be treated, yet there are many that respond very well to laser, injections or occasionally even surgery. All proven treatments are available.



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Laser Refractive Surgery

All the latest techniques used for the correction of Myopia, Hypermetropia and Astigmatism are available, including IntraLase, WaveFront LASIK, LASEK, PRK and Epi-LASIK. Our hospital is also a referral centre for the management of complications from previous refractive surgery.

During a LASIK procedure, a very thin flap has to be created on the front of the cornea before the corrective laser is applied.

State-of-the-art technology for Laser Refractive Surgery

IntraLase and LASIK

Until a few years ago, LASIK flaps could only be created with a mechanical blade called a "microkeratome". Nowadays however, with the latest advances in technology it is possible to create these flaps entirely with a laser. Such a laser is called femtosecond IntraLase and allows the surgeon to "cut" with a precision in the order of 15 microns (1 micron is 1/1000 of a mm). Greater precision also means a reduced risk of complications compared to using a blade. The other significant advantage of IntraLase compared to PRK, LASIK or EPI-LASIK is that it provides quicker vision recovery – a few days compared to a few weeks.

WaveFront

In order to correct the vision with the laser the cornea has to be sculptured by removing a certain amount of tissue. Traditionally, this amount used to be directly linked to the degree of short- or long-sightedness or astigmatism present in the eye, as determined by the optician prior to surgery. Recent advances in the field of optics and aberrations now allow the consultant to study the eyes prior to surgery with a special laser scanner (WaveFront Aberrometer) with which a customised correction based on the unique optical features of the eyes of each patient is possible. In most cases WaveFront technology has been shown to deliver better results than conventional treatment.



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Oculoplastics

Oculoplastic surgeons train as ophthalmologists (Eye Surgeons) and then sub-specialise in Oculoplastic Surgery and as a result have an in-depth knowledge of an eye's function as well as of the eyelids. This applies to our Consultant Oculoplastic Surgeon.

Oculoplastics is a branch of Ophthalmology that deals with the following:

- Eyelids and Eyebrows
- Lachrymal Passages
- Orbit

Plastic surgery on the eyelids and upper face. This is also known as oculo-facial surgery, as the eyelids are continuous with the forehead and cheeks.

Eyelid Surgery aims to correct problems relating to the eyelid and eyebrow position and their contour. It also restores issues regarding the surrounding tissues such as eyelashes and the deeper structures. Examples include eyelids that are droopy or not in contact with the eyeball. Oculoplastic deals as well with the reconstruction of the eyelid anatomy and function following skin cancer removal or trauma.

Lacrymal surgery

This type of surgery deals with any kind of problem related to the tear channels and the lachrymal duct. This is mostly to restore the normal flow of tears down to the nose when a blockage has occurred either since birth or later in life resulting in a "watery" eye.

Orbital problems are those related to the bony sockets of the eyes and any pathology of their highly complex contents such as: nerves, muscles, arteries, veins, fat and lachrymal glands. A typical common example is Thyroid Eye Disease which produces protruding eyes due to an increase of the muscles and fat. It also includes patients who have lost an eye and have it replaced with an orbital implant and a prosthetic eye. The Oculoplastic Surgeon works closely with the Ocularist to produce closely matching prosthesis.

Aesthetic Oculoplastics

Our Consultant Oculoplastic Surgeon also performs aesthetic non-surgical treatments and surgery on aged eyelids and surrounding tissues to improve or change their perceived beauty. This includes interventions such as dermal fillers and botulinum toxin injections as well as the full range of blepharoplasty surgery and eyebrow lifts.

Paul Geelen has twenty years experience making and fitting hand crafted artificial eyes. He is a founding member of the Ocularist Association of Australia. Paul regularly conducts clinics in Dubai.



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Cornea

When the cornea becomes cloudy or is affected by serious diseases it needs to be replaced to re-establish the vision. This operation is called a corneal transplant (or graft). We offer all the latest techniques available for corneal transplantation, ranging from full thickness (penetrating) to partial (lamellar) corneal transplants and the latest Femtosecond Laser-enabled corneal grafts.

Penetrating Corneal Transplant

This is the traditional "full thickness" corneal graft where the diseased cornea is replaced with a healthy one from a donor. It allows excellent vision but is slightly more invasive and carries a slightly higher risk of rejection compared to the partial techniques.

Anterior Lamellar Corneal Transplant

When the disease is limited to the front part of the cornea, it is sufficient to replace just a few layers to improve the vision. Depending on how dense the opacities are, this can be achieved either with the femtosecond laser (allowing extra accuracy) or by hand.

Deep Anterior Lamellar Corneal Transplant (DALK)

When all the front layers of the cornea are affected but the back layer (the endothelium) is healthy, a DALK can be performed. With this procedure all the anterior layers are replaced but a very fine layer of the patient's cornea is left at the back. This procedure is ideal in keratoconus where the Descemet membrane and the endothelium are not affected.

There are different ways of creating this dissection. Our preferred procedure is using an air bubble (Big Bubble Technique), which enables the surgeon to obtain a very smooth dissection plane allowing optimal vision. When the dissection is smooth, the vision achieved is similar to one obtained with a penetrating graft, but with less risk of rejection.

Endothelial Corneal Transplants (DSAEK)

This new procedure allows the consultant to selectively replace the diseased back layer of the cornea (the endothelium) leaving the front layers untouched. Hardly any stitches are used since the graft is kept in place by a special air bubble. It offers quick recovery, minimal astigmatism and is less invasive compared to a penetrating graft.



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Cornea

(Services Continued)

Femtosecond-Laser assisted Corneal Transplants

Until a few years ago corneal transplants could only be performed with the use of manual trephines and the blade. Nowadays it is possible to make the cut in an even more precise manner with the Femtosecond Laser. In this way, a very precise match between the donor and the recipient cornea is achieved, allowing better healing and often less astigmatism. The Femtosecond Laser can be used for both Penetrating and Lamellar Corneal Transplants.

INTACS Rings for Keratoconus

Patients with early or moderate Keratoconus who are not willing to undergo a corneal transplant may try stabilising the progression of the disease by means of INTACS rings implants. This involves creating channels in the cornea with the femtosecond laser (Intralase) and then implanting one or two rigid segments where the cornea bulges forwards most. The procedure often reduces the irregular astigmatism and allows better vision without correction; however corneal graft remains the definitive treatment for keratoconus. A minority of patients do not notice a significant benefit from the rings, or find them uncomfortable, and request them to be removed. This can be safely done since the procedure is reversible.



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Glaucoma Service

We use the latest equipment and techniques, not only for the diagnosis of Glaucoma, but also for the follow up and control of the disease.

Glaucoma can be widely described as the process that damages the optic nerve head (nerve responsible for vision) by abnormal intra ocular pressure. According to the World Health Organization, in 2010 there will be 60.5 million people with Glaucoma around the world, increasing to 79.6 million by 2020.

Glaucoma is the second leading cause of blindness worldwide and the number one cause of irreversible blindness. However, the disease is treatable and blindness can be prevented through early diagnosis. Although children and young adults can be affected by Glaucoma, high risk groups include older people (increasing risk over 40 years of age) females and those with a family member with glaucoma. The disease has no symptoms in its early stages and up to 40% loss of sight is necessary before any problem is noticed by the sufferer.

Our consultants have an extensive knowledge of the disease and its sub-types. Furthermore, they are highly trained to provide the best available clinical and surgical treatments. This includes Laser intervention such as iridotomy, iridoplasty and laser trabeculoplasty; and the latest techniques in trabeculectomy enhanced with anti-metabolites, aqueous drainage implants (tube) and combined surgery (cataract and glaucoma).



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Paediatric and Strabismus

The development of eyesight during childhood is a complex and critical process. Children suffer from many eye problems and these can often go undetected – education can suffer and the child may be labelled as disruptive when all along it is because they cannot see well.

Paediatric ophthalmology – the study and treatment of eye disease in childhood – needs to work at many levels. Primary screening of normal children in the first two years of schooling usually finds about 15% have some eye problem. A systematic screening of all children is important and we provide this service to a number of schools in the UAE.

The treatment of eye disease may be something as simple as a pair of glasses, or may need intensive training or complex surgery. Our orthoptic department is able to do a comprehensive evaluation of children with “lazy” eyes (amblyopia) and see them through the years of patching and glasses.

Eyes that squint (strabismus) often need surgery ranging from the simple to the very complex. Our Paediatric Eye Consultant has wide experience of even the most complex of such procedures. Children also suffer from abnormalities in the development of the eye. The range of such disorders is huge and specialists in this field need very wide experience in order to recognise the diagnoses.

Our Paediatric Consultant trained at the top hospitals in the UK and has spent a decade in this field. In addition, we maintain strong links with the parent hospital and the Institute of Ophthalmology in London and so are able to share complex cases and research.

Finally, even children who have severe eyesight problems can still lead active and productive lives. We are keen to work with schools and other organisations to help such children through their early years.



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Investigations and Equipment

Nerve fibre layer analysis (GDx)

A non-contact measurement of the thickness of the nerve fibre layer. It is used in the early detection and the assessment of progression of glaucoma.

Visual field test (Humphrey)

An automated test of peripheral visual field in a reproducible and internationally recognised format.

Anterior segment scanning OCT (Visante)

A non-contact precise measurement of the anterior segment of the eye including cornea, drainage angle, anterior chamber, iris and anterior lens surface. It is used in the management of glaucoma, uveitis, difficult cataracts, complicated cataract surgery and other diseases of the anterior chamber.

Retinal scanning OCT (Topcon 3D)

A non-contact precise measurement of the retina (posterior pole), retinal pigment epithelium and choroid. It is used in the management macular disease (especially macular holes and macular degeneration), diabetic eye disease and the assessment of reduced vision.

Ocular photography (Topcon digital)

Digital photography to record the appearance of all parts of the eye and its surrounds. It is used to document a patient's current situation for later comparison.



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Investigations and Equipment

Fluorescein angiography (Topcon digital)

Digital imaging of the retina (and occasionally sclera and iris) following the intravenous injection of fluorescein to assess perfusion and vascular integrity. It is used particularly in the management of age-related macular degeneration and diabetes.

Corneal topography (Pentacam)

A non-contact 3D image of the corneal shape to assist in planning laser refractive surgery and difficult cataract surgery.

Specular Endothelial Camera (Topcon)

A camera which measures the density of the corneal endothelial cells which is necessary before corneal transplantation and other corneal procedures.

Cataract biometry (IOL Master)

A non-contact measurement of the length of the eye and size / shape of the cornea to calculate the strength of the lens implant needed to correct vision after cataract extraction.

Ultrasonography (Sonomed multitransducer array)

Imaging of the inside of the eye using ultrasound, it is used where the view inside the eye is obscured for whatever reason, or to measure the size of features inside the eye. It is often used in the assessment of diabetic eyes before surgery.

Retinal laser photocoagulation (frequency do bled YAG laser)

Treatment of the retina with laser mostly for the treatment of diabetes. It is also used for sealing tears in the retina and treating conditions where fluid builds up in the retina.

Visulas 532s with laser slit lamp

For the treatment of capsular opacification and laser iridotomy.

VISX_STAR4 Custom VSS Eximer Laser System

Used to deliver precision custom ablation in refractive laser.

INTRALASE Femtosecond Laser

Delivers unprecedented accuracy to customize surgical parameters for every corneal flap in refractive laser.



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DUBAI HEALTHCARE CITY, DISTRICT 1

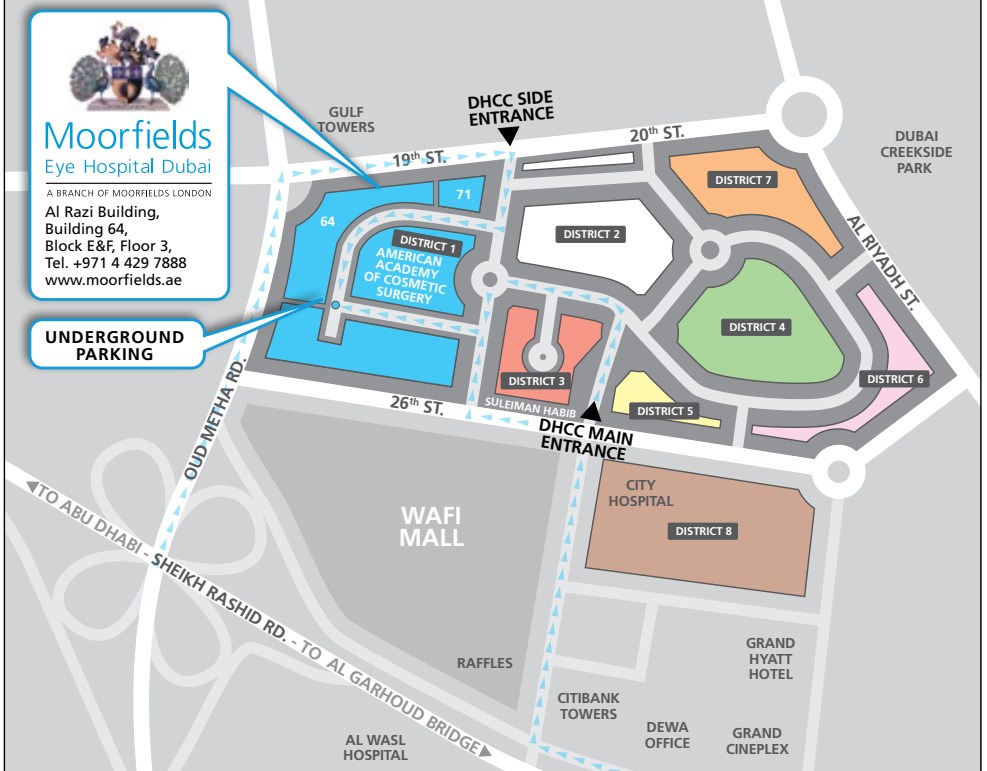


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**UNDERGROUND
PARKING**



GPS COORDINATES: 25° 14'02.0"N , 055° 19'07.9"E

LASIK | CATARACT | COSMETIC | PAEDIATRIC | RETINA | CORNEA | GLAUCOMA | STRABISMUS

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