



VIROS 2010-2019





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FOREWORD

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While this report is an opportunity to pause and reflect on how far we have come, it is also a moment to celebrate what has been achieved. It is very rewarding to see the results of the hard work as well as the passion and commitment of so many involved.

Since our inception 10 years ago, the achievements of this Institute have added some milestones to the field of Ophthalmology. This will hopefully result in the delivery of enhanced healthcare and add to the wellbeing of patients undergoing ophthalmic surgery. At VIROS, our patients are at the heart of everything we do.

Our innovation, scientific integrity and reputation continues to be reaffirmed by our achievements. VI-ROS is among the top Ophthalmology research facilities in Austria and is world renowned for its expertise and in-depth studies in cataract surgery. This good standing should not be taken for granted, as the institute is not embedded in a university setting and it is obliged to put in considerable extra effort into attaining the necessary financial support in order to endure. It is also worth mentioning, that none of the doctors at the Hanusch Hospital, who act as clinical investigators, have ever been paid for their work. All of the income goes directly to the institute and is only used to fund VIROS staff and equipment.

Finally, I would like to thank everyone for their help to support the institute including our partners for enabling us to engage in trials with prototype diagnostic equipment and novel medicinal products.

Today, with the backing of the Hanusch Hospital and the Österreichische Gesundheitskasse, as well as partners from the industry and our passionate researchers and staff, we continue on a journey to further develop our expertise in the field of Ophthalmology.

VIROS continues on its path to tackle some of the challenges that ophthalmic surgery still faces.

Enjoy our report!

Univ. Prof. Dr. Oliver Findl Founder and Director of VIROS



The Karl Landsteiner Society aspires to support medical science in an open and co-operative manner. The society is made up of around 70 institutes focused on patient care, that cover a wide variety of medical disciplines, located mainly in Eastern Austria.

With an impressive number of ongoing clinical studies, of more than 1,200 patients and over 100 publications in peer-reviewed journals, the Vienna Institute for Research in Ocular Surgery – VIROS – headed by Prof. Findl is particularly successful. With respect to number of affected patients and ongoing medical progress, cataract and retinal diseases are important areas of research.

Congratulations to Prof. Findl and his team for their excellency in science. We at the Karl Landsteiner Society are proud of their work for patients and we wish Prof. Findl and VIROS all the best for the future.

Univ.-Prof. Dr. Bernhard Schwarz President of the Karl Landsteiner Society





VIROS

The Vienna Institute for Research in Ocular Surgery (VIROS) is a highly motivated group of researchers that work in the fields of cataract surgery and its related topics, as well as myopia, medical and surgical retina, glaucoma, strabismus and corneal surgery.

The institute was founded in 2010 by Oliver Findl as a Karl Landsteiner institute and has become the largest of all the 70 institutes in Austria. It is integrated into the Department of Ophthalmology at Hanusch Hospital in Vienna.

Clinical studies are the main focus of research as well as some basic science and translational research projects. Most studies are investigator-initiated trials, some supported by medicinal product and pharmaceutical companies, others through public funding sources.

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THE KARL LANDSTEINER SOCIETY

The Karl Landsteiner society, named after the Austrian Nobel Prize winner who discovered ABO blood groups, is committed to supporting medical research at the highest level. It is an independent medical-scientific research institution, organised as a charitable association with independent institutes.

The Karl Landsteiner Society currently comprises 70 institutes covering almost all fields of medicine. Under the directorship of renowned experts, institutes focus activities on patient care and conduct research alongside usual hospital work, ensuring direct practical relevance. Pragmatic objectives and ongoing assessments ensure constantly high quality standards in all research projects.

OBJECTIVES

- Research
- Creative, independent, quality-assured
- Progress
- Patient-focused, networked, practice-related
- Support
- Innovative, transparent, successful

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PUBLICATIONS PER MEDICAL DOCTOR Sources: PubMed 2010-2019, No. of doctors: Ärztekammer Wien (MUW - Medical Uni of Vienna) 5 4 3



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MASTER THESIS



FACTS & FIGURES



VIROS PUBLICATIONS

H-INDEX PUBLICATION PRODUCTIVITY AND CITATION IMPACT OF CURRENT CHIEFS OF AUSTRIAN DEPARTMENTS OF OPHTHALMOLOGY (TOP 7) Source: google scholar, software "publish or perish", 3/2020



PHD/DR. SCIENT- MED.





Cataract surgery

Clinical research in the field of cataract and lens surgery is the primary focus of VIROS. Cataract surgery is one of the most common surgical procedures worldwide. During surgery, the cloudy crystalline lens is removed and replaced by an artificial intraocular lens (IOL). VIROS was and is involved in several projects to further improve outcomes and safety of cataract surgery. Although the number of published VIROS papers in the field of cataract is large, we would like to emphasize on a few main projects that lead to novel devices or methods in the field of cataract surgery.

INTRA-OPERATIVE OCT

One of the main achievements was the development of a novel intra-operative IOL power calculation concept using intra-operative optical coherence tomography (i-OCT) technology. This method uses a prototype OCT set-up integrated into the operating microscope for imaging of the aphakic eye to predict the position of the IOL post-operatively. This concept was shown to be successful and was published and patented together with Carl Zeiss Meditec AG. We have been able to show that the aphakic measurements with i-OCT result in a better prediction of the postoperative IOL position and thus should result in less refractive surprises, especially in short and long eyes. Additionally, it is possible to get intra-operative axial length measurements to allow precise power calculation in eyes where optical biometry was not possible before surgery such as in white cataracts or children.

Hirnschall N, Amir-Asgari S, Maedel S, Findl O. Predicting the postoperative intraocular lens position using continuous intraoperative optical coherence tomography measurements. Investigative ophthalmology & visual science 2013; 54(8): 5196-203.

Hirnschall N, Norrby S, Weber M, Maedel S, Amir-Asgari S, Findl O. Using continuous intraoperative optical coherence tomography measurements of the aphakic eye for intraocular lens power calculation. The British journal of ophthalmology 2015; 99(1): 7-10.



ALIGNING TORIC IOLS

One major source of error when using toric IOL is its misalignment. Misalignment may result from inaccuracies of pre-operative marking of the cornea, intra-operative misalignment and post-operative rotation of the IOL. Pre-operative marking of the cornea can be avoided, if an automated marking system is used. VIROS did the alphaand beta-testing of a now commercialized system and was one of the first institutes worldwide that used augmented reality for intra-operative alignment of toric IOLs.

An image of the eye is taken prior to cataract surgery and the limbal vessels are used to determine the required orientation of the toric IOL during surgery.

Varsits RM, Hirnschall N, Döller B, Findl O. Evaluation of an intraoperative toric intraocular lens alignment system using an image-guided system. J Cataract Refract Surg. 2019 Sep;45(9):1234-1238.



IOL CENTRATION AND TILT

In cooperation with the optical research group of Pablo Artal in Murcia, Spain, we performed several studies using a Purkinje meter assessing tilt and decentration of several IOL designs available. The Purkinje meter device was further developed to measure pseudophakodonesis and to some extent phakodonesis by using a moving light source. We intend to predict intraoperative zonule dialysis as well as postoperative subluxation.



STRESS DURING SURGERY

Although cataract surgery is a safe procedure, patients and also surgeons (depending on their experience) have stress before and during surgery. VIROS started studies assessing stress by measuring different parameters, such as heartrate and its variability, muscle tone and sweat production. Questions we are trying to answer in ongoing studies are why patients usually experience the surgery of the second eye as more uncomfortable compared to the first eye and furthermore, how stressful the different steps of cataract surgery are for the learning surgeon at different experience levels.

POSTERIOR CAPSULE OPACIFICATION

A major topic since day one of VIROS was exploring after-cataract, or posterior capsule opacification (PCO). It decreases visual quality years after uneventful cataract surgery. We explored the natural course of regeneratory PCO by tracking Elschnig pearls short- and long-term as well as after a low-energy Nd:YAG-laser treatment that was developed to polish the posterior lens capsule without opening it.

Findl O, Neumayer T, Hirnschall N, Buehl W. Natural course of Elschnig pearl formation and disappearance. Investigative ophthalmology & visual science 2010; 51(3): 1547-53.

Hirnschall N, Neumayer T, Buehl W, Findl O. Reproducibility of an analysis software for qualitative observation of Elschnig pearls. Ophthalmic surgery, lasers & imaging : the official journal of the International Society for Imaging in the Eye 2010; 41(5): 507-11.





READING ASSESSMENT

Visual quality after cataract surgery – more than visual acuity: reading is a complex process. It requires a good retinal image. Reading speed slows down when the understanding is difficult, which is why reading one's mother tongue generally is faster than reading a foreign language. Reading skill is therefore influenced by visuo-motor and cognitive (i.e. linguistic, personality, learning, ageing) factors. VIROS together with the University of Crete uses a modern high-speed eye tracking device to assess the influence of different IOLs on reading quality.

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INFLUENCE OF POSTERIOR VITREOUS DETACHMENT ON RETINAL DETACHMENT AFTER LENS SURGERY IN MYOPIC EYES

After cataract surgery there is an increased risk of developing a pseu-

dophakic retinal detachment (RD). Especially myopic patients have a

The aim of this multicenter study is to document the presence and/or

post-operative development of posterior vitreous detachment (PVD) before surgery and to assess its influence on the incidence of retinal de-

higher risk of RD compared to the general population.

Follow-up: **5 years**

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MYOPRED

Number of patients: **618**

The study was submitted and is coordinated by VIROS with Prof. Findl as principal investigator. It is funded through a Clinical Research Award by the European Society of Cataract & Refractive Surgeons (ESCRS).

tachment in myopes in a time period of 3 and 5 years after lens surgery.





Ayopia included: >25 mm axial length

PVD detected by fundoscopy, spectral domain **OCT** and /or ultrasound

11 trial centers in **6** countries

Austria

OLIVER FINDL (PI) Hanusch Hospital Vienna (Sponsor)

MICHAEL AMON Academic Teaching Hospital of St. Johns Vienna

DOMAGOJ IVASTINOVIC Medical University of Graz (Reading Center)

Belgium

MARIE-JOSÉ TASSIGNON University of Antwerp

JEROME VRYGHEM Brussels Eye Doctors – Clinique du Parc Leópold

Spain

FRANCISCO POYALES IOA Madrid Innova Ocular

JOSE L. GUELL IMO Instituto de microchirurgica ocular

ALVARO FERNANDEZ Vega Sanz - Instituto Oftalmológico Fernández-Vega





BJÖRN JOHANSSON Linköping University Hospital



KJELL GUNNAR GUNDERSEN IFOCUS eyeklinikk

Netherlands

RUDY NUIJTS University Hospital Maastricht

Other topics





MYOPIA

Myopia is a widespread disorder with increasing prevalence. Despite extensive research, its pathogenesis is still poorly understood. In animal models the image plane of the retina can be moved forward and backward due to changes in choroidal thickness. In a recent study we assessed the changes of choroidal thickness in myopic and non-myopic subjects in the presence of a focused and a defocused image. A novel ultra-high resolution OCT was used.

VITREORETINAL SURGERY

VIROS was one of the first institutes working with intra-operative OCT long before this technology was commercialized. This technology allows better visualization of the macula during surgical procedures. In several studies we have shown the potential of i-OCT for ILM-peeling and the effect of peeling on microscotoma as assessed with microperimetry.

Leisser C, Hirnschall N, Palkovits S, Doeller B, Kefer K, Findl O. Intraoperative Optical Coherence Tomography-Guided Membrane Peeling for Surgery of Macular Pucker: Advantages and Limitations. Ophthalmologica. 2018 Nov 9:1-7.

Leisser C, Palkovits S, Hirnschall N, Ullrich M, Hienert J, Zwickl H, Georgiev S, Findl O. One-Year Results after Internal Limiting Membrane Flap Transposition for Surgical Repair of Macular Holes with Respect to Microperimetry. Ophthalmic Res. 2018 Jun 22:1-5.



GLAUCOMA

Usually glaucoma and potential glaucoma patients are followed up using visual field testing and OCT scanning of the optic disc. VIROS investigates on novel approaches, such as microperimetry to follow-up patients and to develop prediction algorithms using different measurement methods. Another focus of our research is on new microsurgical glaucoma surgery (MIGS) devices.

Leisser C, Palkovits S, Hirnschall N, Georgiev S, Findl O. Reproducibility of Microperimeter 3 (MP-3) Microperimetry in Open-Angle Glaucoma Patients. Ophthalmic Res. 2019 Aug 20:1-7.





STRABISMUS

Strabismus is not only related with reduced functional vision, but also sometimes stigmatization of the patients in society. VIROS was deeply involved in the translation of questionnaires and their evaluation. Furthermore, an algorithm for an advanced calculation for strabismus surgery was developed and tested in a recent study.



Basic science



Fig. 1: a. Caffeine concentration in lens epithelial cells increases with higher amounts of peroral caffeine intake.* b. 180 mg of peroral caffeine reduces the number of apoptotic cells compared to lens capsules without (0 mg) peroral caffeine intake. blue: Hoechst staining (cell nuclei), red: TUNEL staining (apoptotic cells), scale bar is 50 µm.

*Kronschläger M, Stimpfl T, Ruiß M, Hirnschall N, Leisser C, Findl O. Pharmacokinetics of caffeine in the lens capsule/epithelium after peroral intake: a pilot randomized controlled study. Invest Ophthalmol Vis Sci. 2018;59:1855-1860.





Fig. 2:

a. Retroillumination photograph showing cell growth on the posterior capsule 6 months post-surgery. b. Slitlamp image of cell growth on the posterior capsule 3 months after cataract surgery. c. High magnification picture of lens capsule edge with proliferating lens epithelial cells in a cell culture dish. d. Overview of LEC outgrowth from the lens capsule (asterisk) in-vitro after 3 weeks.

CAFFEINE AND CATARACT

As a worldwide dietary consumed nutrient, we have analysed the pharmacokinetics of caffeine in the human eye. Caffeine is a known scavenger of free radical oxygen with high antioxidant ability. Several experimental and epidemiological studies suggest that caffeine might have a protective effect against diseases caused by oxidative stress like cataracts. We showed that peroral caffeine intake led to accumulation of caffeine in lens epithelial cells (LECs) as well as in the vitreous body of the eye. Furthermore, peroral caffeine intake led to a significant reduction in ultraviolet induced apoptosis in lens epithelial cells (Fig. 1)

POSTERIOR CAPSULE OPACIFICATION

The basic research of our institute focuses on the prevention and analysis of the underlying causes of posterior capsule opacification (PCO), which is one of the most common complications seen after cataract surgery. In one study, we are assessing the effect of statins to stop cell proliferation and their potential to prevent PCO.

Since it appears that the degree of PCO may also depend on the proliferation rate of lens epithelial cells that remain in the capsular bag after surgery, we are attempting to assess the factors that determine this proliferation rate. We use the anterior lens capsule, which is removed during cataract surgery, to assess how much the proliferation rate of LECs differs between the eyes of the same patients in an in-vitro model and how it correlates with the degree of PCO in vivo (Fig. 2).



Analysis of the molecular composition of an epiretinal membrane, obtained during surgery, with Fourier Transformed Infrared Microspectroscopy (FTIR).

REVERSING CATARACT

Another recent project compares pharmacological interventions, that were reported to be effective in reversing cataract (e.g. lanosterol, rosmarinic acid, etc.), in an in-vitro model.

EPIRETINAL MEMBRANE

A current study looks at the role of hyalocyte proliferation from probes of epiretinal membranes (ERM), a disorder that leads to vision loss and metamorphopsia. Epiretinal membrane and/or internal limiting membrane specimens harvested during vitreoretinal surgery are observed in cell culture for possible proliferation of cells in or on the surface of these tissues.

In another project, epiretinal membranes were obtained during surgical removal and analysed for their molecular composition using Fourier Transformed Infrared Microspectroscopy (FTIR). This technique analyses probes by absorption of infrared light due to molecules and their states of vibration in the probe. The results of this analysis may give hints for the origin of the epiretinal membrane. (Fig. 3).

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Physics and Biomedical Enginee-

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Univ.-Prof. Gerhard Garhöfer, MD,

Univ.-Prof. Leopold Schmetterer

PhD student: Andreas Schlatter,

MD (50% at VIROS)

Univ.-Prof. René Werkmeister, PhD.

Collaborations

ULTRA-HIGH RESOLUTION OCT FOR VISUALIZING THE CORNEA AND THE TEARFILM

The research carried out within the scope of this cooperation is performed employing an ultrahigh-resolution anterior segment optical coherence tomography (OCT) device that has been built by the Center for Medical Physics and Biomedical Engineering (CMBPE). The system works at a central wavelength of 800 nm, provides resolutions of 1.2 μm and 20 μ m in the axial and lateral direction at a rate of 140 000 A-scans/s, and allows visualization and guantitative measurements of all corneal layers as well as the precorneal tear film ^[1,2,3].

Prof. Doreen Schmidl, MD, PhD has investigated the effect of instillation of artificial tears on tear film thickness in eyes with moderate to severe dry eve syndrome.^[3]

In our collaborative project, the system is used to detect postoperative graft detachments after Descemet Membrane Endothelial Keratoplasty (DMEK) or Descemet Stripping Automated Endothelial Keratoplasty (DSAEK) surgery. OCT measurements are performed before and at different time points after surgery and the area of graft detachment will be determinded from the acquired volumetric image dataset and correlated with visual acuity. All patients are selected in the Hanusch Hospital and examined at the section for ophthalmo-pharmacology at the Department of Clinical Pharmacology as well as the CMPBE, this allows us to strengthen scientific output within the framework of a scientific cooperation.



OCT setup on optical bench

-1.5422

FRONT ABERROMETRY

Optical coherence tomography (OCT) has been an invaluable diagnostic tool for ophthalmic imaging in the diagnostic assessment of macular degeneration, glaucoma, and many other diseases. Another breakthrough was the 10-fold increase in sensitivity compared to ultrasound, which replaced the latter as the new gold-standard for ocular biometry in cataract surgery.

Along with continuous improvements in structural sensitivity, the implementation of techniques adapted from astronomy have further allowed the detection and correction of optical distortions, in order to enable cellular resolution of human retinal layers ^{[1],[2]}. By virtue of being able to quantify these optical errors, the objective assessment of human vision is possible. This may be implemented with the already well-established use of optical biometry and diagnostic imaging, in order to allow for a more intertwined relation between structural and functional information in cataract and refractive surgery. This should allow the extraction of higher order aberrations directly with an OCT setup^[3].



UHR-OCT, © Prof. René Werkmeister, PhD



UHR-OCT tomogram of the central and paracentral zone of the cornea. TF, tear film; EP, epithelium; BLE, basal layer of epithelium; BL, Bowman's layer; ST, corneal stroma; DM, Descemet's membrane; ED, endothelium. (from Biomed, Opt. Express, 2017; (8):1221-1239)

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Center for Medical Physics and

Univ.-Prof. Dr. Rainer Leitgeb,

PhD student: Stefan Georgiev,

University of Vienna

Abhishek Kumar, PhD

MD (50% at VIROS)

Biomedical Engineering, Medical

COLLABORATIONS





Wavefront calculated from OCT signal

SWEPT SOURCE OCT BASED OPHTHALMIC DIGITAL WAVE-

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Invest Ophthalmol Vis Sci. 2018 Apr 1;59(5):1855-1860.

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Journal of Ophthalmology of Eastern Central and Southern Africa. July 2018, 22(1):4-8. PUBLICATIONS



2017





2016

- 43) Does perfluoro-n-octane use in 23G vitrectomy for retinal detachment surgery affect the integrity of the ellipsoid zone? LEISSER C, VARSITS R, FINDL O. Eur J Ophthalmol, 2016; 639-642.
- 44) Analysis of customized ocular data and wave front aberrations concering their deviations from generic eye models, Track W. Personalized Health.
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- 47) Key Developments for Partial Coherence Biometry and Optical Coherence Tomography in the Human Eye Made in Vienna. HITZENBERGER CK, DREXLER W, LEITGEB RA, FINDL O, FERCHER AF. Invest. Ophthalmol. Vis. Sci., 2016; OCT460-74.
- 48) Using continuous intraoperative optical coherence tomography to classify swirling lens fragments during cataract surgery and to predict their impact on corneal endothelial cell damage.
 AMIR-ASGARI S, HIRNSCHALL N, FINDL O.
 J Cataract Refract Surg. 2016 Jul;42(7):1029-36.
- 49) Comparative analysis of optical biometers. SABATINO F, FINDL O, MAURINO V. J Cataract Refract Surg, 2016; 685-93.
- 50) Macular disease detection with a swept-source optical coherence tomography-based biometry device in patients scheduled for cataract surgery.
 HIRNSCHALL N, LEISSER C, RADDA S, MAEDEL S, FINDL O.
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J Cataract Refract Surg. 2016 Jan;42(1):110-6.

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 J Cataract Refract Surg. 2015 Dec; 41(12):2739-45.
- 54) Comparability of anterior chamber depth measurements with partial coherence interferometry and optical low-coherence reflectometry in pseudophakic eyes.
 LUFT N, HIRNSCHALL N, FARROKHI S, FINDL O.
 Journal of Cataract and Refractive Surgery. 2015; 41:1678-1684.
- 55) Predicting Lens Diameter: Ocular Biometry With High- Resolution MRI. ERB-EIGNER K, HIRNSCHALL N, HACKL C, SCHMIDT C, ASBACH P,
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Journal of Cataract and Refractive Surgery. 2015; 41:1465-1469.

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 JACKSON TL, SHUSTERMAN EM, ARNOLDUSSEN M, CHELL E, WANG K,

MOSHFEGHI DM, INTREPID STUDY GROUP. Retina (Philadelphia, Pa.), 2015; 194-204.

61) Using continuous intraoperative optical coherence tomography measurements of the aphakic eye for intraocular lens power calculation.
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 WEBER M, HIRNSCHALL N, RIGAL K, FINDL O.
 J Cataract Refract Surg. 2015 Jan;41(1):122-5

= cataract = retina = glaucoma = other

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- 64) Capsular bag performance of a hydrophobic acrylic 1-piece intraocular lens.
 FINDL O, HIRNSCHALL N, NISHI Y, MAURINO V, CRNEJ A. Journal of Cataract and Refractive Surgery 2015; 41:90-97
- 65) Stereotactic radiotherapy for neovascular age-related macular degeneration: year 2 results of the INTREPID study. JACKSON TL, CHAKRAVARTHY U, SLAKTER JS, MULDREW A, SHUSTERMAN EM, O'SHAUGHNESSY D, ARNOLDUSSEN M, GERTNER ME, DANIELSON L, MOSHFEGHI DM, INTREPID STUDY GROUP. Ophthalmology, 2015; 138-45.

2014

- 66) Prediction of residual astigmatism after cataract surgery using swept source fourier domain optical coherence tomography. HOFFMANN PC, ABRAHAM M, HIRNSCHALL N, FINDL O. Curr. Eye Res., 2014; 1178-86.
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 GANGWANI V, HIRNSCHALL N, FINDL O, MAURINO V.
 J Cataract Refract Surg, 2014; 1625-32.
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 HIRNSCHALL N, HOFFMANN PC, DRASCHL P, MAEDEL S, FINDL O.
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- 69)Rotational performance and corneal astigmatism correction during cataract surgery: aspheric toric intraocular lens versus aspheric nontoric intraocular lens with opposite clear corneal incision.
 MAEDEL S, HIRNSCHALL N, CHEN YA, FINDL O.
 J Cataract Refract Surg. 2014 Aug;40(8):1355-62.
- 70) Evaluation of an electronic reading desk to measure reading acuity in pseudophakic patients.
 HIRNSCHALL N, MOTAABBED JK, DEXL A, GRABNER G, FINDL O. J Cataract Refract Surg. 2014 Sep;40(9):1462-8.
- 71) Effect of an aspheric intraocular lens on the ocular wave-front adjusted for pupil size and capsulorhexis size. CRNEJ A, BUEHL W, GRESLECHNER R, HIRNSCHALL N, FINDL O. Acta Ophthalmol, 2014; e353-7.
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 HIRNSCHALL N, MAEDEL S, WEBER M, FINDL O.
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 HIRNSCHALL N, CRNEJ A, GANGWANI V, FINDL O.
 J Cataract Refract Surg. 2014 May;40(5):728-35.

PUBLICATIONS (31





Theses

2012

- 84) Efficacy of ophthalmic viscosurgical devices in maintaining corneal epithelial hydration and clarity: In vitro assessment. PRINZ A, FENNES C, BUEHL W, FINDL O. J Cataract Refract Surg. 2012 Dec;38(12):2154-9.
- 85) Evaluation of 4 corneal astigmatic marking methods. POPP N, HIRNSCHALL N, MAEDEL S, FINDL O. J Cataract Refract Surg. 2012 Dec; 38(12):2094-9.
- 86) Intraoperative Applications of OCT in Ophthalmic Surgery. MATZ H, BINDER S, GLITTENBERG C, SCHARIOTH G, FINDL O, HIRNSCHALL N, HAUGER CH. Biomed Tech (Berl), 2012.
- 87) Computer-based tutorial to enhance the quality and efficiency of the informed-consent process for cataract surgery.
 WOLLINGER C, HIRNSCHALL N, FINDL O.
 J Cataract Refract Surg. 2012 Apr;38(4):655-9.
- 88) Effect of fluorescein dye staining of the tear film on Scheimpflug measurements of central corneal thickness. HIRNSCHALL N, CRNEJ A, GANGWANI V, FINDL O. Cornea. 2012 Jan;31(1):18-20.
- 89) Influence of a modified Nd:YAG laser treatment outside the visual axis on the morphology of Elschnig pearls. HIRNSCHALL N, NEUMAYER T, ROSSMANN M, GEORGOPOULOS M, CHEN YA, FINDL O. Ophthalmic Res. 2012;48(3):151-5.

2011

- 90) Posterior capsule opacification and capsular bag performance of a microincision intraocular lens.
 GANGWANI V, HIRNSCHALL N, KOSHY J, CRNEJ A, NISHI Y, MAURINO V, FINDL O.
 J Cataract Refract Surg. 2011 Nov;37(11):1988-92.
- 91) Impact of intraocular lens haptic design and orientation on decentration and tilt. CRNEJ A, HIRNSCHALL N, NISHI Y, GANGWANI V, TABERNERO J, ARTAL P, FINDL O. J Cataract Refract Surg. 2011 Oct;37(10):1768-74.
- 92) Comparison of corneal wetting properties of viscous eye lubricant and balanced salt solution to maintain optical clarity during cataract surgery.
 CHEN YA, HIRNSCHALL N, FINDL O.
 J Cataract Refract Surg. 2011 Oct;37(10):1806-8.
- 93) Evaluation of 2 new optical biometry devices and comparison with the current gold standard biometer.
 CHEN YA, HIRNSCHALL N, FINDL O.
 J Cataract Refract Surg. 2011 Mar;37(3):513-7.

- 94) Assessment of a new averaging algorithm to increase the sensitivity of axial eye length measurement with optical biometry in eyes with dense cataract.
 HIRNSCHALL N, MURPHY S, PIMENIDES D, MAURINO V, FINDL O.
 J Cataract Refract Surg. 2011 Jan;37(1):45-9.
- 95) Rotational stability and posterior capsule opacification of a plate-haptic and an open-loop- haptic intraocular lens.
 PRINZ A, NEUMAYER T, BUEHL W, VOCK L, MENAPACE R, FINDL O, GEORGOPOULOS M.
 J Cataract Refract Surg. 2011 Feb;37(2):251-7.

2010

- 96) A study comparing ocular pressure pulse and ocular fundus pulse in dependence of axial eye length and ocular volume.
 BERISHA F, FINDL O, LASTA M, KISS B, SCHMETTERER L. Acta Ophthalmol. 2010 Nov;88(7):766-72.
- 97) Rotational stability of a single-piece toric acrylic intraocular lens.
 KOSHY JJ, NISHI Y, HIRNSCHALL N, CRNEJ A, GANGWANI V, MAURINO V, FINDL O.
 J Cataract Refract Surg. 2010 Oct;36(10):1665-70.
- 98) Reproducibility of an analysis software for qualitative observation of Elschnig pearls.
 HIRNSCHALL N, NEUMAYER T, BUEHL W, FINDL O.
 Ophthalmic Surg Lasers Imaging. 2010 Sep-Oct;41(5):507-11.
- 99) Reproducibility of intraocular lens decentration and tilt measurement using a clinical Purkinje meter.
 NISHI Y, HIRNSCHALL N, CRNEJ A, GANGWANI V, TABERNERO J, ARTAL P, FINDL O.
 J Cataract Refract Surg. 2010 Sep;36(9):1529-35.
- 100) Interventions for preventing posterior capsule opacification. FINDL O, BUEHL W, BAUER P, SYCHA T. Cochrane Database Syst Rev. 2010 Feb 17;(2):CD003738. Review.
- 101) Natural course of Elschnig pearl formation and disappearance. FINDL O, NEUMAYER T, HIRNSCHALL N, BUEHL W. Invest Ophthalmol Vis Sci. 2010 Mar; 51(3):1547-53. (Impact Factor: 3.388)
- 102) Efficacy and tolerability of preservative-free and preserved diclofenac and preserved ketorolac eyedrops after cataract surgery. MACA SM, AMON M, FINDL O, KAHRAMAN G, BARISANI-ASENBAUER T.

Am J Ophthalmol. 2010 May;149(5):777-84.

HABILITATIONS

PD DR. ANA PRINZ Safety and clinical outcomes of modern cataract surgery, 2014

PD DR. NINO HIRNSCHALL Factors influencing visual quality after uncomplicated cataract surgery, 2018

PHD/DR. SCIENT. MED. 2010-2019

Completed

DR. NINO HIRNSCHALL Reducing refractive errors after cataract surgery due to advancement of predictability and measurability of the intraocular lens position in all three dimensions -PhD , 2014

Ongoing

DR. SAHAND AMIR-ASGARI Using an intra-operative spectral-domain optical coherence tomography device for predicting the intraocular lens position - *Dr. scient. med.*

DR. MARIA FICHTENBAUM The human retinal autofocus – Choroidal thickness changes in response to defcous and elevation of intraocular pressure in myopia - *PhD*

DR. ANDREEA DANA FISUS Bilateral and age-dependent differences in posterior capsule opacification in vivo compared to an in-vitro model - PhD

DR. STEFAN GEORGIEV Digital wavefront sensing for depth resolved volumetric aberrometry -PhD

DR. JULIUS HIENERT

Assessing the astigmatism reducing effect with toric intraocular lenses in eyes with low astigmatism - *Dr. scient. med.*

DR. SOPHIE MÄDEL

Measuring capsular bag performance of different IOL designs after cataract surgery with different anterior segment devices - *Dr. scient. med.*

DR. ANDREAS SCHLATTER

Assessing the effect of therapeutic and diagnostic eyedrops on tear film thickness using ultra high-resolution optical coherence tomography - PhD

DR. MARLIES ULLRICH

Development of posterior vitreous detachment after lens surgery in myopic eyes - *PhD*

DR. RALPH VARSITS

Cataract quantification using swept source base optical coherence tomography: a pilot study - *Dr. scient. med.*

DR. HANNAH ZWICKL

Imaging of the vitreous body after cataract surgery using optical coherence tomography - $\ensuremath{\textit{PhD}}$



MASTER THESES 2010-2019

Completed

DR. SAHAND AMIR-ASGARI Impact of rotating lens cortex fragments on the endothelial cell outcome after phacoemulsification, 2013

DR. JASMIN KATRIN MOTAABBED Reducing the use of reading spectacles in pseudophakic patients, 2015

DR. SANAZ FARROKHI Predictability of the IOL position using an intra-operative OCT, 2016

DR. KRISTINA STJEPANEK Protecting the corneal endothelium during cataract surgery using the anterior capsule: a prospective randomised double-masked study

DR. STEFAN GEORGIEV Fundus-related microperimetry in glaucoma: reproducibility and comparison with standard automatized perimetry, 2018

Ongoing

ULRICH GRAF Improvement of the refractive outcome after implantation of a toric intraocular lens

DAVID JOHLER Analysis and comparison of axial length before and after cataract surgery

BACHELOR THESES

KATHARINA MALEK (ORTHOPTICS) Das Verhältnis zwischen der Augenlänge und der Dosierung der Schieloperation an den horizontalen Augenmuskeln.

VINZENZ RUDNAY

Efficacy and effectiveness of modern treatment options for patients with relapsing remitting multiple sclerosis.

PATENTS

Method, ophthalmic measuring system and computer-readable storage medium for selecting an intraocular lens (EP2796087B1, US20180317765A1)

Method for selecting an IOL on the basis of the prediction of the anatomical, post-operative position and orientation thereof (US20180368970A1, WO2017103145A1)

Invited lectures

OLIVER FINDL

• Pearce Medal, United Kingdom & Ireland Society of Cataract & Refractive Surgeons (UKISCRS), 2019 • Binkhorst Medal, American Society for Cataract and Refractive Surgery (ASCRS), Washington D.C., USA, 2018 • Keynote Lecture, Swiss Academy of Ophthalmology, 2019 • Honorary Guest Speaker, Beirut Eye & ENT Specialist Hospital, Beirut. 2018 • Inaugural Peter Barry Memorial Lecture, Royal Victoria Eye & Ear Hospital, Dublin, Ireland, 2017 • Keynote Lecture, Belgian Society of Cataract & Refractive Surgeons (BSCRS), Brussels, Belgium, 2017 • Honorary Member, Hungarian Society of Intraocular Lens Implantation and Refractive Surgery (SHIOL), 2016 • Lim Lecture, Asia-Pacific Association of Cataract and Refractive Surgeons (APACRS), 2016 • Gold Medal Lecture, Australasian Society of Cataract and Refractive Surgeons (AUSCRS), 2016 • Power List "Top 100 Ophthalmologists" Award Ribbon 2014, 2018 and 2020 • Wissenschaftspreis der ÖOG, 2019

NINO HIRNSCHALL

STEFAN GEORGIEV

- Power list "Top 40 under 40", 2015
- Peter Barry Fellowship Grant, 2018 • Wissenschaftspreis der ÖOG, 2019

STEFAN PALKOVITS

• Wissenschaftspreis der ÖOG, 2018

• Förderpreis des "Spektrum der Augenheilkunde", 2016

MANUEL RUISS

• ÖOG Wissenschaftspreis, 2019

O APACR







INVITED LECTURES (35)

















Oliver FINDL Prim. Ao. Univ.-Prof. Dr. med. univ., MBA, FEBO

EDUCATION

• University of Vienna • MBA Health Care Manage ment, Medical University of Vienna / FHW Berlin

PROFESSIONAL EXPERIENCE

- Children's Hospital, Harvard Medical School, Boston, MA, USA • Ophthalmology, Medical
- University of Vienna, Vienna General Hospital
- Clinical Pharmacology,
- Medical University of Vienna • Attending Vienna General
- Hospital 1999-2006 • Fellowship Vitreoretinal Surgery,
- Moorfields Eye Hospital, London, UK, 2006-2007
- Consultant Ophthalmic Surgeon,
- Moorfields Eye Hospital, London, UK, 2006-2014
- Chief of Department of
- Ophthalmology, Hanusch Hospital, since 2009

FUNCTIONS

- Secretary of the European Society of Cataract and **Refractive Surgeons** (ESCRS) since 2011 Board member of ESCRS
- 2005-2011
- Treasurer of the Austrian **Ophthalmological Society** (ÖOG) since 2012
- Editorial board member of the Journal of Cataract and Refractive Surgery (JCRS) since 2005 and Section Editor 2008-2012
- International board member of EuroTimes since 2006
- · International board member of Eveworld since 2017
- Founder and chief of the Vienna Institute for Research in Ocular Surgery (VIROS), a Karl-Landsteiner Institute since 2010
- · Member of the cataract committee of the ÖOG since 2005
- President of the Viennese Ophthalmological Society (WOG) 2005-2006 • Examiner of the European Board of Ophthalmology (EBO) since 2009
- R MEDALS, INVITED LECTURES • Pearce Medal, United Kingdom & Ireland Society of Cataract & Refractive Surgeons

(UKISCRS), 2019 Binkhorst Medal, American Society for Cataract and Refractive Surgery (ASCRS), Washington D.C., USA, 2018 Keynote Lecture, Swiss Academy of Ophthalmology, 2019 • Honorary Guest Speaker, Beirut Eye & ENT Specialist Hospital, Beirut 2018 • Inaugural Peter Barry Memorial Lecture, Royal Victoria Eye & Ear Hospital, Dublin, Ireland, 2017 • Keynote Lecture, Belgian Society of Cataract & Refractive Surgeons (BSCRS), Brussels, Belgium, 2017 Honorary Member, Hungarian Society of Intraocular Lens Implantation and Refractive Surgery (SHIOL), 2016 • Lim Lecture, Asia-Pacific Association of Cataract and Refractive Surgeons (APACRS), 2016 • Gold Medal Lecture, Australasian

Society of Cataract and Refractive Surgeons (AUSCRS), 2016 • Power List, one of the "Top 100 Ophthalmologists" Award Ribbon in 2014, 2018 und 2020

RESEARCH OUTPUT

• h-index 71 (1/2020) • Peer-reviewed publications: 273 (PubMed 1/2020)



Nino HIRNSCHALL OA, Priv.-Doz., Dr. med. univ., PhD, FEBO

EDUCATION

• MD, Medical University of Vienna • PhD, Medical University of Vienna, 2010-2014

PROFESSIONAL EXPERIENCE

 Research Fellowship. Moorfields Eye Hospital, London, UK, 2008-2009 • Researcher, VIROS 2010-2011 • Fellowship in Cornea, Sydney Eye Hospital, Sydney, Australia, 2018

FUNCTIONS

- Hospital representative in the Austrian Ophthalmological Society (ÖOG)
- Member of the Research
- Committee. ESCRS
- Board Member Eurotimes
- Lecturer Medical University of Vienna and Danube
- University Krems
- Charitable work in the
- Neunerhaus since 2018

MEDALS, INVITED LECTURES Power list "Top 40 under 40" 2015 • ESCRS Peter Barry Fellowship

Grant 2018 Jan Worst Lecture, Netherlands IntraOcular Implant Club (NIOIC), 2015

RESEARCH OUTPUT Peer-reviewed publications: 74 (PubMed 1/2020)



Stefan PALKOVITS OA, Priv.-Doz., Dr. med. univ., PhD, FEBO, FICO

EDUCATION

 MD. Medical University, Vienna PhD. Medical Unviersity of Vienna, 2010-2013

PROFESSIONAL EXPERIENCE • Universitätsaugenklinik, Medical

- University Graz, 2013-2015 Resident, Hanusch Hospital,
- 2015-2018 Attending, Hanusch Hospital, since 2018

- Head of the dry eye disease unit • Member of the ocular surface
- Chairman of the Austrian Young Ophthalmologists,
- Secretary of the ÖOG since 2017 Member of the Education
- Committee, ESCRS Member of the Education

MEDALS, INVITED LECTURES

RESEARCH OUTPUT

30 (PubMed 1/2020)

Martin KRONSCHLÄGER OA. Dr. med. Univ., PhD. MHBA, FEBO

EDUCATION

- Karolinska Institute, Stockholm

• PhD, Uppsala Universty, 2014 • Specialist Physician, Hanusch Hospital, 2015-2018 • Health Business Administration, Friedrich Alexander University Erlangen-Nürnberg, 2017

RESEARCH OUTPUT





FUNCTIONS

- disease committee ÖOG
- ÖOG 2017-2019
- Committee, OÖG

- Award of "Spektrum der Augenheilkunde", 2016
- Science Award of the ÖOG, 2018
- Peer-reviewed publications:

Medical University of Vienna Monash University. Melbourne, Australia PROFESSIONAL EXPERIENCE

• Attending, Hanusch Hospital since 2018

• Peer-reviewed publications:





Christoph LEISSER OA, Dr. med univ. et scient med.

EDUCATION

• MD, University of Vienna • PhD, University of Vienna

PROFESSIONAL EXPERIENCE

• Resident, St. John's Hospital,

- Vienna • Attending, State Hospital
- Bruck, 2006
- Attending, Clinic Wels, 2007
- Attending, Hospital Wr.
- Neustadt, 2008
- Senior Physician, Clinic Köln Merheim, 2010 Senior Physician, Hanusch

Hospital since 2013

RESEARCH OUTPUT

26 (PubMed 1/2020)

· Deputy of Department of Opht-

halmology, Hanusch Hospital

Peer-reviewed publications

STAFF (37

Vienna, since 2017 • Pharmaceutical Sales Re-

EDUCATION

University of Medicine and

• Master Degree in Medical-Phar-

maceutical Scientific Research,

University of Medicine and Phar

macy, Tg Mures, Romania, 2015

• PhD Studies, University of

ICO Certificate, Clinical Sci-

and Refraction, 2017/18

Natascha BAYER

Master of Science in "Biome-

of Applied Sciences Tech-

nikum Wien, 2009-2014

• Quality & Regulatory Affairs

Manager – Junior, TÜV, 2019

PROFESSIONAL EXPERIENCE

University of Applied Sciences

Technikum Wien, 2014-2019

Clinical Research Associate

(in Trainina) and Research

Fellow, VIROS, since 2019

Birgit DÖLLER

EDUCATION

• Academy for Orthoptics,

• Masters Program "Neuroreha-

bilitation", Donau-University

PROFESSIONAL EXPERIENCE

• Research Fellow and Orth-

optist, VIROS, since 2014

Andreea Dana FISUS

Dr. med.

Vienna, 2006-2009

Krems, 2013-2016

MSc

Lecturer and Researcher.

dical Engineering", University

EDUCATION

MSc

ence, Basic Science, Optics

PROFESSIONAL EXPERIENCE

• Residency, Ophthalmology,

Mures County Hospital, Tg

• Research Fellow, VIROS.

Stefan GEORGIEV

Medical University of Vienna, MD

• Université Pierre Marie et Curie

PROFESSIONAL EXPERIENCE

Scientific Assistant, Ophthal-

mology, Hanusch Hospital,

• Research Fellow, VIROS and

Center for Medical Physics

and Biomedical Engineering,

Medical Uni Vienna, since 2017

Magdalena MUNDIGLER

Bachelor of Science Environment

and Bio-Resources Management,

University of Natural Resources

and Life Sciences, Vienna

Master of Science Phytome-

dicine. University of Natural

Resources and Life Sciences,

BSc

EDUCATION

Vienna, since 2015

Dr. med. univ.

(Paris VI), 2017

EDUCATION

since 2019

Mures, Romania, 2014-2018

Medicine and Pharmacy, Ta

Mures, Romania, since 2015

Pharmacy, Tg Mures,

Romania, MD, 2013

- presentative, Pharmig Academy, Vienna, 2017
- Clinical Monitoring Certificate. HCC Group, 2017
- Pharmacy, University of Vienna, since 2018
- Certified Data Protection Officer, since 2019

PROFESSIONAL EXPERIENCE • Financial Manager and Clinical Research Associate.

VIROS, since 2017



Magdalena NENNING Dr.med.univ

EDUCATION

 Medical University of Vienna, MD, 2018

PROFESSIONAL EXPERIENCE

- Hietzing Hospital, Vienna, 2016 • Kent and Canterbury Hospital, UK, 2018
- State Hospital Feldkirch, 2018
- Research fellow, VIROS, since
- Nov 2019
- Resident at Hanusch Hospital, Vienna, since Nov 2019



Caroline PILWACHS

EDUCATION

- Academy for Orthoptics,
- Vienna, 2003-2006
- Quality Management
- Course, WIFI, 2011
- PROFESSIONAL EXPERIENCE • Orthoptist, Practice Dr. Mullay, Villach, 2006-2008
- Administration and Quality Management, Ophthalmology Medical University
- Vienna, 2008-2016 Study Coordinator, Research
- Fellow and Orthoptist, VIROS, since 2016



Manuel RUIß MSc

EDUCATION

- Academy for Orthoptics, Vienna, 2004-2007
- Bachelor of Science "Biomedicine" and -technology", University of Veterinary Medicine, Vienna
- Master of Science "Molecular Biology", University of Vienna

PROFESSIONAL EXPERIENCE

- Orthoptist, Practice Dr. Seher, 2015-2017
- Research Fellow and Orthoptist, VIROS, since 2017



Andreas SCHLATTER Dr. med. univ.

EDUCATION

- Medical University of Innsbruck, MD. 2019
- PhD Studies, Medical University of Vienna, since 2019

PROFESSIONAL EXPERIENCE

 Research Fellow, VIROS and Department of Clinical Pharmacology, Section of Ophthalmo-Pharmacology, Medical University of Vienna, since 2019