



COMPREHENSIVE ANTERIOR LAMELLAR KERATOPLASTY 2024 Informational Agenda

(Indianapolis is on Eastern Time)

DATE / LOCATION / HOURS

Date: July 23 / 24, 2024 (Tuesday/Wednesday)
Location: Price Vision Group, 9002 N. Meridian Street
Indianapolis, IN 46260, USA.
Day One: 8:00 a.m. – 5:00 p.m.
Day Two: 7:00 a.m. – 4:00 p.m.

PROGRAM

Anterior Lamellar Keratoplasty / Deep Anterior Lamellar Keratoplasty are recommended for keratoconus and corneal scars. These procedures minimize rejection risk by retaining recipient endothelium and they have longer life expectancy than PK. Complete stromal removal with the big bubble technique provides the best visual outcomes.

- Why do ALK?
 - ALK for Superficial and Refractive Disorders
 - Deep Lamellar Grafts in Keratoconus and Related Ectasias
 - Deep Anterior Lamellar Keratoplasty with the Big Bubble
 - Therapeutics
 - Wet Labs (Big Bubble / Microkeratome-assisted / Hand-dissections)
 - Examination of post-operative patients
 - Videos (Complications / Difficult Cases)
 - Discussion / Q& A
 - Live surgery

WHAT DO I BRING?

United States participating physicians please bring the following items:

- 3 or 4 donor corneas with 16mm to 17mm scleral rims—less than 7 to 10 days old
- 3 or 4 whole globes
- 0.5 and 0.12 forceps
- Blunt-tipped corneal scissors / or standard PK scissors
- Westcott scissors
- Sinskey Hook
- Cyclodialysis spatula – if available
- Paton spatula (or similar) – if available

Physicians coming from outside of North America will have instruments provided for them.

WHAT DO I BRING? (continued)

You may bring your practice tissue with you or have your eye bank ship it to us.

Please use Fed-Ex “First Overnight Delivery” so that we receive the tissue on the first day of the course (July 19, 2022). IMPORTANT: Identify the shipping container as RESEARCH tissue, so that it is not combined with surgical tissue. Address your package to:

**Price Vision Group
Attention: ALK Course – *Your Name*
9002 N. Meridian Street, Suite 100
Indianapolis, IN 46260 USA**

There is no good equivalent for human eyes. Fresh eyes always are preferable. **Physicians coming from outside of North America: we will coordinate with Vision Share (a not-for-profit consortium of eye banks) to arrange practice tissue.**

ATTIRE

Business casual. Meeting rooms are cool; you may want to bring a sweater. We will provide scrubs for live surgery.

ACCOMMODATIONS

Homewood Suites by Hilton at the Crossing (**2501 E 86th St., Indianapolis, IN 46240**). The 2022 discounted room rate for Price Vision Group guests is \$127 per night for a King or Twin Master Suite. A complimentary breakfast and evening hors d’oeuvres are included in the rate. All rooms are suites with a separate bedroom, living room, and kitchen. A shuttle service is provided to Price Vision Group . Please request during check-in. For reservations call **(317)253-1919** and ask for the Price Vision Group rate.

AIRPORT

Price Vision Group is located at:

9002 N. Meridian
Suite 100
Indianapolis, IN 46260

And is approximately 25 miles from the Indianapolis International Airport (IND). Uber and taxi services are available.

AMA PRA CATEGORY 2 CME

According to the American Medical Association, physicians individually may determine the educational value of the AMA PRA Category 2 activities in which they participate. Physicians may claim one (1) AMA PRA Category 2 credit for each 60-minute hour engaged in the learning activity.

QUESTIONS? PLEASE CONTACT...

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anndelehanty@pricevisiongroup.net



COMPREHENSIVE ANTERIOR LAMELLAR KERATOPLASTY 2024 Registration Form

(Indianapolis is on Eastern Time)

NAME (for Name Badge):		First:	Last:
NAME (for Certificate):			
PRACTICE NAME:			
STREET ADDRESS:			
CITY, STATE, ZIP CODE:			
COUNTRY:			
TELEPHONE NUMBER:			
CELL PHONE NUMBER: For use only if needed during the course.			
E-MAIL: Participant			
E-MAIL: Assistant or Administrator			
DIETARY RESTRICTIONS:			

\$750 ☐
nurse with
registered physician.

July 23 / 24
Tuesday / Wednesday

\$2,000 ☐
Attended same course
previously: "Refresher" fee.

Registration Fee: U.S. \$3,000

Visa or MasterCard only:	___ Visa	___ MasterCard
Credit Card Number:		
Security Code:		
Name on Card:		
Expiration Date:		
Billing Zip Code:		

Payment by credit card is required in advance. Request for refund must be received in writing (fax or email) at least three weeks prior to the course date. Requests received after that deadline will be ineligible for refund. A \$200 processing fee will be retained for each canceled registration.

Fax or Email Registration to Ann Delehanty
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