

APAO International Fellowship Report

Subspecialty: Glaucoma

Host Institution: Singapore National Eye Centre (SNEC), Singapore

Fellowship Period: 2024–2025

1. Introduction & Fellowship Objectives

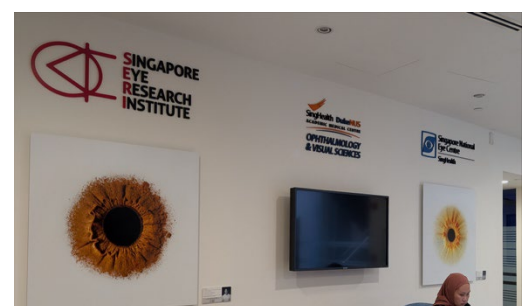
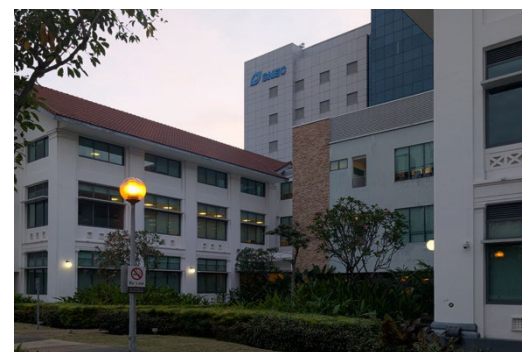
I was privileged to be awarded the **Asia-Pacific Academy of Ophthalmology (APAO) International Fellowship Program (IFP)** scholarship to pursue a full **one-year clinical glaucoma fellowship** at the Singapore National Eye Centre (SNEC). My goals were to master glaucoma care, gain extensive surgical exposure including MIGS and complex glaucoma procedures, strengthen peri-operative decision-making, and participate in academic and teaching activities to support glaucoma service development in my home institution and region.



2. SNEC Training Environment

SNEC is a high-volume tertiary ophthalmic center serving as a local and regional referral hub for complex glaucoma and anterior segment disease. I had the privilege of training under an exceptional team of glaucoma surgeons whose commitment to teaching, evidence-based practice, and compassionate patient care deeply shaped my professional growth.

The training environment fostered clinical excellence, independent thinking, and critical analysis, combining structured supervision with progressive responsibility. This fellowship also placed strong emphasis on patient safety, multidisciplinary teamwork, and ethical practice.



3. Clinical Exposure

I was primarily attached to the Glaucoma Service (Clinic 4B), which manages approximately 150–170 outpatient cases per week. My responsibilities included comprehensive glaucoma assessment, interpretation of visual fields and structural imaging, longitudinal follow-up, individualized treatment planning, peri-operative counselling, and collaborative, patient-centered care.

I also managed a high-volume caseload at the Glaucoma Observation (GLOC) and Glaucoma Suspect (GLSC) clinics, averaging 35-40 patients on a bi-weekly basis. These clinics provided structured exposure to glaucoma suspects, ocular hypertension, early disease monitoring, and stable glaucoma patients under long-term follow-up. This strengthened my skills in risk stratification, surveillance strategy design, and patient counselling.

The clinic case mix included primary open-angle and angle-closure glaucoma, secondary and developmental glaucoma, refractory and advanced disease, and postoperative complication management.



4. Surgical & Procedural Exposure



Over the fellowship year, I was involved in more than 600 surgical procedures, with the majority performed as primary surgeon.

Cataract & Complex Anterior Segment Surgery

- Phacoemulsification surgeries, including femtosecond laser-assisted cataract surgery (FLACS).
- Exposure to phacomorphic and phacolytic glaucoma, subluxated lenses, use of capsular tension rings (CTR) and capsular tension segments (CTS), and scleral-fixated IOL techniques.



- Exposure to Complex Anterior Segment Surgeries.

Filtration & Drainage Surgery

- Trabeculectomy procedures, the majority combined Phaco-trabeculectomy.
- Tube shunt surgeries including Ahmed Glaucoma Valve (AGV) and Paul Glaucoma Implant (PGI).



- Management of complex scenarios including bleb, tube revision and tube exchange.

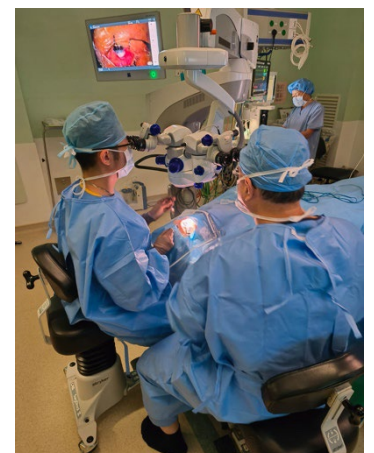
Minimally Invasive Glaucoma Surgery (MIGS)

- Angle-based procedures including Hydrus Microstent, iStent G2-W & Infinite, Goniosynechiolysis (GSL), 360° Gonioscopy assisted transluminal trabeculotomy (GATT), and Bent Ab-Interno Needle Goniectomy (BANG).
- Minimally invasive bleb surgeries (MIBS), PreserFlo Microshunt.



Cyclodestructive & Laser Procedures

- Trans-scleral cyclophotocoagulation (TCP) cases including Micropulse TCP (MPTCP).
- Selective Laser Trabeculoplasty (SLT) and laser peripheral iridotomy (LPI), Direct SLT.
- Bleb and tube needling in clinic setting and operating theatre.



5. Research, Academic & Teaching Activities

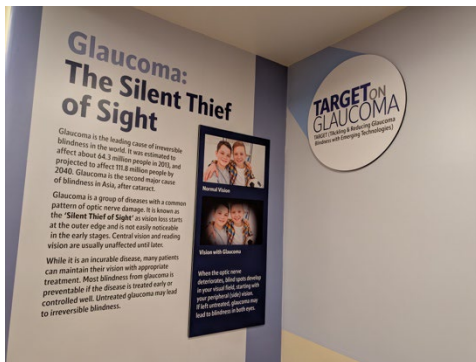
During the fellowship, I participated in journal clubs, case discussions, teaching activities, presentations for fellows, residents and trainees, within the glaucoma service and the hospital. Also, I had the privilege of learning alongside other SNEC fellows both local and international — in a supportive environment that encouraged sharing, reflection, and growth. These experiences further strengthened my academic curiosity and critical appraisal skills.



6. Challenges & Learning Reflections

This year has been the busiest and most formative phase of my training. The fellowship encouraged me to think beyond textbook paradigms, analyze each case critically, and constantly refine my judgement. It pushed me to my limits — and beyond — in the best possible way, instilling a philosophy of discovery, reflection, and humility in learning.

7. Impact & Future Application



The knowledge, skills, and professional values gained will directly support strengthening glaucoma services in my home institution, expanding surgical offerings including MIGS and complex glaucoma care, mentoring trainees, and contributing to research and quality improvement initiatives. Ultimately,

this fellowship enables meaningful contribution toward preventing avoidable blindness from glaucoma in my region.



8. Acknowledgements

I am deeply grateful to the **Asia-Pacific Academy of Ophthalmology (APAO)** for the IFP scholarship, to my preceptor, **Dr Jocelyn Chua** and mentors – **Prof. Shamira Perera, Prof. Tina Wong, Prof. Aung Tin, Prof. Ho Ching Lin, Prof. Rahat Husain, Prof. Boey Pui Yi, Dr. Ng Si Rui, Dr. Yap Zhu Li, Dr. Kiew Sieh Yean, Dr. Lee Yi Fang, Dr. Fiona Lim, Dr Rachel Chong, Dr Olivia Huang, Dr. Rueben Foo**, at SNEC for their generosity and guidance, and to the clinical, nursing, allied health, administrative, and operating theatre teams for their support throughout this training year.



In the spirit of SNEC's guiding motto — **“Preventing Blindness, Improving Sight”** — I remain committed to carrying forward these values in my future practice and contribution to glaucoma care in the region.

