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Said Abdulkader Jamaledine, Ophthalmol Case Rep 2019, Volume 3



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### BIOGRAPHY

Said Abdulkader Jamaledine completed his MBBS from Cairo University in 1980. After that he became MD ophthalmic Specialist-Syria in 1985. Then he got Syrian Board certificate in 2015. In 2016 he got Saudi Commission certificate. He served as an Executive director of ophthalmology department at Ministry of health al watani hospital Homs-Syria from 1986 to 1990. 1991 to 2018 he has taken part in many congress and meetings showcased his research works there. He has developed three state of art surgical techniques for glaucoma and closed DCR and Squint surgery.

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### EFFICIENCY OF NON-SUTURE MYECTOMY TECHNIQUE FOR LARGE-ANGLE HORIZONTAL STRABISMUS SURGERY

Large angle strabismus is a grey zone for surgeon and there are no clear surgical rules. And very frequently reoperated many times and the results unpredictable. The author will evaluate and explain this surgical technique for huge squint.

**Methods and Material:** A retrospective random study filtered from my original article which published two years before. Forty cases at different hospitals in Syria, Libya, and Saudi Arabia, age and sex not defin. Complete evaluation of the patient medical and psychological history is made, and orbital CT scan investigation was performed after the surgery to evaluate the adjustment of the muscles. We operated 38 primary strabismus patients (XT-ET) and four secondary cases re-operated using this new technique. All patients were evaluated clinically and imagery and the Follow-up were conducted for up to three years.

**Results:** Out of 40 cases, 38 (95%) were successful (less than 10 pd) with high ocular motility within one month. under correction only appeared in two cases (5%). One cases reoperated and the second refused. No major complications were recorded during and after the surgeries, the results are supported by documents and images.

**Conclusions:** This technique is remarkable in our ophthalmic field because it didn't interrupt the integrity of the normal ocular motility and it's simpler, easier, with higher successful rate, require less time, without suturing, much more efficient, with less complications and short learning carve.