

The First World Society of Ophthalmic Plastic, Reconstructive, and Aesthetic Surgery Conference

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On the 5th of May, I—together with around 425 oculoplastic colleagues from 67 countries—congregated at the Mohammed Bin Rashid University in Dubai, UAE, for the first World Society of Ophthalmic Plastic, Reconstructive, and Aesthetic Surgery Conference (WSOPRAS). The WSOPRAS is a collaboration of over 30 national and international oculoplastic, orbital, and lacrimal societies, including the European Society of Ophthalmic Plastic and Reconstructive Surgery (ESOPRS), the American Society of Ophthalmic Plastic and Reconstructive Surgery (ASOPRS), and the British Ophthalmic Plastic Surgery Society (BOPSS). In addition to being the first conference, it was also the inaugural meeting of the society.

The society aims to bring oculoplastic, orbital, and lacrimal surgeons together from all over the world to exchange ideas and learn from each other, a vision that has taken over a decade to realize. I have had the opportunity to witness some of this work first-hand because my colleague at Sankt Erik Eye Hospital and the current President of ESOPRS, Eva Dafgård Kopp, has been a member of the program committee.

In contrast to the one-way lectures at traditional meetings, the executive and program committees aimed to make this conference as interactive as possible. There were still presentations from submitted abstracts, but they were limited to an hour of rapid-fire talks each morning, e-posters, and e-videos, while the main part of the meeting consisted of over 170 invited speakers from the different societies engaging in panel discussions, breaking news, and innovation sessions. I particularly enjoyed the video jamborees, where four surgeons gave their takes on a given procedure or technique, such as total upper eyelid reconstruction, and then discussed the pros and cons of each variant. This highlighted the thinking behind their choices and how they adapted the procedure depending on the preconditions. Other entertaining items on the agenda were the standoffs where two oculoplastic



surgeons debated opposing sides of a question. In the debate of Jones tube versus botulinum toxin to the lacrimal gland to treat epiphora in advanced cases, the auditorium agreed that both are good tools when you need to tailor the treatment to the patient. However, in the ongoing battle between early and late intervention for congenital nasolacrimal duct obstruction, I am sure no one was convinced to change their opinion. A novel part of the program was that during breaks you could sign up for a “mind date” where ten people got together and discussed various topics over coffee, and those slots filled up quickly.

Parallel to the two—sometimes three—lecture halls was a cadaver dissection program where you could learn from the experts in sessions on topics such as upper eyelid blepharoplasty and ptosis, brow-lifting, and periocular reconstructions. The most difficult thing during the three days was prioritizing between everything that was offered.

The Nordic contribution was significant: in addition to representation on the program committee, we could also boast a keynote lecturer. Professor Malin Malmström from Lund University spoke about novel imaging techniques and their application in oculoplastic surgery. Perhaps in the not-too-distant future, we may be able to scan an eyelid tumor and decide its extent during surgery, shortening the operation time

significantly compared to Mohs surgery.

Another hot topic for discussion was teprotumumab treatment for moderate and advanced thyroid eye disease or Graves orbitopathy, where our US colleagues shared their experience since it has only been approved there. There was also great interest in the discussion of the use of the hedgehog pathway inhibitors for basal cell carcinoma and PD-1 inhibitors for squamous cell carcinoma. On the surgical side, the use of a frontalis flap for congenital ptosis with poor levator function seems to have gained popularity and was discussed in several sessions.

The conference achieved its aim: to bring oculoplastic surgeons together to share knowledge and experiences. I found myself enjoying a discussion on orbital surgery with a doctor from Bangladesh on the bus to the gala dinner. The area his hospital served had a population four times the entire population of Sweden and the number of cases he saw each year was staggering. New friends have been made, and a visit to Sankt Erik Eye Hospital from a colleague from the Netherlands has been booked; for me, the aim was definitely fulfilled.

The preliminary plan for WSOPRAS is to have a world conference every third year, perhaps with smaller meetings in between, and I encourage all Nordic ophthalmologists with an interest in oculoplastics to attend.