



Irish College of  
Ophthalmologists  
*Eye Doctors of Ireland*  
Protecting your Vision

# ICO NEWS

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SUMMER 2026



Gerry Fahy

## President's Message

Dear Members,

I am pleased to welcome you to the summer 2026 edition of our ICO Newsletter.

It was wonderful to meet with so many of you at our recent Annual Conference in Galway, where we had record attendance for three days of outstanding scientific education, professional collaboration and collegial exchange.

This issue reflects the energy, innovation and commitment that continue to drive our specialty forward. The conference brings together colleagues from across Ireland, the UK and internationally to share knowledge, discuss challenges and explore new developments in clinical practice, education and service delivery. My sincere thanks to our Scientific Committee, speakers, sponsors and delegates who contributed to such a successful meeting.

The publication of the National Ophthalmology Workforce Report marks an important milestone in planning for the future needs of our patients and services, while the expansion of integrated care pathways demonstrates what can be achieved through collaboration across disciplines and healthcare settings.

I am particularly proud to see the achievements of our trainees and early-career colleagues highlighted in this edition. Congratulations to all young ophthalmologists who presented at our meeting.

The newsletter also showcases the many ways our members contribute beyond clinical practice, through education, international outreach, patient advocacy and service innovation. These efforts strengthen our profession and ultimately improve the care we provide to patients throughout Ireland and beyond.

I hope you enjoy this latest edition and wish you an enjoyable summer..

Best wishes,

**Gerry Fahy,**  
President,  
Irish College of Ophthalmologists

## ICO Annual Conference 2026

Innovation, Collaboration and Advancing Excellence in Irish Ophthalmology

More than 275 delegates gathered at The Galmont Hotel, Galway, from 13–15 May for this year's ICO Annual Conference. The meeting delivered a comprehensive scientific programme spanning cataract surgery, glaucoma, oculoplastics, paediatric ophthalmology and medical retina, while also considering the broader challenges of workforce planning, resilience and sustainable healthcare delivery.

International expertise was provided by Professor Keith Barton and Mr Jimmy Uddin from Moorfield's Eye Hospital in London, Professor Uday Devgan (Los Angeles), widely known as the "Cataract Coach" and Professor Alvin Young, Chinese University of Hong Kong and Prince of Wales Hospital.

The conference highlighted the breadth of modern ophthalmic practice and the importance of multidisciplinary collaboration, patient-centered care and innovation in delivering high-quality eye care.

The College extends our thanks to Professor Conor Murphy and members

of the ICO Scientific Committee for a fantastic programme, and to all speakers, delegates, trainees, researchers and industry partners who contributed to a highly successful annual conference in Galway.

## Mooney Lecture 2026

The 2026 Mooney Lecture was delivered by Professor Keith Barton, Consultant Ophthalmic Surgeon at Moorfields Eye Hospital and Professor of Ophthalmology at University College London.

In his lecture 'The Challenge for Surgeons Managing Glaucoma' Professor Barton explored contemporary glaucoma surgical practice, addressing both advances in treatment and the practical challenges facing clinicians managing increasingly complex patients.

Professor Barton also contributed to the conference Glaucoma Symposium, sharing expertise on challenging clinical cases.



Professor Keith Barton (right), Consultant Ophthalmic Surgeon at Moorfields Eye Hospital, London and Professor of Ophthalmology at University College London, is pictured with Mr Gerry Fahy, President of the Irish College of Ophthalmologists.

## Cataract Surgery

The Cataract Symposium opened the scientific programme on Wednesday, 13th May with a strong focus on surgical decision-making and complication management.

**Professor Uday Devgan** presented 'Best of Cataract Coach – Recovering from Complications', an interactive video session that illustrated complications and challenges in cataract surgery and asked the audience and panellists' what their preferred management and next steps were.

In his presentation, **Professor Alvin Young** addressed 'Cataract Surgery in Challenging Corneal Conditions' and ways to circumvent them. Prof Young highlighted how the cornea can make a big difference in cataract surgical outcomes, noting that "Discrepancies between topographic and biometric astigmatism could be considered as an ocular surface problem until proven otherwise. Stromal and endothelial disorders likewise would impact and impede your surgery."

**Dr Geraldine Comer**, Consultant Medical Ophthalmologist for HSE West / North West, outlined the modernised cataract pathway currently operating across the west region and the significant benefits it is delivering for patients.

Dr Comer documented the challenges, processes and learnings in developing a new pathway for adult patients over the past two years, in a community setting where there was no adult service previously and no infrastructure, equipment or previous exposure to this cohort of patients or activity. Her talk highlighted the importance of integration with the Tertiary Referral Centre and the suitability of this pathway to occur in a community setting.

Dr Comer described how the implementation of the pathway in the region is helping patients move more efficiently from referral to assessment and onward treatment, while ensuring hospital services are focused on surgery and more complex cases.

Speaking about the new Healthlink cataract eReferral form rolled out in Galway in April, Dr Comer told delegates:

"A standardised cataract-only referral form has been developed for GPs and optometrists referring to the



*Keynote speakers at the Cataract symposium on Wednesday, 13th May (l-r): Professor Uday Devgan, Consultant Ophthalmic Surgeon, Devgan Eye Surgery, Los Angeles, Dr Ger Comer, Consultant Ophthalmologist, HSE West/North West, Professor Alvin Young, Clinical Professor, Chinese University of Hong Kong, with session chair, Mr Rory Murphy, Consultant Ophthalmic Surgeon, Royal Victoria Eye and Ear Hospital, Dublin.*

HSE system. This ensures that patients referred for surgical assessment are suitable, informed and ready to proceed if surgery is offered. Patients who do not yet require surgery can remain under community optometric care until the appropriate time.

The new model of care is designed to reduce unnecessary hospital visits, shorten waiting times and allow more services to be delivered closer to patients' homes through community-based clinics. Community pre-assessment clinics, supported by technicians, nurses and optometrists, also allow much of the preparatory work to be completed locally before surgery.

The Clinical Programme developed a cataract-only referral form with Healthlink for digital availability, which is now in use in Galway."

Before the implementation of the new pathway, the initial conversion rate was at 40-50% and has now gone up to 90% (9 out of every 10 patients seen are being listed for cataract surgery). The wait time was up to 3 years and now all patients are seen within 6 weeks. The engagement and getting the optometrists on board was a key enabler, Dr Comer said.

She added, "we also get to see them post op, so they get to know us and we're getting them out of the hospital, so completing the circle."

A second centre for cataract pre-assessment will commence this summer in Tuam Primary Care Centre to facilitate appointments for patients east of Galway City who currently have to travel to Shantalla in Galway City Centre for their appointment.

Ms Aoife Doyle, National Clinical Lead for Ophthalmology said:

*"We very much welcome the role out of the Healthlink cataract referral form. Further progress depends on investment in shared digital health records so hospital and community teams can access the same patient information in real time. This will be especially important as Galway and other regions continue expanding cataract, paediatric, glaucoma and medical retina pathways.*

*What is already clear is that the Galway region has shown how new care pathways, Consultant Medical Ophthalmologist leadership and Integrated Eye Care Teams can deliver measurable improvements for patients. It offers a strong blueprint for the future of ophthalmology services across Ireland."*

## Glaucoma: Surgery, Innovation and Service Design

Glaucoma was another major focus of this year's conference programme. Alongside Professor Barton's Mooney Lecture, the dedicated Glaucoma Symposium examined combined cataract and glaucoma surgery, complex clinical cases and new models of care.

**Dr David Gildea**, Consultant Ophthalmologist, HSE Dublin South, discussed a hub-and-spoke approach to glaucoma services, highlighting opportunities to improve access and streamline patient pathways. His talk addressed the significant challenges glaucoma services are facing in the context of our growing and ageing population and the measures that can be implemented to tackle these – in particular hub-and-spoke models of care, virtual clinics, and maximising allied health professionals involvement (optometrists/CNS/ANPs) in our services.

**Professor Uday Devgan** delivered his unique style of interactive video presentation, running through

scenarios of complications and challenges in glaucoma surgery and called on the audience for their expertise and feedback.

Throughout the three day

conference, delegates heard research presentations on glaucoma genetics, disease progression, medication adherence and surgical outcomes, demonstrating the continued expansion of both clinical and translational research in this field.



Keynote speakers at the Glaucoma symposium on Thursday 14th May; Dr David Gildea (centre), Consultant Ophthalmologist, HSE Dublin South, Professor Uday Devgan (right), Consultant Ophthalmic Surgeon, Devgan Eye Surgery, Los Angeles, and session chair Mr Edward Dervan, Bon Secours Hospital, Dublin.



Dr David Gildea and Prof Keith Barton



Prof Keith Barton and Prof Uday Devgan

## NDTP National Ophthalmology Workforce Report Launch

The Ophthalmology Medical Workforce in Ireland 2025–2040 report was formally launched by **Professor Anthony O'Regan**, Medical Director of the HSE National Doctors Training and Planning (NDTP) at the ICO Annual Conference on Friday, 15th May.

The report outlines that demand for ophthalmology services will continue to rise sharply over the coming years due to population growth, ageing demographics and increasing rates of chronic eye disease including cataract, glaucoma and

macular degeneration.

It highlights that Ireland currently has fewer ophthalmology consultants per capita than many comparable countries and recommends a significant increase in the number of Consultant Ophthalmologists to meet current and future demand.

The report also calls for the continued expansion of community-delivered eye care services through multidisciplinary teams led by Consultant Medical Ophthalmologists, allowing more patients to receive care closer to

home while hospitals focus on surgery, urgent treatment and complex care.

At the end of 2024, almost 48,000 patients were waiting for ophthalmology appointments or procedures in acute hospitals, underlining the scale of the challenge.

The publication of this review is the result of collaboration between NDTP, the Irish College of Ophthalmologists, the National Clinical Programme for Ophthalmology, and the Centre for Health Policy and Management in Trinity College Dublin.



Speaking at the ICO Conference, Professor Anthony O'Regan said;

"Our postgraduate training programmes are a vital pipeline for the sustainability of our future consultant workforce. The principal focus of this report is to provide recommendations around the number of training places at both basic and higher specialty training level in Medical Ophthalmology and Ophthalmic Surgery. These training pathways support the development of a future consultant workforce which is configured with the correct skill mix to serve the needs of the population in Ireland."

**Ms Aoife Doyle**, HSE National Clinical Lead for Ophthalmology said the report sets out a clear roadmap for the future of eye care in Ireland.

"The report highlights a critical and growing demand for services, driven by population growth and ageing, which will significantly increase the burden of cataract, glaucoma, and age-related maculopathy as well as other eye conditions. Current workforce capacity is inadequate, with just 2.38 ophthalmologists per 100,000 population – well below European and UK averages – and waiting lists exceeding 47,000 patients across adult and paediatric services.

The successful community eye care pathways already introduced in some



*Ms Aoife Doyle, National Clinical Lead for Ophthalmology, Mr Gerry Fahy, President, Irish College of Ophthalmologists and Professor Anthony O'Regan, Medical Director of the HSE National Doctors Training and Planning (NDTP)*

regions have reduced waiting times and improved patient access, demonstrating the benefits of integrated models of care. The aim is to provide specialist eyecare in the community with a particular focus on the four main conditions: cataract, paediatric eye care, age related maculopathy and glaucoma. Patients in these regions can access treatment closer to home

through multidisciplinary eye care teams led by Consultant Medical Ophthalmologists."

With Ireland's population projected to exceed six million by 2040, the report concludes that urgent workforce planning and sustained investment are now required to ensure timely, high-quality eye care services for patients nationwide.

## European Society of Ophthalmology Lecture 2026

The European Society of Ophthalmology (SOE) Lecture was presented by **Dr Ann O'Connell**, Consultant Ophthalmologist, HSE South East and University Hospital Waterford.

Her lecture, 'Medical Retina – a Three-Pronged Approach', provided delegates with practical, up-to-date clinical pearls in inflammatory eye disease, medical retina, and inherited retinal disorders. These insights were gathered during Dr O'Connell's fellowship training at Moorfields Eye Hospital, London, with a focus on improving diagnostic accuracy, management efficiency, and patient outcomes.

*Dr Ann O'Connell (centre) pictured with Mr Gerry Fahy and Dr Emer Henry, ICO Programme Director for Medical Ophthalmology and Consultant Ophthalmologist at University Hospital Waterford.*



## Practical Learning through “Top Ten Tips”

The popular “Top Ten Tips” session at ICO 2026 offered practical, experience-based insights across key areas of ophthalmology.

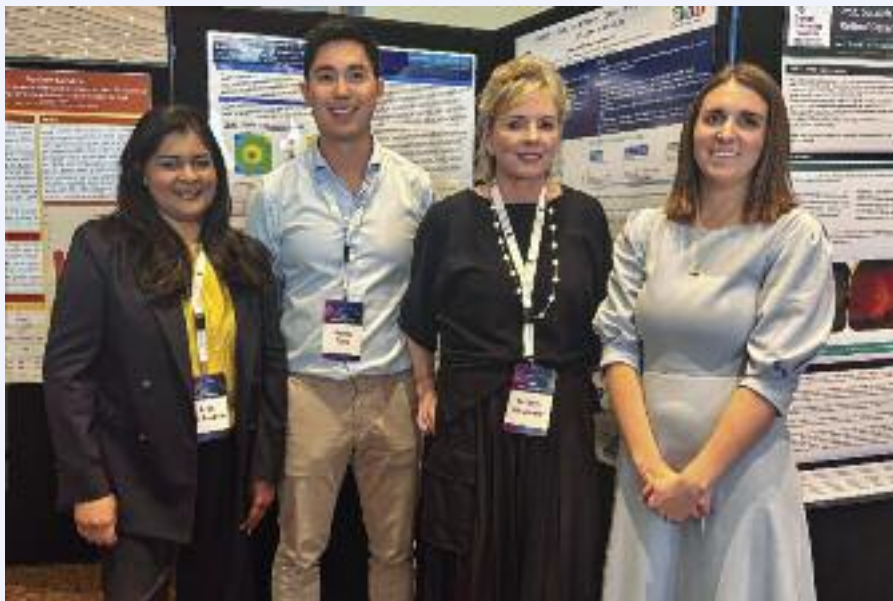
### Topics included:

- Multidisciplinary paediatric ophthalmology care, delivered by Ms Sarah Chamney, Children’s Health Ireland;
- Strabismus management from Mr Edward Loane, Royal Victoria Eye and Ear Hospital;
- Pterygium surgery guidance from Professor Alvin Young, Chinese University of Hong Kong;
- The management of acute uveitis delivered by Dr Mairide McGuire, HSE West/North West.



Professor Alvin Young, Clinical Professor, Chinese University of Hong Kong, session chair Ms Clare McCloskey, Consultant Ophthalmic Surgeon, Sligo University Hospital and Mr Edward Loane, Consultant Ophthalmic Surgeon, Royal Victoria Eye and Ear Hospital.

## Paediatric Ophthalmology and Children’s Services



Keynote speakers at the paediatric ophthalmology clinical seminar on Thursday 14th May (l-r) Miss Arundhati Dev Borman, Consultant Ophthalmic Surgeon, Royal Victoria Eye and Ear Hospital, Dublin, Dr Bobby Tang, Consultant Ophthalmologist, Our Lady of Lourdes, Drogheda, Ms Kathryn McCreery and Ms Treasa Murphy, Consultant Ophthalmic Surgeons at Children’s Health Ireland.

The “Everyday Hot Topics in Paediatric Ophthalmology” provided a practical overview of current challenges and advances in children’s eye care.

Miss Arundhati Dev Borman, Consultant Ophthalmic Surgeon at Royal Victoria Eye and Ear Hospital and Children’s Health Ireland, spoke to delegates about the evidence-based **management of refractive error and amblyopia**, including CHI prescribing protocols and modern amblyopia treatment strategies.

Ms Treasa Murphy, Consultant Ophthalmic Surgeon at Children’s Health Ireland, presented guidance on **referral pathways for paediatric strabismus surgery** covering the major subtypes of childhood eye misalignment: infantile esotropia, partially accommodative esotropia, convergence excess esotropia, constant and intermittent exotropia, and acute acquired comitant esotropia. Ms Murphy’s talk highlighted that timely, criteria-driven surgical referral, after appropriate optical and medical

management, optimises binocular outcomes and minimises long-term visual and psychosocial impact.

Dr Bobby Tang, Consultant Ophthalmologist at Our Lady of Lourdes Hospital, Drogheda spoke about the **diagnosis and stepwise management of vernal keratoconjunctivitis**, emphasising early recognition of symptoms and signs and appropriate management strategies for moderate to severe cases to avoid long-term visual damage.

Dr Tang also discussed the establishment of a nationwide digital **Retinopathy of Prematurity screening programme** aimed at improving equitable access to specialist care for premature infants across Ireland. Currently, many neonatal units lack access to ophthalmologists trained to provide ROP screening, resulting in uneven service distribution across the country. In 2025 alone, up to 100 premature infants had to be transported in incubators from their local neonatal units to CHI for screening examinations.

By incorporating advanced retinal imaging technology and an integrated digital workflow, the programme will allow high-quality retinal images to be captured locally by trained neonatal nurses and securely reviewed by specialist clinicians. Dr Tang emphasised how this approach will support neonatal teams, reduce the need for fragile infants to travel long distances, and ensure timely detection and referral for treatment when

needed. It will also be beneficial to ophthalmology trainees, to get more exposure to assessment and management of ROP.

The programme aims to provide equitable, high-quality ROP screening for premature infants across Ireland while reducing unnecessary transfers and improving clinical outcomes for some of the country's most vulnerable newborns. A pilot study is currently underway at Our Lady of Lourdes Hospital in Drogheda where two Clinic Nurse Specialists from the neonatal unit are receiving digital imaging training, and once accredited, will be able to provide the service.

A graduate of the ICO Medical Ophthalmology Programme, Dr Tang completed a paediatric fellowship at Manchester Royal Eye Hospital in 2024–2025 before taking up his Consultant post at OLOLH Drogheda. He encouraged those currently on the medical programme to consider a paediatric fellowship, describing it as a fantastic opportunity and highlighting its value in building the broad expertise needed for a consultant career in medical ophthalmology.

**Ms Kathryn McCreery**, Consultant Ophthalmic Surgeon at Children's Health Ireland spoke about the **Strategies for Myopia Prevention** as we witness the emerging explosion of the condition globally. One third of the population is now myopic with estimates that this will increase to 50% by 2050.

Reducing the incidence in our population will hugely benefit the eye health of future generations in Ireland and must be a public health priority.

Ms McCreery focused on interventions and combined therapies such as low-dose atropine therapy, specialised lenses, and the need for greater educational support for parents, caregivers, and educators regarding lifestyle factors to reduce progression and future sight-threatening complications associated with myopia.

In relation to behavioural measures, she said we know that uninterrupted reading and reading in dim conditions and lack of exposure to outdoor, ambient light causing prolonged accommodation increases the risk of myopia. She stressed the importance of children having limited screen time and being outdoors for at least two hours a day.

Helpful resources for clinicians and parents regarding digital media use and promoting healthy screen time habits for children and teens are available through the American Academy of Pediatrics and the World Society of Pediatric Ophthalmology and Strabismus. WSPOS published a Myopia Consensus Statement in 2025 on myopia prevention. The College will share and signpost these supports with our members on our portal and for patient information on our website [www.eyedoctors.ie](http://www.eyedoctors.ie)

The optical treatments all have the same basic technology – peripheral, myopic, defocus – and are designed to slow the progression of childhood myopia. Most newer myopia control spectacle lens designs behave like a single vision lens for myopia correction, with an overlaying 'treatment zone' for myopia control, Ms McCreery explained. Studies show most of these lenses result in 50-60% reduction in myopia over 12 months treatment.

Low-dose atropine is the most effective treatment and most widely studied, Ms McCreery said, referring to the Atom 1 and 2 studies and the Lamp study which looked at three different doses of dilute atropine. The Lamp study is now on study 4 and 5, and providing longer term data which Ms McCreery said is wonderful. The consensus is that 0.05% works best and the optimal starting dose, with very little rebound and very little side effect.

As a lot of the data is on Asian populations, Ms McCreery highlighted the local MOSAIC (Myopia Outcome Study of Atropine in Children) study, conducted at the Centre for Eye Research Ireland in Dublin, which shows atropine works very nicely in Irish and European children as well.

She also touched on Orthok (overnight corneal reshaping – very few units in Ireland offering this) and repeated low level red light therapy, which is widely used in Asia but she highlighted that more study is needed in this area.

The key take home messages highlighted were:

- **Low dose atropine** is highly effective and has the strongest evidence
- **Optical devices** are about 60% effective
- **Lifestyle modification** is really important

She stressed there are challenges around atropine (supply and availability) and the question is "what kind of suite do you advise for your patient when they come in – what stage, what dose, and how we procure it as there are limitations on supplies which is the most difficult part at the moment."

In relation to the clinical approach, she said "Once syndromic myopia has been ruled out this patient population may be managed with Optometry with regular dilated retinal exam for high myopes."

Patients require targeted and tailored treatment, risk stratification for children and combination therapy for high risk patients.

ICO trainee and SpR in CHI Crumlin, Dr Alison Greene, has looked at the data following a 7 year clinical practice study at the clinic with 148 patients over a period from June 2018 up to 2026. Treatment with atropine drops started at 0.01% based on studies at that time (Atom 1 & 2). When the Lamp study findings came out (January 2022), Ms McCreery switched to 0.05%. Everyone was given environmental precautions. Optical therapy, once it became widely available (DIMS lens has only become available on the market in the past 2-3 years), was introduced for all patients.

Looking at the trajectory, Ms McCreery said children are presenting too late, at an average age of 6 at presentation with myopia at -4 and above.

Comparing the data of pre and post treatment found that patients had an 82% reduction in myopia progression. The clinic has a myopia treatment algorithm that is evolving monthly as it is dependent on what's available and there is a huge supply issue with atropine. Pharmacoeconomics is influencing this space. Atropine 1% is licensed but the 0.05% dose which comes in minims (single-use, preservative-free eye drops containing atropine sulfate) is not. There is a commercially available 0.01% which is good for a child that you are weaning off therapy.

In relation to the question around how long to treat a patient, this is a difficult question to answer, Ms McCreery said but certainly 3 years and that she is inclined to keep patients on atropine until 14 yo where possible. She highlighted that a lot of factors will influence that decision, such as cost, availability, side effects etc.

## Building Effective and Sustainable Teams

Reflecting a growing recognition of the importance of workforce wellbeing and organisational resilience, the conference included a session on Effective and Sustainable Teams, which took place on Wednesday, 13th May.

**Dr Monique Hope-Ross**, Surgeon, Author and Director of Medicine, Healthbuddi Life Sciences, explored the biological and psychological foundations of resilience.

Rather than approaching resilience as a psychological construct, the lecture examined three core physiological systems: circadian rhythm, sleep, and metabolic flexibility as each plays a fundamental role in regulating energy, recovery, and the body's ability to respond to stress.

Dr Hope-Ross highlighted three

simple, evidence-based interventions: exposure to natural light, protecting sleep quality, and allowing periods without food intake to support metabolic flexibility.

Connacht Rugby Head Coach, **Mr Stuart Lancaster** discussed the principles behind building long-term, high-performing teams. With experience at the highest levels of professional rugby, he brought a wealth of insight into cultivating positive culture environments, sustaining excellence, and leading through challenges and change.

The presentations resonated strongly with the clinical audience and the practical measures that can be implemented into our daily lives graciously received.



*Mr. Stuart Lancaster, Head Coach of Connacht Rugby and Dr Monique Hope-Ross, Consultant Ophthalmic Surgeon, Author and Director of Medicine at Healthbuddi Life Sciences, with session chair Professor Conor Murphy (centre), Consultant Ophthalmic Surgeon at the Royal Victoria Eye and Ear Hospital, Dublin.*

## Managing Neuropathic Pain in Ophthalmology

**Dr Conor Hearty's** talk at the Managing Neuropathic Pain in Ophthalmology session focused on the often under-recognised burden of chronic ocular pain.

Dr Hearty, Consultant in Pain Medicine at the Mater Hospital, explored the concept of "the invisible scar" in the post-surgical eye, highlighting the complexity of persistent pain and the importance of multidisciplinary pain management. His focus was to bridge the gap between ophthalmology and pain medicine, detailing how we pharmacologically and interventional manage the nervous system once structural healing is complete.

Dr Hearty said, "The cornea is the most densely innervated tissue in the human body. When you create a LASIK flap or a clear corneal incision, you are severing thousands of unmyelinated C-fibers. In a normal healing cascade, these regenerate. However, in a subset of susceptible patients, this massive peripheral insult leads to aberrant regeneration and permanent neuroplastic changes.

Just like an amputee develops phantom limb pain from a stump neuroma, severed corneal nerves can form microneuromas. These structures accumulate sodium channels and fire spontaneously. The threshold for activation drops dramatically, so a normal blink feels like sandpaper.

Furthermore, the nerve endings constantly release CGRP and Substance P, bathing the local environment in inflammatory *neuropeptides*."

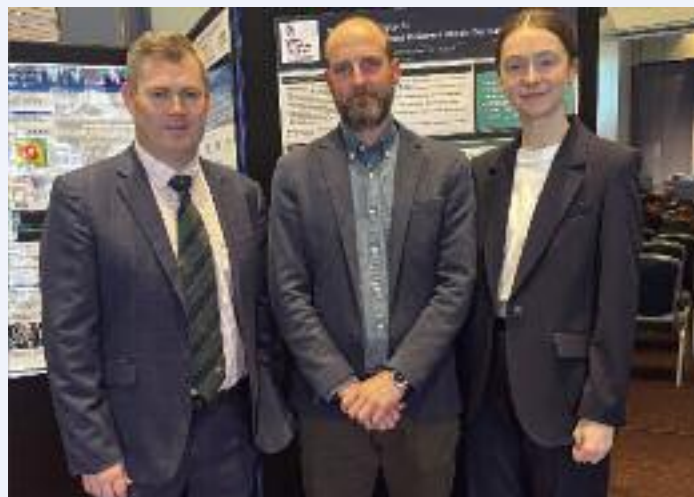
The cornerstone of diagnosis is shifting our mindset, Dr Hearty advised; "In classic dry eye, the symptoms match the signs. In Neuropathic Ocular Pain, we see 'Pain without Stain.' The cornea looks immaculate. When a patient tells you their pain is 10 out of 10 but your slit lamp exam is normal, trust the patient. It is a neurological condition."

Dr Hearty is the Clinical Lead for Pain Medicine at the Mater Misericordiae University Hospital and has spent over a decade leading multidisciplinary pain services. He is a key figure in the development of national medical training standards.

ICO Medical Ophthalmology Trainee, **Dr Fionnuala Kennedy**, also presented at the session, providing an overview of neuropathic corneal pain (NCP) following refractive surgery and focusing on its recognition and management in routine clinical practice.

The talk integrated key elements of corneal neuroanatomy and the mechanisms of peripheral and central sensitisation. Dr Kennedy presented practical case-based insights into neuropathic corneal pain, outlining mechanisms of sensitisation, clinical recognition, and a structured approach to assessment, including the use of diagnostic anaesthetic challenges, serum drops, and timely referral pathways.

The session reinforced the need for early identification, and the importance of patient validation and collaborative care in managing neuropathic ocular pain.



*Dr Conor Hearty, Clinical Lead for Pain Management, Mater Misericordiae University Hospital, session chair Mr David Gallagher, Mater Misericordiae University Hospital; and Dr Fionnuala Kennedy, ICO Medical Ophthalmology Trainee.*

## Oculoplastics and Orbital Disease

An Oculoplastics Symposium featuring leading experts from Ireland and the UK took place on the final morning of the conference, Friday 15th May.

**Mr Jimmy Uddin**, Consultant Ophthalmic Surgeon at Moorfields Eye Hospital, London, discussed diagnostic challenges in orbital disease and provided an update on emerging therapies for thyroid eye disease.

His case based discussion 'Occam's Razor or Hickam's Dictum? How to Spot the Unusual in Oculoplastics & Orbits' looked at how to spot the unusual "causes" of ptosis and different phenotypes of thyroid eye disease. He also provided an update on the changing concepts of what thyroid eye disease is, its assessment and the latest therapeutic opportunities.

**Ms Elizabeth McElnea**, Consultant Ophthalmic Surgeon at University Hospital Galway explored the spectrum of orbital disease encountered in clinical practice, from frequent presentations to systemic stories. The case-based approach highlighted key presenting features, diagnostic challenges, imaging findings and management principles of a small

number of orbital disorders. Dr McElnea emphasised the importance of recognition of orbital disease as a potential manifestation of wider systemic pathology, enabling diagnosis, multi-disciplinary collaboration and improved patient outcomes.

**Ms Clare Quigley**, Consultant Ophthalmic Surgeon at the Royal Victoria Eye and Ear Hospital reviewed current approaches to periocular

infection and inflammation.

Ms Quigley provided an overview of a recently described acquired inflammatory disease, VEXAS, that can cause eye problems including orbital inflammation. She also outlined the utility of the diagnostic stool test faecal calprotectin in investigating periocular inflammation and discussed the ongoing DOC trial, investigating Dexamethasone in Orbital Cellulitis, taking place in Adelaide, South Australia.



Keynote speakers at the Oculoplastic Symposium held on Friday, 15th May (l-r), Ms Clare Quigley, Consultant Ophthalmic Surgeon, Royal Victoria Eye and Ear Hospital, Dublin, Ms Elizabeth McElnea, Consultant Ophthalmic Surgeon, University Hospital Galway, session chair Mr Gerry Fahy, ICO President and Consultant Ophthalmic Surgeon, Blackrock Health, Galway and Mr Jimmy Uddin, Consultant Ophthalmic Surgeon, Moorfields Eye Hospital, London.

## ECLO Service: Enhancing Patient Independence Through Vision Ireland and Accessible Technology

It was the ICO's pleasure to invite Hilary Devlin, Eye Clinic Liaison Officer (ECLO) at CHI Temple Street and Crumlin Hospitals, Claire Dowling, ECLO

at University Hospital Waterford and Elaine Power, South East Technology Trainer, Vision Ireland, to speak about the role of ECLO and Technology/Labs

services, and to reinforce how ongoing support makes such a meaningful difference in the lives of patients beyond clinical treatment.

The focus was on the importance of referral pathways, ensuring that when medical or surgical options are exhausted, patients receive support to access practical tools and services that enable independence in everyday life. The session highlighted how mainstream technology, such as smartphones with built-in accessibility features, and specialist assistive technology can help people manage everyday life more independently.

The team demonstrated a range of assistive technologies, including digital magnifiers and smart glasses, giving attendees a hands-on opportunity to see how these tools can support daily tasks such as reading, communication and navigation.

Ms Hilary Devlin said events such as the ICO Annual Conference provides an important opportunity to remind doctors that while not every eye condition can be cured, there is always more that can be done to support patients to live well and independently.



Keynote speakers at a dedicated patient focused session 'ECLO Service: Enhancing Patient Independence Through Vision Ireland and Accessible Technology' on Thursday 14th May (l-r) Ms Elaine Power, South East Technology Trainer, Vision Ireland, Ms Hilary Devlin, Eye Clinic Liaison Officer (ECLO), CHI at Temple Street and Crumlin Hospitals and Ms Claire Dowling, ECLO at University Hospital Waterford.

## A Spotlight on Medical Ophthalmology: Eyes on Tomorrow Podcast

The College was delighted to welcome back the hosts of the Eyes on Tomorrow podcast to our Annual Conference this year: ophthalmologist John Ferris and optometrist Dermot Keogh.

During the conference in Galway, they recorded a special episode highlighting the significant development of Medical Ophthalmology in Ireland. The discussion featured contributions from Ms Aoife Doyle, Clinical Lead for Ophthalmology; Dr Emer Henry, Programme Director of the ICO Medical Ophthalmology Programme; and Consultant Medical Ophthalmologists Dr Ger Comer and Dr Bobby Tang.

The episode will be shared with College members and made available on the College website and member portal.

Our sincere thanks to Aoife, Emer, Ger and Bobby for sharing their expertise and insights in this engaging discussion.



Ms Aoife Doyle, National Clinical Lead for Ophthalmology, Dr Ger Comer, HSE West/North West, Dr Emer Henry, ICO Medical Ophthalmology Training Programme Director, Dr Bobby Tang, Our Lady of Lourdes Hospital Drogheda pictured with Dermot Keogh (left) and Mr John Ferris (right), co hosts of the Eyes on Tomorrow podcast.

## ICO Medal Recipients

### Sir William Wilde Medal for Best Poster:

Dr Basem Fouda, SHO at the Mater Misericordiae University Hospital Dublin, was awarded the medal for his study 'A Signalling Network Model of Lamina Cribrosa Fibrosis'.



Dr Basem Fouda, recipient of the ICO Sir William Wilde Medal for Best Poster at this year's Annual Conference in Galway is pictured with Professor Conor Murphy, Chair of the Irish College of Ophthalmologists Scientific Committee and Consultant Ophthalmic Surgeon at the Royal Victoria Eye and Ear Hospital, Dublin.

### Barbara Knox Medal for Best Paper:

Ms Emily Greenan, ICO Basic Surgical Trainee, was awarded the ICO Barbara Knox Medal 2026 at the ICO Conference for her podium presentation of her study 'Characterising MicroRNA Expression on the Ocular Surface in Response to Cyclosporine a 0.1% Treatment in Aqueous-Deficient Dry Eye Disease'.



Dr Emily Greenan (second from right), ICO Surgical Trainee and recipient of the Barbara Knox Medal for Best Paper at the ICO Annual Conference 2026 is pictured with Dr Fionnuala Kennedy, ICO Medical Ophthalmology Trainee, Dr Adan Khan, ICO Surgical Trainee; and Dr Kirsty Keitch, University Hospital Galway.

# ICO Annual Confe



*Dr Rebecca Fels, Dr Evelyn Fox, Dr Luke O'Brien, Miss Marie Hickey Dwyer, Dr Liam Bourke, Dr Patrick Canning and Dr Alexandra McCreery*



*Prof Dara Kilmartin and Mr Behrooz Golchin*



*Dr Alan Hopkins, Dr Luke O'Brien and Dr Mark Forristal*



*Ms Susan FitzSimon, Mr Edward Dervan and Dr Meghan Canning*



*Prof Uday Devgan and Ms Nikolina Budimljija*



*Ms Christine Goodchild, Ms Emma Duignan, Ms Caroline Baily, Dr Mairide McGuire, and Dr Duncan Rogers*

# rence Gala Dinner



*Dr Aoife Smyth, Dr Amy O'Regan, Dr Fionnuala Kennedy and Dr Adan Khan*



*Mr Tim Fulcher, Dr Emer Henry and Mr John Stokes*



*Mr Tom Flynn, Mr Richard Comer and Mr David Keegan.*



*Mr Rory Murphy, Miss Marie Hickey Dwyer, Mr Barry Power and Ms Emily Hughes*



*Mr Tom Stumpf, Mr Paddy Condon and Mr John Doris*



*Dr Amy O'Regan, Dr Alexandra McCreery, Dr Alison Greene and Dr Deirdre Harford*

# ICO Annual Confe



*Dr Dharm Pandeya and Dr Liam Bourke*



*Dr Ian Brennan, Dr Adan Khan, Dr Jay Jun Lee, Dr Fionnula Kennedy, and Dr Kirsty Veitch*



*Mr John Ferris, Prof Uday Devgan and Dermot Keogh*



*Dr Robert McGrath, Dr Aine Kelly and Dr Alan Hopkins*



*Mr Charles Proxenos, Elaine Power, Claire Dowling and Hilary Devlin*



*Prof Alvin Young and Mr David Gallagher*

# rence Gala Dinner



*Dr Aziz Rehman, Dr Dharm Pandeya, Dr Monique Hope-Ross, Dr Martin Coyne and Dr John Traynor*



*Ms Kate Coleman and Dr Rosemary Griffin-Treacy*



*Dr Daire Hurley, Dr Sarah Powell, Prof Uday Devgan and Ms Nikolina Budimlija*



*Ms Aoife Doyle, Mr Jim O'Reilly and Siobhan Kelly*



*Dr John Smith, Ms Janice Brady, Dr Katherine McGinnity and Mr John Doris*



*Mr Tim Fulcher, Mr Richard Comer and Mr Paul O'Brien*

# Report on Clinical Services Improvement Transcend Eye Hospital, Kenya

**Professor Dara Kilmartin**, *Visiting Consultant Ophthalmologist, Transcend Eye Hospital/Consultant Ophthalmologist and Clinical Associate Professor, Royal Victoria Eye and Ear Hospital/University College Dublin, Ireland.*

Preliminary Project

13.02.25-22.02.25

## Background: unmet need

Kenya has a population of around 50 million but only 150 ophthalmologists, the same number as Ireland for a population of 5 million. Access to eye care is even worse in rural Kenyan communities and many common eyecare conditions are shared with developed countries like Ireland. Advanced cataracts (making phaco less suitable), increased glaucoma prevalence with eyedrop affordability and compliance issues, more trauma, less AMD, occult TB uveitis and declining levels of trachoma are distinct problems.

Accessible and affordable glasses and refraction problems affect children and older adults with surprising frequency. Diabetes prevalence is currently similar to Ireland at 3% but there is a much higher proportion of undiagnosed diabetes. The main cause of treatable blindness in Kenya is cataract but the cataract surgical rate is 800 per million, far below the WHO target of 2000.

## Initiation of cataract surgery at Transcend Eye Hospital

A new cataract surgery service was commissioned and started on 13.02.25



*Dara Kilmartin, Dr Lewis Limo, Clinic Manager and Eleanor Kilmartin*



*Transcend Eye Hospital, Kenya*

at Transcend Eye Hospital, Sibanga, Cherangany, Kitale, Kenya, a new tertiary care eye hospital built in 2024 and equipped with US based charity Fiat Lux funding. This is the first eye hospital to offer modern phaco cataract surgery in the region. A cataract screening camp took place in December 2024 where patient suitability for surgery was assessed. Patients were listed for either phaco surgery (visual acuity better or equal to 6/60, moderate (grade 1-3) nuclear sclerosis or cortical cataract, posterior subcapsular cataract only) or conventional small incision cataract surgery (SICS) (visual acuity worse than 6/60, dense nuclear sclerosis (grade 4), reduced red reflex with no fundal details).

The operating theatre was equipped with a new Oertli Faros phaco machine (Oertli Instrumentate, Berneck, Switzerland) and a new floor mounted Zeiss OPMI Lumera T ophthalmic microscope (Zeiss, Germany). Three surgeons carried out the procedures, two senior (Dara Kilmartin (DK) and Hilary Rono, an experienced SICS surgeon with no phaco experience) and two junior. All surgeries were either performed or supervised by a senior surgeon. All phacos were either performed or supervised by DK.

Standard techniques were performed, phaco by nucleofractis and SICS using manual expression. All patients were admitted overnight with post-operative reviews on day 1, day 3 and 4 weeks after surgery. Standard povidone iodine 5% solution antiseptics was given

to the eyelids and conjunctiva for 3 minutes prior to surgery. Prophylactic intracameral antibiotic injection with 1mg moxifloxacin was given at the end of the procedure. A standard post-operative regime was adopted with topical tobramycin/dexamethasone combination, 1 drop every 2 hours for 3 days then every 8 hours for 4 weeks. Visual acuities were measured using a standard digital logMAR chart by trained nurses.

48 eyes of 47 patients had either phaco (22 eyes) or SICS (26 eyes). Most patients were male (n=28, 60%), mean age 66.7 years (range 14-93 years) with pre-op duration of cataract diagnosis 3.0 years. Most had systemic co-morbidities (87%; diabetes, malnutrition, smoking co-morbidities) but eye co-morbidities were less common (31%: trauma, glaucoma).

Median visual acuity pre-op in the phaco group was logMAR 0.6 (Snellen equivalent 20/80) and post-op at day 3 was 0.18 unaided. Median visual acuity pre-op in the SICS group was logMAR 2 (Snellen equivalent finger counting) and post-op at day 3 was logMAR 0.5 (Snellen equivalent 20/60).

Visual acuity improved by day 1 was seen in all patients, with further improvements by day 3. The best immediate post-operative visual acuities were seen following phaco at day 1 and 3. Some patients developed corneal stromal oedema seen at day 1 but all improved by day 3.

At 4 weeks post-op, 38 eyes (75%) achieved good (20/60 or better) unaided visual acuity (VA) (phaco 91%,



Dara Kilmartin and David Wallace with some of the children.



SICS 62%) and 19 eyes (40%) achieved excellent (20/20) unaided VA (phaco 60%, SICS 38%).

Posterior capsule rupture developed in 6 eyes (13%; phaco 14%, SICS 12%) Out of 48 cataract procedures, 47 had posterior chamber lens implants inserted. One eye was left aphakic following SICS due to capsule rupture during manual lens expression with inadequate residual capsule support. There were no major complications such as posterior cataractous lens dislocation nor early endophthalmitis. No patients required early post-operative repeat surgery.

Poor outcome (<20/200) (6%) was associated with either poor pre-op VA or trauma.

### Skills Development Project (25.1.26-7.2.26)

A further two week project was carried out at Transcend Eye Hospital approximately one year after the opening of the hospital and the Preliminary Project. Dara Kilmartin was joined by David Wallace (teaching phaco) and Eleanor Kilmartin (teaching retinal photography/ imaging) spending 10 days doing combined clinics and surgeries with the primary aim of teaching phaco with the original local eye surgeon and clinic teaching with two other local eye doctors. Two community eye camps were held. Over 400 patients registered the same day at the second eye camp and all had a comprehensive eye examination.

The outcomes of teaching phaco the second year were very similar to the first year. Certain aspects had not developed sufficiently due to transient theatre nurse staffing and haphazard theatre scheduling. The area may be too remote to warrant development of

vitreoretinal services.

There has been a long standing link between Kitale/ Kenyan Rift Valley and Ireland due to Irish missionary priests like Fr William Walshe and Brother Colm O'Connell who set up missionary schools and helped develop elite running at Iten. One of the former students of Fr Walshe, Wesley Korir went on study biology at the University of Louisville, Kentucky, US and to win the Boston Marathon in 2012. He represented Kenya in running at the 2016 Olympics and was elected as a Kenyan MP in 2013. He developed a dairy pasteurisation facility in his community in 2015, founded the Kenyan Kids Foundation and Transcend Talent Academy in 2017, a boarding school for aspiring elite runners. Dara Kilmartin met Wesley where he was giving a motivational talk at the Chicago Marathon expo in 2022. He introduced him to Dr Tom Tayeri, a glaucoma specialist from California and 2:30 marathon runner aged 58, who founded Fiat Lux, a charity for developing eye services in Kenya, Mozambique and Eritrea. With Fiat Lux funding, Tom and Wesley built a 40 bed 3 storey dedicated eye hospital, Transcend Eye Hospital in just 10 months in 2024. Over the two separate 2-week projects, Dara, Eleanor and David stayed at the boarding school, ran with the students every morning and learnt to adapt to the Kenyan runners diet of beans, ugale (maize paste), spinach, kale and potatoes with some meat ... goat stew was a favourite.

- Numerous studies have shown that phaco and SICS achieve similar refractive outcomes but phaco has quicker recovery, less astigmatism

but more expensive (IOVS 2018, Middle East African J Ophthalmol 2015, Gogate meta-analysis)

- Clinic assessments challenging with poor calibration IOL Master, advanced co-morbidities (cornea/retina). Teaching phaco challenging with multiple power cuts, inexperienced theatre nurses. Cultural challenges (no surge protector, no replacement backup microscope light bulbs). Financial challenges (co-payments)
- Community Eye Health 2023: increasing demand for phaco in Kenya and all of East Africa in those with less advanced cataracts
- 2023 Rapid Assessment of Avoidable Blindness survey Kenya: SICS is not suitable for mild-moderate vision impairment due to greater perceived complications

### Conclusions

- Outcomes achieve near WHO standards (80% achieving 6/18 or better VA) and are better in phaco which may reflect a selection bias
- Challenges in teaching phaco in rural Kenya (advanced cataracts in black patients): reduced red reflex (maximum microscope light intensity, routine trypan blue), CCC in fibrosed capsules, zonule stress, corneal trauma with high phaco power
- Kenyan eye surgeons (150 for 55 million) and trainees have few opportunities to learn phaco; Irish eye surgeons (150 for 5 million) and trainees have fewer opportunities to learn SICS
- Excellent visual outcomes in developing countries are similar to developed high income countries with appropriate equipment.



Irish College of Ophthalmologists  
*Eye Doctors of Ireland » Protecting your Vision*

## Eye Care in Focus

**CONFERENCE 2026**

[www.eyedoctors.ie/](http://www.eyedoctors.ie/) / @eyedoctorsirl

**Wednesday 7th October 2026**  
**The Ashling Hotel, Parkgate St, Dublin 8**

The ICO Eye Care in Focus Conference for the extended eye care team will take place at The Ashling Hotel, Parkgate Street, Dublin on Wednesday, 7th October from 10am - 3.30pm.

The 1-day clinical education meeting hosted by the ICO is designed for the multi-disciplinary eyecare team working in community and/or hospital care across the public and private healthcare sector.

**Key discussion topics at this year's meeting will include:**

- Establishment of New Integrated Ophthalmology Service in Portlaoise
- Presbyopia and Refraction
- Multi-disciplinary Approach for Dry Eye

- Retinopathy of Prematurity Screening
- Cataract eReferral Healthlink Form
- Patient Flow Improvement Project
- HSE Acute Quality and Patient Safety (QPS) Navigator

Registration is open to ICO members and members of the extended eye care team via the events section on the ICO portal.

Registration fee for ICO members: €100.  
 Registration fee for non-members & Allied Health Professionals: €130

*\*Registration for ICO Life members is complimentary and is covered through funding for ICO trainees and those enrolled on the HSE CPD SS.*

## SAVE THE DATE

Visit [www.eyedoctors.ie/events](http://www.eyedoctors.ie/events) for upcoming ophthalmology meetings

**Adare Retinal Meeting**  
 Limerick - 24th September

**BIPOSA 2026**  
 Liverpool 30th September - 2nd October

**World Sight Day and Pan Ireland Ophthalmology Event**  
 Belfast - 8th & 9th October

**UKISCRS Annual Congress 2026**  
 London - 19th & 20th November

**ICO Winter Meeting & Annual Montgomery Lecture**  
 Lecturer Mr Paul Kenna  
 RCSI, Dublin - 27th November

**New Frontiers in Ophthalmology and Eithne Walls Meeting**  
 RVEEH, Dublin - 17th December

## Opening of New Portlaoise Community Eye Clinic

A significant milestone for the midlands region was reached on April 15th with the first paediatric patients attending the Ophthalmology service at the brand new Treo Nua Resource Centre in Portlaoise.

The new HSE clinic is opening on a phased basis starting with paediatrics, marking the restoration of ophthalmology services for the area.

The eye clinic service, led by consultant ophthalmologist Dr Christine Bourke, is being delivered through an integrated, community-based model of care, supporting HSE and Sláintecare principles of providing specialist services closer to home.

The HSE acknowledged the commitment and collaboration of clinical, administrative and support

staff whose work has supported the successful introduction of the service.

Further community ophthalmology

appointments through this centre will continue on a phased basis, in line with agreed service plans.

*Matt Corcoran, Operations Manager,  
 Midlands Regional Portlaoise,  
 Geraldine Stephenson, Orthoptist,  
 Emma Somers, Administrative Staff and  
 Dr Christine Bourke, Consultant  
 Ophthalmologist Midlands, Integrated  
 Healthcare Area and CHI Crumlin  
 Children's Hospital.*



# BEAVRS Scleral Buckle Course

Friday, 11th September

Royal Victoria Eye and Ear Hospital Dublin

While retinal detachment (RD) remains uncommon, with a general incidence of 1 in 10,000, it still affects 500-600 patients every year in Ireland.

It is increasing in incidence, with the greater prevalence of myopia and intraocular surgery, particularly cataract surgery. We are familiar with certain high risk groups, like high myopia, family history or history of RD in the fellow eye. An often under appreciated feature is the progressive risk associated with cataract surgery, often 6-12 months later, and this may be as much as 10% in a myopic male under 60 years of age undergoing cataract surgery.

The primary treatment approach to RD repair is crucially important. Both the large US multicentre Primary Retinal detachment Outcomes (PRO) study from 2015 and data from the UK BEAVRS database show that outcomes depend on lens status, type of retinal break and timely access to surgery. From the 1990s, pars plana vitrectomy (PPV) overcame scleral buckling (SB) as the primary treatment choice for most retinal surgeons. Scleral buckling progressively declined in use due to greater theatre time involved, lower reimbursement rates in the US, and a perception of greater complications and lower patient satisfaction. Indeed, in 2004 Prof David McLeod, one of the UK's leading retinal surgeons, wrote an editorial in the BJO 'Is it time to call time on the scleral buckle?'

However, both the PRO study reports from 2020 and BEAVRS

database reports, show that superior RDs in a phakic eye generally do better with SB, with often greater functional visual recovery. Due to the progressive decline in SB rates, with reducing opportunities to learn scleral buckling during advanced training fellowships (15 SB vs 270 PPV performed in the average fellowship year), BEAVRS started specific scleral buckle courses 10 years ago. We had our first SB course in Dublin 3 years ago with local and UK training faculty and are planning the next course on 11th September at the Eye and Ear Hospital, 0900-1700. Places are limited and may be booked through [www.beavrs.org](http://www.beavrs.org) with a wide-ranging discussion on SB approaches and techniques, case discussion and hands on workshops. The forum is special and interactive with nationwide, UK, European and US faculty expertise and treatment tips discussed.

It may no longer be satisfactory to adhere to protocols due to 'surgeon preference' with numerous large multicentre studies showing the superiority and enduring importance of SB in certain subgroups. Joining the SB course teaching faculty this year will be Prof Ed Ryan of St Paul, Minnesota, US who was the driving force behind the PRO study generating 24 publications to date. He will deliver the Prof Peter Barry Medal Lecture 2026 on 'How to treat retinal detachment: what we have learned from the PRO study?' at 1730, 11th September 2026 at the Eye and Ear Hospital, Dublin.



ICO surgical trainee Dr Ed Ahern pictured with Mr David Yorston, Tennent Institute of Ophthalmology, Glasgow and Ms Maedhbh Rhatigan at the Beavrs Scleral Buckle Course in 2025

## Professor Peter Barry Medal Lecture 2026

'How to treat retinal detachment: what we have learned from the PRO study'



Prof Ed Ryan MD, Retina Consultants of Minnesota; Clinical Associate Professor of Ophthalmology, University of Minnesota, US.

Prof Ryan has invented multiple tools used in eye surgery, beginning in 1986. Currently one of his inventions (stiffening sleeve for Alcon25+ and 27+) is used in most vitrectomy surgeries done worldwide. He has 40+ patents in 10 patent families and continues to be a very active innovator in retinal surgery.

He has been very active academically in his career. He has 89 publications with 27 as first author. He is an active member in the ASRS, The Retina Society, and the Club Jules Gonin, and has been very active at the American Academy of Ophthalmology meeting, both teaching the SB course and speaking at the Retina subspecialty meeting.

**Friday, 11th September, 2026**

**BEAVRS Scleral Buckle Course**  
0900-1700 [www.beavrs.org](http://www.beavrs.org)

**Prof Peter Barry Medal Lecture**  
17.30-18.30

**Education and Learning Centre,  
Royal Victoria Eye and Ear Hospital**

# IBWEC 2026: Report from Oberstdorf

The 7th Irish Bavarian Winter Eye Club Conference returned to Oberstdorf in the Allgäu Alps from 14–18 January 2026, with 41 ophthalmologists from six countries gathering for four days of excellent ophthalmology, good skiing, and even better company.

After a Wednesday evening welcome reception, the scientific programme got underway on Thursday morning under the chairmanship of Mr. Tim Fulcher, Mr. Richard Comer, and Mr. Edward Dervan across the three days. The format – morning sessions at 08.00, evening sessions from 18.00, mountains in between – continues to work remarkably well, and delegates showed admirable commitment to both halves of the agenda.

The programme ranged widely across subspecialties, with invited international faculty from Germany,

Switzerland, Poland, and the UK joining a strong contingent from across Ireland. Prof. Elisabeth Messmer (Ludwig-Maximilian University, Munich) gave a characteristically authoritative talk on Demodex blepharitis, Prof. Michael Koss (Heidelberg) presented on surgical management of macular foramen, and Dr. Harald Gaeckle offered first clinical results with a novel solid-state ablation laser that sparked lively debate. Dr. Alain Munier from Geneva rounded things off with a thought-provoking ten-year look at myopia progression in schoolchildren.

Irish trainees were, as ever, a highlight of the meeting – presenting original work on topics from glaucoma in thin corneas and post-vitrectomy endophthalmitis to an Irish case series on adenoid cystic carcinoma that generated real discussion. The quality and range of trainee contributions continues to be a defining feature of IBWEC.

The 8th meeting will take place at the Parkhotel Frank, Oberstdorf, from 13–17 January 2027.

**Mr. Gareth Higgins, Conference Organiser  
University Hospital Waterford**



# Advancing Medical Ophthalmology Practice Meeting 2026

The annual Advancing Medical Ophthalmology Practice meeting was held in Sheraton Hotel, Athlone, on the 27th and 28th March, 2026. The meeting was coordinated and co-chaired by Dr Fiona Harney and Dr Mairide McGuire.

The programme featured expert presentations on a range of topics, including visual impairment following brain injury, normal tension glaucoma, medicines shortages in Ireland, and evolving approaches to glaucoma management.

The meeting also addressed the growing challenge of myopia, the role of OCT in glaucoma diagnosis and progression monitoring, and the clinical impact and management of

vernal keratoconjunctivitis (VKC).

Guest speakers included Mr Jonathan Kirk, NHS Consultant Ophthalmologist and clinical lead for the glaucoma service at Aneurin Bevan University Health Board, Wales who discussed *“Challenging Convention in the Medical management of Glaucoma”* and Mr Eamonn Brady, Pharmacist, who gave his talk on *“Medicines in short supply: What's happening in Ireland?”*

Talks were also delivered by Dr Fiona Kearns (An insight into visual impairment following brain injury), Mr Jeremy O'Connor (Normal tension glaucoma (NTG): The silent pressure paradox), Ms Treasa Murphy (Myopia: Managing a modern epidemic), Ms Emily Hughes (OCT in glaucoma: Diagnosis and determining progression) and Dr Bobby Tang (Vernal keratoconjunctivitis (VKC): Clinical impact and management).



Pictured at the Medical Ophthalmologist of Ireland Meeting, held on March 27th and 28th at the Sheraton Hotel, Athlone

## Dr Alison Blake elected as President of the UEMS Section of Ophthalmology

We are delighted to share the news that Dr Alison Blake, who served as ICO President from 2017-2019, has been elected as the new president of the Union of European Medical Specialists, Section of Ophthalmology.

The announcement was made at the plenary session of the UEMS which took place in Vilnius, Lithuania on the 7th June. Dr Blake's 4-year presidency term will commence on January 1, 2027.

Miss Elizabeth McElnea started her term as European Board of Ophthalmology/UEMS Irish representative in Vilnius.

The Section of Ophthalmology was

founded at Ghent, Belgium on 23 March 1963 on the initiative of Prof. Jules Francois. Present were the representatives of the six foundation countries of the European Union. The Section of Ophthalmology now includes 30 countries and 3 associate members.

Our congratulations and thanks to Alison and Elizabeth for their representation of Irish ophthalmology at an EU level in their ensuing roles.



Dr Alison Blake

# From Privilege to Precision: The Evolution of Corneal Transplantation

Professor Conor C Murphy,  
Edridge Green Medal Lecture, Royal College of Ophthalmologists Congress 2026

Corneal transplantation has a reputation for achieving long term success without immunosuppression, in contrast to solid organ transplantation, because of the immune privileged status of the eye. However, high immunological risk in some patient groups, for example repeat transplantation and vascularised corneas, can lead to poor long-term graft survival.

Outcomes in keratoplasty are continuing to improve as we increase our understanding of corneal transplant immunology, optimise immunosuppression in specific patient groups, develop better surgical techniques and apply advances in biotechnology such as novel cell Therapies.

In this lecture, Professor Murphy discussed the findings of the VISICORT study, a European Commission funded multicentre study of adverse outcomes in corneal transplantation aimed at investigating the biomarker potential of circulating immune cells at the time of acute graft rejection and prospectively during follow up after keratoplasty. Although a specific immune signature of corneal transplant rejection was not identified, the study provided new insights into the nature of the immune response in human corneal transplantation and may direct future research to identify biomarkers to guide post-keratoplasty immunosuppressive therapy. The study suggested that immune responses near the cornea are more important than systemic immune responses in respect to the long-term health of corneal transplants and that regulatory T cells might be contributing to long term graft survival. This points to a potential therapeutic role for mesenchymal stromal cells delivered as a subconjunctival injection in high-risk grafts, as has been demonstrated in pre-clinical models through an effect mediated by regulatory T cells.

Endothelial cell therapies, which involve the injection of a cell suspension into the anterior chamber in place of a DMEK for Fuchs corneal dystrophy, are showing that a single donor can supply multiple patients. Recent 10-year data show the promise of this



Professor Conor Murphy pictured with current RCOphth President, Mr Mohamed Elalfy and the former President, Professor Ben Burton.

approach.

The development of lamellar corneal transplantation in the form of DMEK and DALK have revolutionised the field over the past 20 years and have led to more rapid and long-lasting recovery of vision. However, one of the greatest challenges facing corneal transplantation is the lack of access to

donor corneal tissue and corneal surgeons in the developing world.

Corneal opacity is a major cause of vision loss worldwide, especially in low-resource settings and more needs to be done to tackle this important public health issue.

*Professor Conor C Murphy*

## ICO Annual Report 2025



Mr Gerry Fahy, President of the Irish College of Ophthalmologists and Ms Siobhan Kelly, CEO. The report's publication was formally announced during the ICO AGM, held on Friday, 15th May, at the ICO Annual Conference in The Galmont Hotel, Galway. The Annual Report provides an update on ICO activities and finances for that year.