2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

SCIENTIFIC SECTION PREFERENCE
(REQUIRED): Review the Scientific section
Descriptions. Select and enter the two -letter
Code for the one (1) Section best sullied to
review your abstract
(CA)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1) (a) Paper (b) Poster

The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.

That in compliance with the Declaration of Heisinki and the UNIFESP Ethical Committee?

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Scientific Section Descriptions
(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINAL YUTREOUS
(TU) TUMORS AND PATHOLOGY
(TU) STORMAN SYSTEM
(S.) ACRIMAN SYSTEM
(S.) ACRIMAN SYSTEM
(CO) CORNEAL EXTERNAL DISEASE
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(RS) REFRACTIVE SURGERY
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(S.) REFRACTIVE SURGERY
(CA) CATARACT
(US) COLLAR ULTRASOUND
(TR) TRABAIN
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Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6),
Purpose, Methods, Results,
Conclusions.
Example: ARVO (1.10 x 1.70)
Abstract Book

stract Form - Department of Ophthalmology - Other LSF/EFW							
FIRST (PRESENTING) AUTHOR (REQUIRED) Must be author listed first in body of abstract							
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_Lake Last Name		Jonathan First	Clive Middle				
Cataract Service (secto			_0009/04_ Nº CEP				

Qualitative assessment of the impact of surgical experience on the evaluation of 3D-stereoscopic video projections of cataract surgeries

Authors: Jonathan Clive Lake, MD; Lincoln Lemes Frei tas, MD; Rubens

Objective: To analyze variations of the perception of stereoscopic and non stereoscopic projections of cataract surgeries according to surgical experience.

Methods: Data was obtained from a questionnaire that used Boolean variables and visual analog scales for evaluation of differences between 3D - stereo and non -stereoscopic projections of cataract surgeries. Answers of surgeons with different levels of experience (number of surgeries) were grouped in order to establish a pro file of behavior of variation of answers during perception of surgical situations with or without 3D projection. Variations were computed and compared with a previously established gold standard.

Results: Variations were very high among surgeons with zero experience. These variations showed a decreasing trend according to surgical experience. Certain surgical situations presented a high variation regardless of surgical experience.

Conclusion: Variations in perception of 3D — -stereo and non—-stereo video projections were very high for all surgeons that participated in this study. Experienced surgeons showed less variations then less—experienced surgeons in certain situations. Cataract training with videos should involve customized individual support to the different levels of surgeons-in-training.