

ASCRS PAPER ABSTRACT INFORMATION & INSTRUCTIONS

DEADLINE

November 15, 2004

LIMIT

A maximum of 2 ASCRS paper abstract submissions may be submitted by a presenter; because of repetition and time limitations, only 1 may be accepted. Abstracts will be graded on content and scientific integrity. Please submit in order of your preference of acceptance. *Presenters will be notified in mid January.

*TIME LIMITS

7 minutes (6 minute presentation with 1 minute discussion)

3 minutes (includes one title slide and a maximum of six slides/screens)

IMPORTANT

The abstract is the basis for acceptance of a paper for presentation at the 2005 symposium. Conciseness, clarity, and care in preparing the abstract are important. Use the sample structured abstract below as a guide. If your abstract does not follow the structured abstract format and include all the required information, you will be notified. If the abstract is not resubmitted in the proper format, it WILL NOT appear with the online abstracts, which will be available to preregistered attendees prior to the symposium.

SAMPLE STRUCTURED ABSTRACT

Please read the following submission instructions carefully before submitting.

Structured abstract must include the following:

Medical Errors in Anterior Segment Surgery

William W. Culbertson, MD, Sonia H. Yoo, MD

Purpose: To analyze the types of medical errors that may occur in refractive and cataract surgery.

Methods: The records of patients who had experienced medical errors in the course of refractive or cataract surgery that had been seen in consultation at the Bascom Palmer Eye Institute were reviewed. We assessed the types of errors, the factors that led to the error, the remedial treatment used, and the functional and visual outcome in each case.

Results: We identified 10 different types of errors, including incorrect patient, operation, intended target, sphere power, cylinder sign/axis, and IOL power. Treatments included retreatment, contact lenses, and IOL exchange. We will describe strategies that should help prevent errors.

Conclusions: Medical errors occur infrequently in the course of anterior segment surgery but the consequences may be severe for both the patient and the surgeon.

Title: Be sure the title describes the material appropriately. Limit title to 120 characters, including spaces. Titles may be edited by ASCRS editorial staff.

Purpose: Indicate the question that the study answers or the hypothesis that it tests. Limited to 50 words.

Methods: Describe the study design, indicating randomization, masking, and whether the data collection was retrospective or prospective. Identify the patients, including selection procedures, inclusion criteria, and numbers. Indicate the intervention procedures and the outcome measurements. Limited to 100 words.

***Results:** Present the outcomes and measurements. Data should include the level of statistical significance. Limited to 100 words.

***Conclusions:** State the conclusions and their clinical pertinence. Limited to 50 words.

***Abstracts that do not include final results and conclusions should be revised by March 14, 2005 to be included with the online abstracts.**

FINANCIAL INTEREST STATEMENT

Each abstract submission MUST be accompanied by 1 Financial Interest Statement representative of the author and any coauthors as a team. The Financial Interest Statement is linked to the Paper Submission Form and must be completed.

Proofread the abstract carefully. It will appear exactly as submitted. Please do not use all capital letters when filling out the form.

Do not submit the abstract if the material has been presented or published elsewhere.

Note: Submissions by non-MDs and DOs will be reviewed in the context of the presenter's respective training and education.

PAPER SUBMISSION CATEGORIES

Cataract

- ◆ Surgical Technique
- ◆ Intraocular Lenses
- ◆ Technology for Lens Removal
- ◆ Power Calculations
- ◆ Medications
- ◆ Complications
- ◆ Astigmatism

Intraocular Refractive Procedures

- ◆ Refractive Lensectomy (Technique)
- ◆ Refractive Lensectomy and IOL Choices
- ◆ Phakic IOLs
- ◆ ICLs
- ◆ Bioptics

KeratoRefractive

- ◆ Techniques and Technology
 - LASIK
 - Surface Ablation (PRK/LASEK)
 - Wavefront
 - Conductive Keratoplasty
 - Orthokeratology
- ◆ Topography, Keratometry, Pachymetry
- ◆ Nomograms, Power Calculations
- ◆ Complications
- ◆ Medications

Cornea

- ◆ Keratoplasty Technique and Technology
- ◆ Dry Eye Management
- ◆ Complication Management (Striae, Burns, Ectasia, Keratitis, Dry Eye, DLK)
- ◆ Keratoconus
- ◆ Medications

Pediatric

- ◆ Strabismus
- ◆ Cataract Surgery
- ◆ Refractive Surgery
- ◆ Glaucoma (Treatment and Surgery)
- ◆ New Technology
- ◆ Medications
- ◆ Trauma

Glaucoma

- ◆ Medical Management
- ◆ Surgical Treatment
- ◆ Laser Treatment
- ◆ Survey/Study Analysis
- ◆ Complications

Retina

- ◆ Retina
- ◆ Complications from Anterior Segment Surgery

Other

- ◆ Socioeconomic/surveys

AUDIOVISUAL EQUIPMENT/ROOM SETUP:

Please be reminded: **NO LAPTOP USAGE ALLOWED for PAPER SESSIONS (NO EXCEPTIONS)** All paper presentations must be downloaded. [Click here](#) for instructions.

The standard room set for ALL paper sessions is as follows:

- > Single-screen format
- > All presentations must be delivered via computer (PowerPoint) or video (U.S. standard, NTSC)
- > No 35 mm slide formats will be accepted
- > ½ inch SVHS video player
- > 1 LCD projector
- > 1 laser pointer
- > No PAL or SECAM will be available (these two formats must be converted to U.S. standard, NTSC).
- > No tapes will be converted on site.

Additional equipment is available for a fee and must be requested in advance. Please contact Paula Schneider at pschneider@ascrs.org for additional equipment needs.

All ASCRS rooms will be set with theater style seating.

There is a MANDATORY check-in requirement on site in the Speaker Ready Room at least 1 day prior to your presentation.

ASCRS Holds the copyright on all accepted presentations.

If you have any questions about ASCRS paper abstract submissions, please contact Tammy Gard at tgard@ascrs.org or call our office at (703) 591-2220.