

Hybrid Master's Degree

Oculoplasty, Orbit,
and Tear Ducts





Hybrid Master's Degree

Oculoplasty, Orbit,
and Tear Ducts

Modality: Hybrid (Online + Internship)

Duration: 12 months

Certificate: TECH Global University

Credits: 60 + 4 ECTS

Website: www.techtitude.com/us/medicine/hybrid-master-degree/hybrid-master-degree-oculoplasty-orbit-tear-ducts

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01

Introduction to the Program

Pathologies of the Periocular and Orbital Region present a frequent clinical challenge in ophthalmological practice. In this regard, Oculoplastics and the management of the Tear Ducts are essential to restoring the function and aesthetics of these structures. In this context, healthcare professionals need to stay at the forefront of the latest advances in minimally invasive techniques and laser technology to significantly improve surgical outcomes and reduce recovery time. Based on this key premise, TECH Global University presents an innovative university degree focused on Oculoplastics, Orbit, and Tear Ducts. Additionally, graduates will have the opportunity to complete practical training at a leading institution in this area.



A close-up, blue-tinted photograph of a microscope lens. The lens is circular with a textured, ridged outer ring. The text "12.5x" is visible on the ring. The background is blurred, showing other parts of the microscope.

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Thanks to this Hybrid Master's Degree, you will design highly personalized interventions for the comprehensive approach to multiple Periocular and Orbital Pathologies”

According to a new study by the World Health Organization, approximately 18% of the global population suffers from some degree of Tear Duct Dysfunction or Eyelid Malposition. In response to this reality, Oculoplasty and Orbital management have undergone technological advancements that have allowed for more precise and less complicated treatment of these disorders. This highlights the importance of specialists integrating the most innovative and evidence-based techniques into their daily clinical practice to optimize both functional and aesthetic outcomes.

In this context, TECH launches a pioneering Hybrid Master's Degree in Oculoplasty, Orbit, and Tear Ducts. Designed by true experts in this field, the academic program will delve into topics ranging from the anatomical foundations of the orbital region and the irrigation of the periocular area to the preoperative management of anticoagulated patients. In line with this, the curriculum will focus on the most modern techniques for the treatment of prevalent conditions such as Eyelid Malpositions, Ptosis, and even Tumors of the Cutaneous Appendages.

Additionally, the educational content will provide multiple strategies to skillfully use cutting-edge technologies such as laser-assisted surgery or minimally invasive techniques. As a result, graduates will acquire advanced competencies to design personalized treatment plans that integrate both functional and aesthetic criteria, ensuring the highest level of patient satisfaction.

Furthermore, the first stage of this university program is taught through the disruptive Relearning methodology. This system promotes a complex and natural knowledge update without requiring long hours of study. In this way, physicians will only need a device with an internet connection to access the Virtual Campus. Additionally, graduates will carry out a practical placement at a recognized institution specializing in Oculoplasty, Orbit, and Tear Ducts.

This **Hybrid Master's Degree in Oculoplasty, Orbit, and Tear Ducts** contains the most complete and up-to-date scientific program on the market. The most important features include:

- ♦ Development of over 100 practical cases presented by oculoplasty, orbit, and tear ducts professionals
- ♦ Its graphic, schematic and practical contents provide essential information on those disciplines that are indispensable for professional practice
- ♦ All of this will be complemented by theoretical lessons, questions to the expert, debate forums on controversial topics, and individual reflection assignments
- ♦ Content that is accessible from any fixed or portable device with an internet connection
- ♦ Furthermore, you will be able to carry out an internship in one of the best companies



You will skillfully use cutting-edge technological tools like laser systems or minimally invasive surgery methods"

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You will manage the most sophisticated techniques for the comprehensive approach to Eyelid Malpositions, Periocular Injuries, and Tear Duct Disorders”

In this Master's Degree, designed for professional development and with a hybrid format, the curriculum is aimed at updating professionals in the fields of Oculoplasty, Orbit, and Tear Ducts. The contents are based on the latest scientific evidence, and oriented in a didactic way to integrate theoretical knowledge into medical practice, and the theoretical-practical elements will facilitate the updating of knowledge and will allow decision making in patient management.

Thanks to its multimedia content developed with the latest educational technology, it will allow medical professionals to engage in situated and contextualized learning, offering a simulated environment designed to provide immersive training for real clinical situations. The design of this program is based on Problem-Based Learning, by means of which the student must try to solve the different professional practice situations that arise during the program. For this purpose, students will be assisted by an innovative interactive video system created by renowned experts.

This degree allows you to practice in simulated environments, offering immersive learning programmed to train for real clinical scenarios.

You will have access to a vast amount of audiovisual support materials, such as interactive summaries, detailed videos, and additional readings.



02

Why Study at TECH?

TECH is the world's largest online university. With an impressive catalog of more than 14,000 university programs, available in 11 languages, it is positioned as a leader in employability, with a 99% job placement rate. In addition, it has a huge faculty of more than 6,000 professors of the highest international prestige.



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Study at the largest online university in the world and ensure your professional success. The future begins at TECH”

The world's best online university, according to FORBES

The prestigious Forbes magazine, specialized in business and finance, has highlighted TECH as "the best online university in the world" This is what they have recently stated in an article in their digital edition in which they echo the success story of this institution, "thanks to the academic offer it provides, the selection of its teaching staff, and an innovative learning method oriented to form the professionals of the future".

The best top international faculty

TECH's faculty is made up of more than 6,000 professors of the highest international prestige. Professors, researchers and top executives of multinational companies, including Isaiah Covington, performance coach of the Boston Celtics; Magda Romanska, principal investigator at Harvard MetaLAB; Ignacio Wistumba, chairman of the department of translational molecular pathology at MD Anderson Cancer Center; and D.W. Pine, creative director of TIME magazine, among others.

The world's largest online university

TECH is the world's largest online university. We are the largest educational institution, with the best and widest digital educational catalog, one hundred percent online and covering most areas of knowledge. We offer the largest selection of our own degrees and accredited online undergraduate and postgraduate degrees. In total, more than 14,000 university programs, in ten different languages, making us the largest educational institution in the world.



The most complete syllabuses on the university scene

TECH offers the most complete syllabuses on the university scene, with programs that cover fundamental concepts and, at the same time, the main scientific advances in their specific scientific areas. In addition, these programs are continuously updated to guarantee students the academic vanguard and the most demanded professional skills. and the most in-demand professional competencies. In this way, the university's qualifications provide its graduates with a significant advantage to propel their careers to success.

A unique learning method

TECH is the first university to use Relearning in all its programs. This is the best online learning methodology, accredited with international teaching quality certifications, provided by prestigious educational agencies. In addition, this innovative academic model is complemented by the "Case Method", thereby configuring a unique online teaching strategy. Innovative teaching resources are also implemented, including detailed videos, infographics and interactive summaries.

The official online university of the NBA

TECH is the official online university of the NBA. Thanks to our agreement with the biggest league in basketball, we offer our students exclusive university programs, as well as a wide variety of educational resources focused on the business of the league and other areas of the sports industry. Each program is made up of a uniquely designed syllabus and features exceptional guest hosts: professionals with a distinguished sports background who will offer their expertise on the most relevant topics.

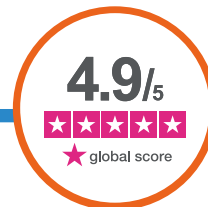
Leaders in employability

TECH has become the leading university in employability. Ninety-nine percent of its students obtain jobs in the academic field they have studied within one year of completing any of the university's programs. A similar number achieve immediate career enhancement. All this thanks to a study methodology that bases its effectiveness on the acquisition of practical skills, which are absolutely necessary for professional development.



Google Premier Partner

The American technology giant has awarded TECH the Google Premier Partner badge. This award, which is only available to 3% of the world's companies, highlights the efficient, flexible and tailored experience that this university provides to students. The recognition not only accredits the maximum rigor, performance and investment in TECH's digital infrastructures, but also places this university as one of the world's leading technology companies.



The top-rated university by its students

Students have positioned TECH as the world's top-rated university on the main review websites, with a highest rating of 4.9 out of 5, obtained from more than 1,000 reviews. These results consolidate TECH as the benchmark university institution at an international level, reflecting the excellence and positive impact of its educational model.



03 Syllabus

The educational materials in this Hybrid Master's Degree have been developed by a team of recognized specialists in Oculoplasty, Orbit, and Tear Ducts. As a result, the syllabus will delve into the treatment of Periocular and Orbital Pathologies, helping graduates understand advanced surgical techniques and comprehensive clinical management. Additionally, the syllabus will cover the latest technological advances and medical protocols. In this way, professionals will be able to offer more precise, safe, and up-to-date care in the field of ophthalmology.



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You will develop advanced competencies for making complex decisions in patients with Inflammatory or Degenerative Diseases of the orbital and periocular region”

Module 1. General Aspects in Oculoplastic Surgery

- 1.1. Periocular and Orbital Anatomy
 - 1.1.1. Eyebrows
 - 1.1.2. Eyelids
 - 1.1.3. Orbital Bones
 - 1.1.4. Muscle
 - 1.1.5. Canthal Tendons
 - 1.1.6. Septum and Preaponeurotic Fat
 - 1.1.7. Conjunctiva
- 1.2. Anatomy of the Lacrimal Duct, Nasal Cavity and Paranasal Sinuses
 - 1.2.1. Lacrimal System
 - 1.2.2. Nasal Anatomy
 - 1.2.3. Paranasal Sinuses
- 1.3. Facial Anatomy
 - 1.3.1. Skin and Subcutaneous Tissue
 - 1.3.2. Musculature of Facial Expression
 - 1.3.3. Superficial Musculoaponeurotic System (SMAS) and Associated Fat Packages
 - 1.3.4. Galea
 - 1.3.5. Temporoparietal Fascia
 - 1.3.6. Suspensory Ligaments
- 1.4. Innervation of the Periocular Area
 - 1.4.1. Sensory Innervation
 - 1.4.1.1. Ophthalmic Branch of the Trigeminal Nerve (V1)
 - 1.4.1.2. Maxillary Branch of the Trigeminal Nerve (V2)
 - 1.4.2. Innervation of the Facial Musculature
 - 1.4.2.1. Facial Nerve
 - 1.4.3. Innervation of the Extraocular Muscles
 - 1.4.3.1. Innervation of the Extraocular Muscles
 - 1.4.3.2. Fourth Cranial Nerve (IV)
 - 1.4.3.3. Sixth Cranial Nerve (VI)
 - 1.4.4. Autonomous Innervation
 - 1.4.4.1. Sympathetic
 - 1.4.4.2. Parasympathetic
- 1.5. Irrigation of the Periocular Area
 - 1.5.1. Arterial Irrigation
 - 1.5.1.1. External Carotid Artery
 - 1.5.1.1.1. Facial Artery
 - 1.5.1.1.2. Maxillary artery
 - 1.5.1.1.3. Superficial Temporal Artery
 - 1.5.1.2. Internal Carotid Artery
 - 1.5.1.3. Anastomosis Between the Internal and External Carotid Arteries
 - 1.5.2. Venous Drainage
 - 1.5.3. Lymphatic Drainage
- 1.6. Surgical instruments
 - 1.6.1. Scalpel Blades and other Cutting Instruments
 - 1.6.2. Scissors
 - 1.6.3. Tweezers
 - 1.6.4. Separators (Retractors)
 - 1.6.5. Needle Holders
 - 1.6.6. Sutures
- 1.7. Skin Marking and Local Anesthesia
 - 1.7.1. Markers
 - 1.7.2. Incisions in Natural Grooves
 - 1.7.3. Incisions Adjacent to Anatomical Structures
 - 1.7.4. Main Drugs Used in Local Infiltration
 - 1.7.4.1. Lidocaine
 - 1.7.4.2. Bupivacaine
 - 1.7.4.3. Sodium Bicarbonate
 - 1.7.5. Infiltration/Blocking Techniques
- 1.8. Preoperative Management of the Anticoagulated or Antiplatelet Patient
- 1.9. Hemostasis and Aspiration
 - 1.9.1. Hemostasis
 - 1.9.1.1. Tamponade
 - 1.9.1.2. Cauterization
 - 1.9.1.3. Bone Waxing
 - 1.9.1.4. Drainages
 - 1.9.1.5. Aspiration
- 1.10. Imaging Tests

Module 2. Eyelid Malpositions, Eyelash Malpositions, and Dystonias in Ophthalmology

- 2.1. Normal and Abnormal Eyelid Anatomy. Symptoms. Exploration and Diagnostic Assessment
- 2.2. Involutional Ectropion
 - 2.2.1. Causes
 - 2.2.2. Diagnosis
 - 2.2.3. Management and Treatments
 - 2.2.3.1. Medical-Conservative Treatment
 - 2.2.3.2. Surgical Treatment
- 2.3. Cicatricial Ectropion
 - 2.3.1. Causes
 - 2.3.2. Diagnosis
 - 2.3.3. Management and Treatments
 - 2.3.3.1. Medical-Conservative Treatment
 - 2.3.3.2. Surgical Treatment
- 2.4. Paralytic Ectropion and Facial Paralysis
 - 2.4.1. Causes
 - 2.4.2. Diagnosis
 - 2.4.3. Management and Treatments
 - 2.4.3.1. Medical-Conservative Treatment
 - 2.4.3.2. Surgical Treatment
- 2.5. Involutional and Spastic Entropion
 - 2.5.1. Causes
 - 2.5.2. Diagnosis
 - 2.5.3. Management and Treatments
 - 2.5.3.1. Medical-Conservative Treatment
 - 2.5.3.2. Surgical Treatment
- 2.6. Cicatricial Entropion
 - 2.6.1. Causes
 - 2.6.2. Diagnosis
 - 2.6.3. Management and Treatments
 - 2.6.3.1. Medical-Conservative Treatment
 - 2.6.3.2. Surgical Treatment

- 2.7. Trichiasis
 - 2.7.1. Causes
 - 2.7.2. Diagnosis
 - 2.7.3. Management and Treatments
- 2.8. Distichiasis
 - 2.8.1. Causes
 - 2.8.2. Diagnosis
 - 2.8.3. Management and Treatments
- 2.9. Facial Muscles and Examination of the Patient with Hyperactive Face. Dystonia in Ophthalmology
 - 2.9.1. Benign Essential Blepharospasm
 - 2.9.2. Apraxia of Eyelid Opening
 - 2.9.3. Meige Syndrome
 - 2.9.4. Hemifacial Spasm
- 2.10. Congenital Palpebral Pathology

Module 3. Periorbital Involutional Changes and Periocular Aesthetics

- 3.1. Involutional Changes
- 3.2. Anatomic Considerations
- 3.3. Counseling/Planning
- 3.4. Frontalplasty
 - 3.4.1. Preoperative Examination
 - 3.4.2. Direct Brow Lift
 - 3.4.3. Endoscopic Brow Lift
 - 3.4.4. Complications
 - 3.4.5. Post-Operative Management
- 3.5. Upper Blepharoplasty
 - 3.5.1. Preoperative Examination
 - 3.5.2. Surgical Technique
 - 3.5.3. Complications
 - 3.5.4. Post-Operative Management

- 3.6. Lower Blepharoplasty
 - 3.6.1. Preoperative Examination
 - 3.6.2. Surgical Technique
 - 3.6.3. Complications
 - 3.6.4. Post-Operative Management
- 3.7. CO₂ Laser
 - 3.7.1. Patient Choice
 - 3.7.2. Uses
 - 3.7.3. Complications
- 3.8. Fillings
 - 3.8.1. Types of Fillings
 - 3.8.2. Uses
 - 3.8.3. Complications
- 3.9. Botulinum Toxin
 - 3.9.1. Specific Aspects
 - 3.9.2. Uses
 - 3.9.3. Complications
- 3.10. New Paradigms in Periorcular Aesthetics

Module 4. Ptosis, Diagnosis, and Treatment

- 4.1. Palpebral Ptosis
 - 4.1.1. What is Blepharoptosis?
 - 4.1.2. Anatomy in Blepharoptosis
 - 4.1.2.1. Skin
 - 4.1.2.2. Orbicularis Muscle
 - 4.1.2.3. Orbital Septum
 - 4.1.2.4. Levator Palpebrae Superioris Muscle and Its Aponeurosis
 - 4.1.2.5. Whitnall's Ligament
 - 4.1.2.6. Müller's Muscle
 - 4.1.2.7. Tarsal Plate
 - 4.1.3. Classification of Blepharoptosis





- 4.2. Diagnosis and Examination of Blepharoptosis
 - 4.2.1. Examination of Blepharoptosis
 - 4.2.1.1. Marginal Reflex Distance (MRD)
 - 4.2.1.2. Palpebral Sulcus Height
 - 4.2.1.3. Palpebral Fold Height
 - 4.2.1.4. Eyebrow Height
 - 4.2.1.5. Palpebral Fissure Height
 - 4.2.1.6. Function of Levator Palpebrae Superioris Muscle
 - 4.2.1.7. Relaxation of Levator Palpebrae Superioris Muscle
 - 4.2.1.8. Other Measurements
- 4.3. Aponeurotic Ptosis
 - 4.3.1. Aponeurotic Ptoses
 - 4.3.1.1. Senile Aponeurotic Ptosis
 - 4.3.1.2. Congenital Aponeurotic Ptosis
 - 4.3.1.3. Late-Onset Hereditary Aponeurotic Ptosis
 - 4.3.1.4. Aponeurotic Ptosis Associated with Blepharophimosis Syndrome
 - 4.3.1.5. Aponeurotic Ptosis Related to Contact Lens Use
 - 4.3.1.6. Aponeurotic Ptosis in Thyroid Orbitopathy
 - 4.3.2. Senile or Involutionary Aponeurotic Ptosis
 - 4.3.3. Congenital Aponeurotic Ptosis
 - 4.3.4. Hereditary or Late-Onset Aponeurotic Ptosis
 - 4.3.5. Aponeurotic Ptosis Associated with Blepharophimosis Syndrome
 - 4.3.6. Aponeurotic Ptosis Related to Contact Lens Use
 - 4.3.7. Aponeurotic Ptosis in Thyroid Orbitopathy
- 4.4. Myogenic Ptoses
 - 4.4.1. Myogenic Ptoses
 - 4.4.2. Congenital Myogenic Ptoses
 - 4.4.2.1. Simple Congenital Myogenic Ptosis
 - 4.4.2.2. Complex Congenital Myogenic Ptosis
 - 4.4.3. Acquired Myogenic Ptoses
 - 4.4.3.1. Myasthenia Gravis
 - 4.4.3.2. Chronic Progressive External Ophthalmoplegia
 - 4.4.3.3. Myotonic Dystrophy
 - 4.4.3.4. Oculopharyngeal Muscular Dystrophy

- 4.5. Neurogenic Ptosis
 - 4.5.1. Neurogenic Ptosis
 - 4.5.1.1. Ptosis from Congenital and Acquired Third Cranial Nerve Palsy
 - 4.5.1.2. Ptosis in Marcus-Gunn Syndrome
 - 4.5.1.3. Ptosis in Horner Syndrome
 - 4.5.1.4. Ptosis Associated with Headaches
 - 4.5.1.5. Other Types of Neurogenic Ptoses
 - 4.5.2. Treatment of Neurogenic Ptoses
- 4.6. Pseudoptosis
 - 4.6.1. Pseudoptosis
 - 4.6.1.1. Pseudoptosis from Dermatochalasis
 - 4.6.1.2. Pseudoptosis from Eyelid Edema
 - 4.6.1.3. Pseudoptosis from Eyelid Tumors
 - 4.6.1.4. Pseudoptosis from Blepharospasm
 - 4.6.1.5. Pseudoptosis from Enophthalmos
 - 4.6.1.6. Pseudoptosis from Hypotropia
- 4.7. Techniques of Reinsertion of the Aponeurosis
 - 4.7.1. Simple Re-insertion of Aponeurosis to Tarsus. Anterior and Posterior Approach
 - 4.7.2. Combined Re-insertion of Aponeurosis to Tarsus and Whitnall's Ligament. Anterior and Posterior Approach
- 4.8. Conjunctivomüllerectomy
 - 4.8.1. Müller's Muscle
 - 4.8.2. Phenylephrine Test
 - 4.8.3. Surgical Technique
- 4.9. Resection and Folding Techniques for the EPS Aponeurosis
 - 4.9.1. Resection of EPS Aponeurosis
 - 4.9.2. Modified Resection of EPS
- 4.10. Frontal Suspension Techniques
 - 4.10.1. Indirect Suspension to Frontal Muscle and Materials
 - 4.10.1.1. Direct Suspension to Frontal Muscle, Direct Frontal Flap

Module 5. Benign and Malignant Eyelid Lesions and Reconstructive Surgery

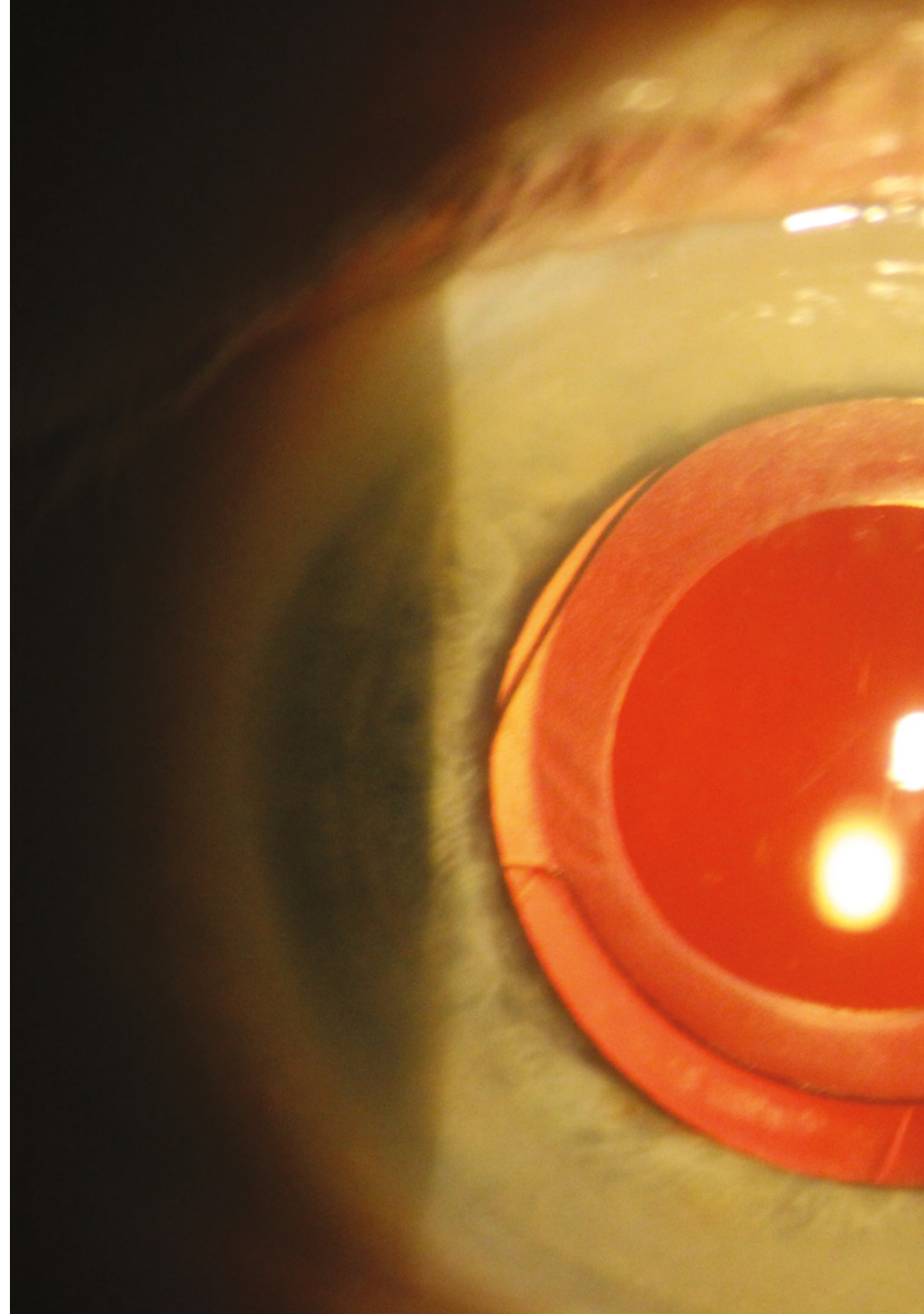
- 5.1. Anatomy of the Skin and Appendages
 - 5.1.1. Superficial Anatomy of the Eyelids
 - 5.1.2. Skin and Subcutaneous Tissues
 - 5.1.3. Orbicularis Muscle
 - 5.1.4. Submuscular Tissue
 - 5.1.5. Orbital Diaphragm
 - 5.1.5.1. Tarsus
 - 5.1.5.2. Canthal Tendons
 - 5.1.5.3. Orbital Septum
 - 5.1.6. Retractor Muscles
 - 5.1.7. Orbital Fat
 - 5.1.8. Conjunctive
 - 5.1.9. Palpebral Innervation
 - 5.1.10. Palpebral Vascularization
 - 5.1.10.1. Irrigation
 - 5.1.10.2. Lymphatic Drainage
- 5.2. Differential Diagnosis of Eyelid Tumors
 - 5.2.1. Introduction to Eyelid Tumors
 - 5.2.1.1. Primary Skin Lesions
 - 5.2.1.2. Secondary Skin Lesions
 - 5.2.1.3. Oncological Definitions
 - 5.2.2. Clinical Examination
 - 5.2.2.1. Medical History
 - 5.2.2.2. Examination of the Lesion
 - 5.2.2.3. Examination for Dissemination
 - 5.2.2.4. Most Common Malignant Lesions
 - 5.2.3. Summary of Major Benign and Malignant Lesions by Origin

- 5.3. Epidermal Tumors
 - 5.3.1. Benign Epidermal Tumors
 - 5.3.1.1. Epithelial Hyperplasias
 - 5.3.1.1.1. Seborrheic Keratosis
 - 5.3.2. Premalignant Tumors and In Situ Tumors
 - 5.3.2.1. Keratoacanthoma
 - 5.3.2.2. Actinic Keratosis
 - 5.3.3. Malignant Epidermal Tumors
 - 5.3.3.1. Basal Cell Carcinoma
 - 5.3.3.2. Squamous Cell Carcinoma
- 5.4. Cutaneous Appendage Tumors
 - 5.4.1. Introduction to Glandular Tumors and Cutaneous Appendages
 - 5.4.2. Sebaceous Glands
 - 5.4.2.1. Benign Tumors
 - 5.4.2.2. Malignant Tumors
 - 5.4.3. Sweat Glands
 - 5.4.3.1. Eccrine
 - 5.4.3.2. Apocrine
 - 5.4.4. Hair Follicle Tumors
- 5.5. Pigmented Lesions
 - 5.5.1. Introduction
 - 5.5.2. Melanocytic Nevus
 - 5.5.3. Oculodermal Melanocytosis (Nevus of Ota)
 - 5.5.4. Malignant Lentigo (Hutchinson's Melanotic Spot)
 - 5.5.5. Primary Malignant Melanoma
- 5.6. Other Eyelid Tumors
 - 5.6.1. Vascular
 - 5.6.2. Fibrous
 - 5.6.3. Muscular
 - 5.6.4. Numerous
 - 5.6.5. Perineural
 - 5.6.6. Lipomatous
 - 5.6.7. Cartilaginous
 - 5.6.8. Lymphoid
 - 5.6.9. Hamartomatous
- 5.7. Biopsy Techniques and Oncological Prognosis
 - 5.7.1. Introduction
 - 5.7.2. Types of Biopsy
 - 5.7.3. Planning
 - 5.7.4. Summary of Indications and Margins
 - 5.7.5. Conjunctival Mapping
 - 5.7.6. Communication with Pathology
 - 5.7.7. Sentinel Lymph Node Biopsy
 - 5.7.8. Fixation Fluids and Stains
 - 5.7.9. Histological Interpretation and Follow-up
- 5.8. Reconstruction of Anterior Lamellar Defects and General Management of Grafts and Flaps
 - 5.8.1. Introduction to Reconstruction of the Periocular Region
 - 5.8.2. Healing by Secondary Intention
 - 5.8.3. Direct Closure
 - 5.8.4. General Management of Skin Flaps
 - 5.8.5. General Management of Skin Grafts
- 5.9. Repair of Defects Affecting the Canthal Regions
 - 5.9.1. Introduction
 - 5.9.2. Reconstruction of Medial Canthal Defects and Adjacent Tissues
 - 5.9.2.1. Laissez-faire, Direct Closure, and Skin Grafts
 - 5.9.2.2. Mobilization of Nasal Skin to Medial Canthal Defect
 - 5.9.2.3. Mobilization of Cheek, Forehead, and Midface
 - 5.9.2.4. Management of the Tear Duct
 - 5.9.3. Repair of Lateral Canthal Defects and Adjacent Tissues
 - 5.9.3.1. Primary Closure of Skin Defects
 - 5.9.3.2. Rhombus Flap
 - 5.9.3.3. Full-Thickness Lateral Canthal Defects and Repair of Lateral Canthal Tendon
 - 5.9.3.3.1. Periosteal Flap

- 5.10. Reconstruction of Full-Thickness Defects Affecting the Eyelids
 - 5.10.1. Introduction
 - 5.10.2. Repair of Full-Thickness Defects of the Upper Eyelid
 - 5.10.2.1. Direct Closure
 - 5.10.2.2. Lateral Semicircular Flap or Tenzel Flap
 - 5.10.2.3. Cutler-Beard
 - 5.10.2.4. Bucket-Handle Flap
 - 5.10.3. Repair of Full-Thickness Defects of the Lower Eyelid
 - 5.10.3.1. Direct Closure
 - 5.10.3.2. Lateral Semicircular Flap or Tenzel Flap
 - 5.10.3.3. Hughes Tarsconjunctival Flap
 - 5.10.3.4. Flap Advancement + Free Grafts
 - 5.10.3.5. Mustardé Rotatory Cheek Flap
 - 5.10.4. Complications of Reconstructions

Module 6. Tear Ducts

- 6.1. Tear Ducts
 - 6.1.1. Lacrimal System
 - 6.1.1.1. Tear Drainage System
 - 6.1.1.2. Lacrimal Punctum
 - 6.1.1.3. Canalicul
 - 6.1.1.4. Common Canaliculus
 - 6.1.1.5. Lacrimal Sac
 - 6.1.1.6. Nasolacrimal Duct
 - 6.1.2. Physiology of the Tear Duct
 - 6.1.2.1. Tear Drainage System
 - 6.1.2.2. Lacrimal Punctum
 - 6.1.2.3. Canalicul
 - 6.1.2.4. Common Canaliculus
 - 6.1.2.5. Lacrimal Sac



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- 6.2. Examination of the Tear Ducts
 - 6.2.1. Office Examination: Tear Duct Patency Tests
 - 6.2.1.1. Irrigation or Syringing of the Lacrimal Duct
 - 6.2.1.2. Fluorescein Disappearance Test
 - 6.2.1.3. Jones Dye Test
 - 6.2.1.4. Primary
 - 6.2.1.5. Secondary
 - 6.2.2. Complementary Tests
 - 6.2.2.1. Dacryocystography
 - 6.2.2.2. Dacryotac
 - 6.2.2.3. Dacryogammagraphy
 - 6.2.2.4. Endoscopic Nasal Diagnosis
 - 6.3. Diagnosis and Treatment of Lacrimal Punctal Obstruction
 - 6.3.1. Clinical Manifestations
 - 6.3.2. Causes
 - 6.3.3. Diagnosis of Lacrimal Punctal Obstruction
 - 6.3.4. Differential Diagnosis
 - 6.3.5. Techniques of Punctoplasty
 - 6.3.6. Postoperative Period and Complications of Dotoplasty
 - 6.4. Diagnosis and Treatment of Lower Tear Duct Obstruction
 - 6.4.1. Clinical Manifestations
 - 6.4.2. Causes
 - 6.4.3. Diagnosis of Lower Tear Duct Obstruction
 - 6.4.4. Treatment of Lower Tear Duct Obstruction
 - 6.4.4.1. Dacryocystorhinostomy (DCR)
 - 6.4.4.1.1. Endonasal Dacryocystorhinostomy
 - 6.4.4.1.1.1. History and Evolution of the Endonasal DCR
 - 6.4.4.1.1.2. Endonasal DCR Techniques
 - 6.4.4.1.1.3. Selective Endonasal DCR
 - 6.4.4.1.1.4. Laser Endonasal DCR
 - 6.4.4.1.1.5. Postoperative Care of Endonasal DCR
 - 6.4.4.1.1.6. Complications of Endonasal DCR

- 6.4.4.2. External Dacryocystorhinostomy
 - 6.4.4.2.1. History and Evolution of External DCR
 - 6.4.4.2.2. External Dacryocystorhinostomy Techniques
 - 6.4.4.2.3. Postoperative Period of External DCR
 - 6.4.4.2.4. Complications of External DCR
- 6.4.4.3. Dacryocystectomy
 - 6.4.4.3.1. Indications
 - 6.4.4.3.2. Surgical Technique
 - 6.4.4.3.3. Post-Operative
 - 6.4.4.3.4. Complications
- 6.5. Diagnosis and Treatment of Canalicular Obstruction
 - 6.5.1. Clinical Manifestations
 - 6.5.2. Causes
 - 6.5.3. Examination and Diagnosis of Canalicular Obstruction
 - 6.5.4. Indications for Conjunctivodacryocryocys Torhinostomy
 - 6.5.5. Techniques of conjunctivodacryocryocys Torhinostomy
 - 6.5.6. Pyrex Tubes
 - 6.5.7. Matreux Tubes
 - 6.5.8. Complications of Conjunctivodacryocryocys Torhinostomy
- 6.6. Controversy Between Endonasal and External DCR
 - 6.6.1. Evidence-Based Medicine
 - 6.6.2. Advantages and Disadvantages of Endonasal DCR
 - 6.6.3. Advantages and Disadvantages of External DCR
 - 6.6.4. Comparison of Endonasal vs External DCR
 - 6.6.5. Conclusions
- 6.7. Infectious and Inflammatory Tear Duct Pathology
 - 6.7.1. Canaliculitis
 - 6.7.1.1. Clinical Manifestations
 - 6.7.1.2. Causes
 - 6.7.1.3. Diagnosis of Canaliculitis
 - 6.7.1.4. Treatment of Canaliculitis
 - 6.7.2. Acute Dacryocystitis (ADC)
 - 6.7.2.1. Clinical Manifestations of ADC
 - 6.7.2.2. Causes of ADC
 - 6.7.2.3. Diagnosis of ADC
 - 6.7.2.4. Treatment of ADC
 - 6.7.3. Inflammatory Disease of the Punctum (IDP)
 - 6.7.3.1. Diagnosis of IDP
 - 6.7.3.2. Treatment of IDP
- 6.8. Lacrimal Sac Tumors
 - 6.8.1. Clinical Manifestations
 - 6.8.2. Diagnosis
 - 6.8.3. Histological Variants
 - 6.8.4. Differential Diagnosis
 - 6.8.5. Treatment
 - 6.8.6. Prognosis
- 6.9. Functional Epiphora
 - 6.9.1. Functional Epiphora
 - 6.9.2. Causes of Epiphora
 - 6.9.3. Diagnosis of Functional Epiphora
 - 6.9.4. Anamnesis and Examination
 - 6.9.5. Diagnostic Tests
 - 6.9.5.1. Lacrimal Duct Irrigation
 - 6.9.5.1.1. Dacryocystography (DCG)
 - 6.9.5.1.2. Dacryotac (DCT)
 - 6.9.5.1.3. Dacryocystogammagraphy (DSG)
 - 6.9.6. Functional Epiphora Treatment
 - 6.9.6.1. Lower Eyelid Shortening Surgeries
 - 6.9.6.2. Intubation
 - 6.9.6.3. Dacryocystorhinostomy
 - 6.9.7. Therapeutic Protocol

- 6.10. Congenital Tear Duct Pathology
 - 6.10.1. Congenital Malformations of the Tear Duct
 - 6.10.1.1. Embryology
 - 6.10.1.2. Lacrimal Punctum and Canaliculi
 - 6.10.1.3. Dacryocystocele
 - 6.10.1.4. Lacrimal Fistula
 - 6.10.2. Associations With Systemic Diseases and Syndromes
 - 6.10.3. Congenital Nasolacrimal Duct Obstruction
 - 6.10.3.1. Clinical Manifestations
 - 6.10.4. Diagnosis
 - 6.10.5. Treatment
 - 6.10.5.1. Conservative Medical Treatment
 - 6.10.5.2. Probing
 - 6.10.5.3. Intubation
 - 6.10.5.4. Balloon Catheter Dilation
 - 6.10.5.5. Dacryocystorhinostomy
 - 6.10.5.6. Treatment Protocol

Module 7. Eyelid and Orbital Trauma. Orbital Examination

- 7.1. Assessment of the Traumatic Patient
 - 7.1.1. Stabilization and General Assessment
 - 7.1.1.1. Assessment of the General State of the Traumatic Patient
 - 7.1.1.2. Assessment of Periorbital Injuries
 - 7.1.1.3. Directed Anamnesis
 - 7.1.1.4. Photographic Documentation
 - 7.1.2. Examination
 - 7.1.2.1. Intraocular Examination
 - 7.1.2.2. Evaluation of the Eyelids
 - 7.1.2.3. Orbital Examination

- 7.2. Palpebral Lacerations
 - 7.2.1. Introduction
 - 7.2.2. Types
 - 7.2.3. Diagnosis
 - 7.2.4. Management
 - 7.2.5. Medical Therapy
 - 7.2.6. Wound Closure
 - 7.2.7. Traumas Involving Cantal Soft Tissue
 - 7.2.8. Secondary Repair
 - 7.2.9. Dog and Human Bites
 - 7.2.10. Follow-up and Complications
 - 7.2.11. Prognosis
- 7.3. Repair of Lacerations Involving the Tear Duct
 - 7.3.1. Introduction
 - 7.3.2. Examination: Detection of Traumatic Tear Duct Injury
 - 7.3.3. Repair of Traumatic Tear Duct
 - 7.3.4. Post-Operative
- 7.4. Orbital Floor Fracture
 - 7.4.1. Epidemiology of Orbital Trauma
 - 7.4.2. Classification of Orbital Fractures
 - 7.4.3. Blow-out Fractures of the Orbital Floor
 - 7.4.4. Trapdoor Fractures of the Orbital Floor
 - 7.4.5. Blow-in Fractures of the Orbital Floor
- 7.5. Fractures of Other Orbital Walls
 - 7.5.1. Medial Wall Fracture
 - 7.5.2. Lateral Wall Fractures
 - 7.5.3. Orbital Roofs Fracture
- 7.6. Complex Fractures
 - 7.6.1. Orbital Apex Fracture
 - 7.6.2. Le Fort Fractures

- 7.7. Foreign Bodies in the Orbit
 - 7.7.1. Introduction
 - 7.7.2. Orbital Anatomy
 - 7.7.3. Types of Orbital Foreign Bodies
 - 7.7.4. Evaluation of the Patient with Suspected Orbital Foreign Body
 - 7.7.5. Clinical Presentation
 - 7.7.6. Complementary Tests
 - 7.7.7. Management
 - 7.7.8. Clinical Outcomes
- 7.8. Orbital Compartment Syndrome
 - 7.8.1. Definition
 - 7.8.2. Pathogenesis and Etiology
 - 7.8.3. Diagnosis
 - 7.8.4. Treatment Management
 - 7.8.5. Algorithm of Action
- 7.9. Traumatic Optic Neuropathy
 - 7.9.1. Introduction
 - 7.9.2. Epidemiology
 - 7.9.3. Pathophysiology
 - 7.9.4. Lesion Localization
 - 7.9.5. Clinical Assessment
 - 7.9.6. Treatment
- 7.10. Traumatic Muscle Contusion
 - 7.10.1. Introduction
 - 7.10.2. Pathogenesis of Injury in Orbital Trauma
 - 7.10.3. Diagnosis
 - 7.10.4. Treatment



Module 8. Inflammatory and Infectious Diseases of the Orbit

- 8.1. Orbital Examination
 - 8.1.1. Orbital Anatomy
 - 8.1.2. Orbital Semiotics
 - 8.1.2.1. The 6 "P"s
 - 8.1.2.2. Pain
 - 8.1.2.3. Progression
 - 8.1.2.4. Proptosis
 - 8.1.2.5. Pulsation
 - 8.1.2.6. Palpitation
 - 8.1.2.7. Periocular Changes
 - 8.1.3. Imaging Studies
 - 8.1.3.1. CT Scan
 - 8.1.3.2. Magnetic Resonance Imaging (MRI)
- 8.2. Differential Diagnosis of Proptosis
 - 8.2.1. Proptosis
 - 8.2.1.1. Pseudoproptosis
 - 8.2.2. Clinical History and Physical Examination
 - 8.2.2.1. Hertel Exophthalmometry
 - 8.2.2.2. Differential Diagnosis of Proptosis by Direction of Displacement
 - 8.2.2.3. Differential Diagnosis of Proptosis by Laterality
 - 8.2.2.4. Differential Diagnosis of Proptosis by Patient Age
- 8.3. Thyroid Ophthalmopathy (TO)
 - 8.3.1. Introduction
 - 8.3.2. Etiology and Risk Factors
 - 8.3.2.1. Role of R-TSH
 - 8.3.2.2. Role of Anti-R-TSH Autoantibodies
 - 8.3.2.3. Role of IGF-1 Receptor
 - 8.3.2.4. Role of T Cells
 - 8.3.3. Clinical Presentation
 - 8.3.3.1. Soft Tissue Involvement
 - 8.3.3.2. Eyelid Retraction
 - 8.3.3.3. Proptosis
 - 8.3.3.4. Restrictive Myopathy
 - 8.3.3.5. Optic Neuropathy
 - 8.3.4. Diagnosis
 - 8.3.4.1. Laboratory Findings
 - 8.3.4.2. Imaging Tests
 - 8.3.4.3. CAT
 - 8.3.4.4. MRI
 - 8.3.5. Classification and Clinical Scales
 - 8.3.5.1. VISA Scale
 - 8.3.5.2. EUGOGO Scale
 - 8.3.6. Quality of Life Test for Patients
- 8.4. Medical Treatment of TO
 - 8.4.1. General Measures: Risk Factor Control
 - 8.4.1.1. Thyroid Dysfunction
 - 8.4.1.2. Smoking
 - 8.4.1.3. Antithyroid Treatment
 - 8.4.1.4. Hypercholesterolemia
 - 8.4.1.5. Local Treatments
 - 8.4.2. Management of Mild Thyroid Ophthalmopathy
 - 8.4.2.1. Selenium Supplements
 - 8.4.3. Management of Moderate to Severe Thyroid Ophthalmopathy
 - 8.4.3.1. Glucocorticoids
 - 8.4.3.2. Mycophenolate
 - 8.4.3.4. Rituximab
 - 8.4.3.5. Radiotherapy
 - 8.4.3.6. Tocilizumab
 - 8.4.3.7. Teprotumumab
 - 8.4.3.8. Other Treatments
 - 8.4.4. Treatment of Thyroid Ophthalmopathy that Threatens Vision

- 8.5. Surgical Treatment of TO
 - 8.5.1. Introduction
 - 8.5.2. Orbital Decompression Surgery
 - 8.5.2.1. Indications
 - 8.5.2.2. Methods
 - 8.5.3. Strabismus Surgery in Thyroid Ophthalmopathy
 - 8.5.3.1. Introduction
 - 8.5.3.2. Vertical Strabismus
 - 8.5.3.3. Horizontal Strabismus
 - 8.5.4. Eyelid Retraction Surgery
- 8.6. Specific Inflammatory Diseases of the Orbit
 - 8.6.1. Vasculitis. Granulomatosis with Polyangiitis
 - 8.6.1.1. Definition and Epidemiology
 - 8.6.1.2. Ophthalmic Clinical Manifestations of GPA
 - 8.6.1.3. Diagnosis
 - 8.6.1.4. Treatment and Prognosis
 - 8.6.2. Granulomatous Inflammations: Sarcoidosis
 - 8.6.2.1. Definition and Epidemiology
 - 8.6.2.2. Eyelid and Conjunctiva Involvement
 - 8.6.2.3. Orbital Involvement
 - 8.6.2.4. Diagnosis
 - 8.6.2.5. Treatment
- 8.7. IgG4-related Disease
 - 8.7.1. Definition and Epidemiology
 - 8.7.2. Histopathology
 - 8.7.3. Clinical Presentation and Staging
 - 8.7.4. Diagnosis
 - 8.7.5. Treatment
 - 8.7.6. Conclusions
- 8.8. Idiopathic Orbital Inflammatory Disease
 - 8.8.1. Definition and Epidemiology
 - 8.8.2. Classification
 - 8.8.3. Signs and Symptoms
 - 8.8.4. Diagnosis
 - 8.8.5. Differential Diagnosis
 - 8.8.6. Treatment
 - 8.8.7. Conclusions
- 8.9. Infectious Diseases of the Orbit
 - 8.9.1. Preseptal Cellulitis
 - 8.9.1.1. Introduction
 - 8.9.1.2. Epidemiology
 - 8.9.1.3. Etiology
 - 8.9.1.4. Diagnosis
 - 8.9.1.5. Treatment
 - 8.9.2. Orbital Cellulitis (Postseptal)
 - 8.9.2.1. Introduction
 - 8.9.2.2. Etiology
 - 8.9.2.3. Diagnosis
 - 8.9.2.4. Treatment
- 8.10. Other Infectious Diseases of the Orbit
 - 8.10.1. Introduction
 - 8.10.2. Pathogenesis and Risk Factors
 - 8.10.3. Clinical
 - 8.10.4. Diagnosis
 - 8.10.5. Treatment

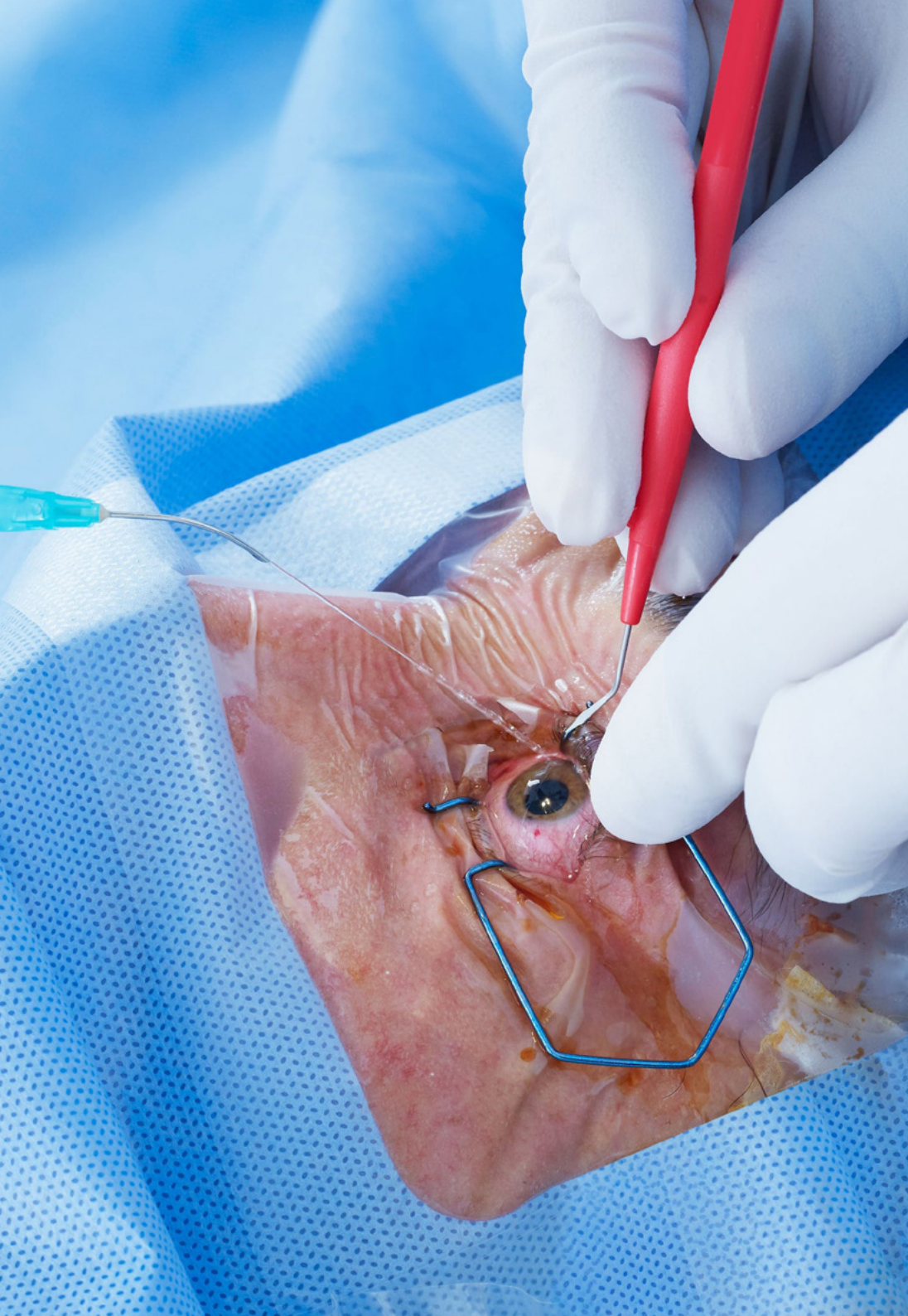
Module 9. Orbital Tumor and Vascular Pathology. Surgical Approach to the Orbit

- 9.1. Benign Vascular Tumors
 - 9.1.1. Capillary Hemangioma
 - 9.1.1.1. Etiopathogenesis
 - 9.1.1.2. Clinical Presentation
 - 9.1.1.3. Diagnosis
 - 9.1.1.4. Treatment
 - 9.1.2. Intraosseous Hemangioma
 - 9.1.2.1. Clinical Presentation and Diagnosis
 - 9.1.2.2. Treatment
- 9.2. Benign Neural Tumors
 - 9.2.1. *Schwannoma*
 - 9.2.2. Neurofibroma
 - 9.2.2.1. Plexiform Neurofibroma
 - 9.2.2.2. Solitary Neurofibroma
 - 9.2.3. Optic Nerve Meningioma
 - 9.2.4. Optic Nerve Glioma
- 9.3. Benign Tumors of the Lacrimal Gland
 - 9.3.1. Introduction
 - 9.3.2. *Dacryops*
 - 9.3.3. Pleomorphic Adenoma
- 9.4. Other Benign Orbital Lesions
 - 9.4.1. Dermoid Cysts
 - 9.4.2. Epithelial Cyst
 - 9.4.3. Mucocele and Mucopyocele
 - 9.4.4. Meningocele and Meningoencephalocele
 - 9.4.5. Dermolipoma
- 9.5. Primary Malignant Neoplasms: Orbital Lymphoma
 - 9.5.1. Introduction and Classification
 - 9.5.2. Clinical Presentation
 - 9.5.3. Diagnosis and Staging
 - 9.5.4. Management
 - 9.5.4.1. Radiotherapy
 - 9.5.4.2. Chemotherapy
 - 9.5.4.3. Rituximab
 - 9.5.5. Prognosis
- 9.6. Primary Malignant Neoplasms: Orbital Rhabdomyosarcoma
 - 9.6.1. Introduction and Etiopathogenesis
 - 9.6.2. Clinical Presentation
 - 9.6.3. Diagnosis and Staging
 - 9.6.4. Treatment
- 9.7. Malignant Neoplasms of the Lacrimal Gland
 - 9.7.1. Clinical Presentation
 - 9.7.2. Epidemiology and Classification
 - 9.7.2.1. Pleomorphic Adenoma/Benign Mixed Tumor
 - 9.7.2.2. Malignant Mixed Tumor/Carcinoma Ex-Pleomorphic Adenoma
 - 9.7.2.3. Adenoid Cystic Carcinoma
 - 9.7.2.4. Adenocarcinoma
 - 9.7.2.5. Mucoepidermoid Carcinoma
- 9.8. Other Malignant Orbital Neoplasms
 - 9.8.1. Other Primary Malignant Orbital Tumors
 - 9.8.2. Extension of Periocular Malignant Tumors
 - 9.8.3. Spread of Intraocular Malignant Tumors
 - 9.8.4. Orbital Metastasis
- 9.9. Orbital Vascular Malformations
 - 9.9.1. Definition and Classification
 - 9.9.2. Venous Orbital Malformations (VOM)
 - 9.9.2.1. Cavernous Venous Malformation
 - 9.9.2.2. Orbital Varices

- 9.9.3. Venolymphatic Orbital Malformations (VLM)
- 9.9.4. Arteriovenous Orbital Malformations (AVM)
 - 9.9.4.1. Arteriovenous Malformations (AVM)
 - 9.9.4.2. Arteriovenous Fistulas (AVF)
- 9.9.5. Other Orbital Vascular Malformations
- 9.10. Selection of Surgical Approach. Preoperative and Intraoperative Considerations
 - 9.10.1. Orbital Surgery Selection of Surgical Approach. Preoperative and Intraoperative Considerations
 - 9.10.1.1. Superior Orbitotomy
 - 9.10.1.2. Medial Orbitotomy
 - 9.10.1.3. Inferior Orbitotomy
 - 9.10.1.4. Lateral Orbitotomy
 - 9.10.1.5. Other Approaches to the Orbit
 - 9.10.2. Complications in Orbital Surgery

Module 10. Anophthalmic Cavity

- 10.1. Monophthalmic Patient
 - 10.1.1. Causes of Globe Loss. Blind Painful Eye. Phthisis
 - 10.1.2. Secondary Visual Phenomena Due to Globe Loss
 - 10.1.2.1. Monocular and Binocular Vision
 - 10.1.2.2. Loss of CV and Stereopsis. The Phantom Eye
 - 10.1.3. Quality of Life, Psychological and Psychopathological Aspects in the Monophthalmic Patient
- 10.2. Evisceration of the Ocular Globe
 - 10.2.1. Indications
 - 10.2.2. Surgical Technique and Postoperative Management
 - 10.2.3. Complications
- 10.3. Enucleation of the Ocular Globe
 - 10.3.1. Indications
 - 10.3.2. Surgical Technique and Postoperative Management
 - 10.3.3. Complications
- 10.4. Orbital Exenteration
 - 10.4.1. Indications
 - 10.4.2. Surgical Technique and Postoperative Management
 - 10.4.3. Complications
- 10.5. Synthetic Orbital Implants
 - 10.5.1. Ideal Implant
 - 10.5.2. Types of Material
 - 10.5.3. Implant Size
 - 10.5.4. Exposure and Extrusion
 - 10.5.4.1. Introduction
 - 10.5.4.2. Causes
 - 10.5.4.3. Clinical and Management
- 10.6. Use of Autologous Material: Dermal Fat Graft
 - 10.6.1. Indications
 - 10.6.2. Surgical Technique and Postoperative Management
 - 10.6.3. Complications
 - 10.6.4. IDG vs. Synthetic Orbital Implant
- 10.7. Anophthalmic Syndrome
 - 10.7.1. Concept
 - 10.7.2. Enophthalmos and Superior Palpebral Fissure Sinkage
 - 10.7.3. Superior Palpebral Ptosis
 - 10.7.4. Inferior Palpebral Hyperlaxity
- 10.8. Reconstruction of the Retracted Anophthalmic Orbit
 - 10.8.1. Concept
 - 10.8.1.1. Degree and Location of Retraction
 - 10.8.1.2. Cause of Retraction
 - 10.8.2. Surgical Treatment of the Retraction
 - 10.8.2.1. Surgical Treatment of Retraction
 - 10.8.2.1.1. Reconstruction with Free Skin Graft
 - 10.8.2.1.2. Combined Techniques
 - 10.8.2.1.2.1. Reconstruction plus Retroauricular Cartilage Graft
 - 10.8.2.1.2.2. Reconstruction plus Free or Rotational Skin Grafts
 - 10.8.2.1.2.3. Reconstruction plus Modification of Bony Walls
 - 10.8.2.2. Partial Retraction



- 10.9. Ocular Prosthetics
 - 10.9.1. Ocular Surface in Ocular Prosthesis Wearers
 - 10.9.2. Tear Film in the Anophthalmic Cavity
 - 10.9.3. Palpebral Malpositions in Ocular Prosthesis Wearers
 - 10.9.4. Ocular Prosthetics
- 10.10. Anophthalmic Cavity in Pediatric Age
 - 10.10.1. Pediatric Monophthalmic Patient
 - 10.10.1.1. Etiology
 - 10.10.2. Congenital Anophthalmia and Microphthalmia
 - 10.10.3. Conformers and Ocular Prosthetics in Pediatric Age
 - 10.10.4. Orbital Expansion Methods
 - 10.10.5. Dermal-Fat Graft in Pediatrics
 - 10.10.6. Enucleation and Evisceration in Pediatric Age

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The characteristic Relearning system of this university program will allow you to update your knowledge at your own pace, without depending on external teaching constraints”

04

Teaching Objectives

The academic design of this Hybrid Master's Degree will enable the graduate to develop advanced competencies aimed at diagnosing and treating Periocular and Orbital Pathologies. Additionally, its up-to-date and practical syllabus will enhance clinical and surgical skills, providing the necessary tools to excellently resolve complex ophthalmological cases. Moreover, professionals will be trained to implement innovative techniques and use state-of-the-art technologies, optimizing not only functional results but also the aesthetic aspects related to ocular care.



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*You will apply advanced surgical techniques
in functional blepharoplasty, brow lifting,
and eyelid reconstruction”*



General Objective

- The general objective of this university degree is for the medical professional to update and perfect their diagnostic and surgical skills through practical training in an institution specialized in Oculoplasty, Orbit, and Tear Ducts. This Hybrid Master's Degree will allow the graduate to confidently address the main Periocular and Orbital Pathologies, enhancing their clinical and surgical competence to provide comprehensive and high-quality care to their patients.



You will be able to access the Virtual Campus at any time and download the contents to consult them whenever you wish"





Specific Objectives

Module 1. General Aspects in Oculoplastic Surgery

- ◆ Deeply understand the periocular and orbital anatomy of the Tear Duct, Nasal Cavity, Paranasal Sinuses, and Facial Anatomy
- ◆ Identify the innervation and irrigation of the periocular area
- ◆ Study how to mark the skin to improve the scars generated by incisions
- ◆ Gain comprehensive knowledge on the preoperative management of anticoagulated or antiplatelet patients

Module 2. Eyelid Malpositions, Eyelash Malpositions, and Dystonias in Ophthalmology

- ◆ Learn the etiology of involutional, cicatricial, and paralytic ectropion
- ◆ Gain comprehensive knowledge on the management of involutional and cicatricial entropion
- ◆ Deeply understand facial musculature and the different dystonias in Ophthalmology

Module 3. Periorbital Involutional Changes and Periocular Aesthetics

- ◆ Gain comprehensive knowledge of eyebrow ptosis and the procedure for direct and indirect eyebrowplasty via endoscopy
- ◆ Study the exploration and surgical technique of upper and lower blepharoplasty
- ◆ Deeply understand the uses and complications of CO2 laser

Module 4. Ptosis, Diagnosis and Treatment

- ◆ Be capable of performing a correct exploration and diagnosis of ptosis
- ◆ Deeply understand the various etiologies involved in aponeurotic ptosis
- ◆ Delve into the diagnosis and identification of pseudoptosis

Module 5. Benign and Malignant Eyelid Lesions and Reconstructive Surgery

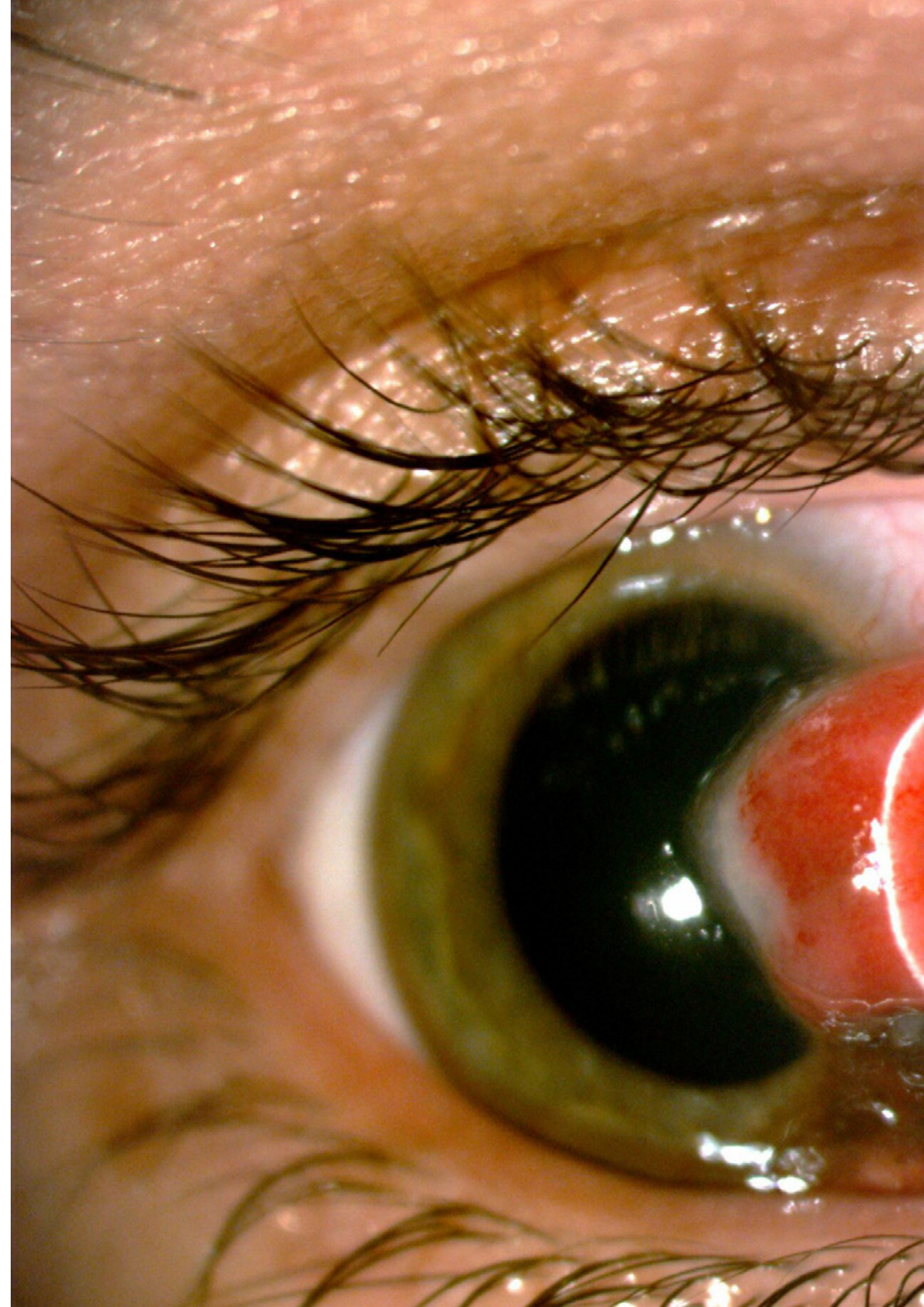
- ♦ Understand the anatomy of the skin and periocular appendages
- ♦ Study the differential diagnosis of eyelid lesions
- ♦ Identify the main benign and malignant tumors of the epidermis and skin appendages
- ♦ Delve into the repair of anterior lamella defects and management of facial skin grafts

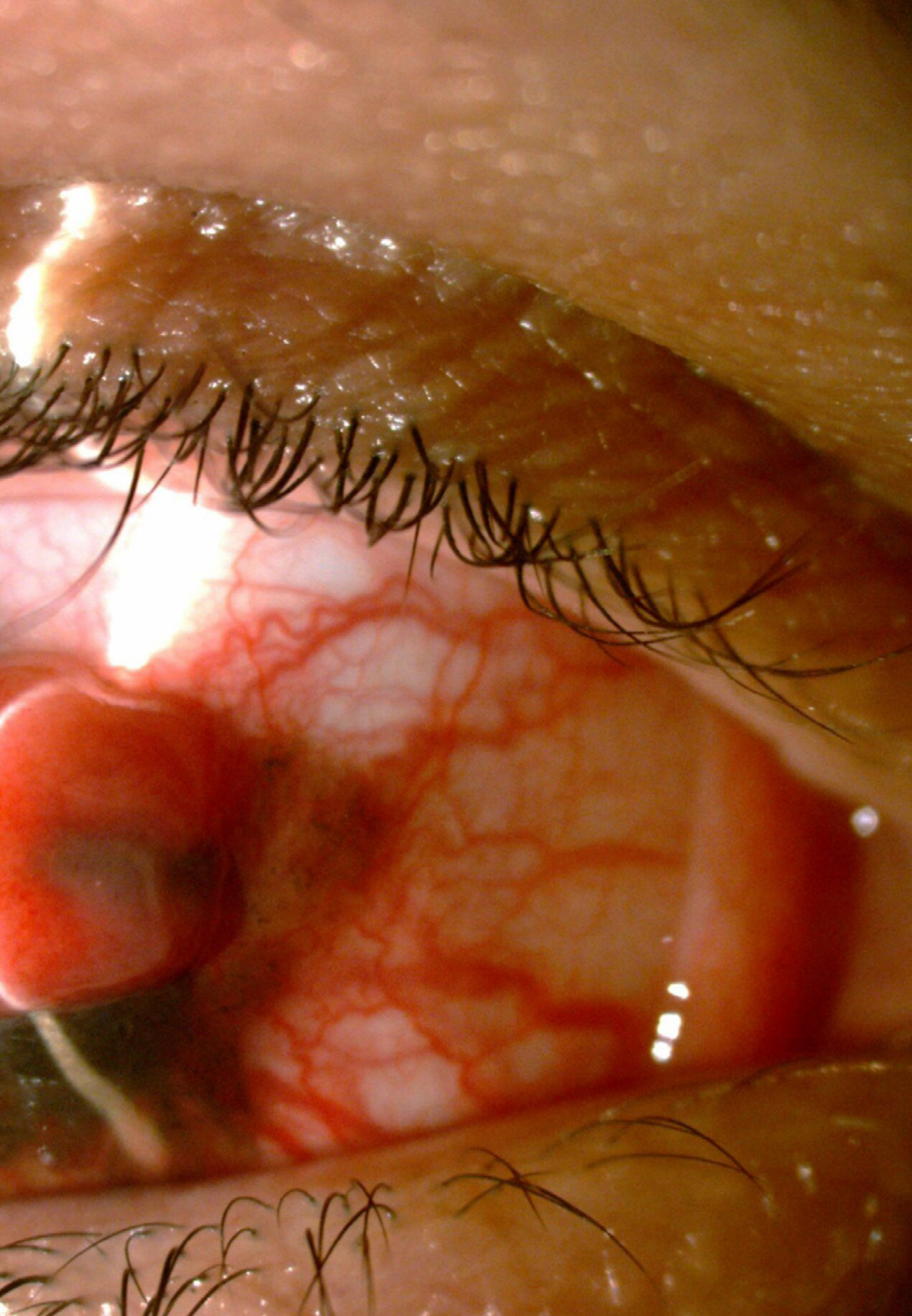
Module 6. Tear Ducts

- ♦ Study the anatomy and physiology of the tear duct system
- ♦ Explore the tear ducts through permeability tests
- ♦ Learn to detect infectious and inflammatory pathology of the tear duct system
- ♦ Identify tear sac tumors for correct treatment and better prognosis

Module 7. Eyelid and Orbital Trauma. Orbital Examination

- ♦ Understand how to perform a complete exploration of the traumatic patient and which complementary tests to request in each case
- ♦ Gain a comprehensive understanding of the management, exploration, and surgical technique for repairing eyelid lacerations with or without tear duct involvement
- ♦ Manage orbital floor fractures and other fractures of the remaining orbital walls





Module 8. Inflammatory and Infectious Diseases of the Orbit

- ♦ Perform a thorough exploration of the orbit
- ♦ Deepen the differential diagnosis of proptosis
- ♦ Understand the etiology, clinical features, diagnosis, and classification of thyroid orbitopathy
- ♦ Gain deep knowledge on the medical treatment of thyroid orbitopathy

Module 9. Orbital Tumor and Vascular Pathology. Surgical Approach to the Orbit

- ♦ Delve into benign neoplasms of vascular origin
- ♦ Study the different vascular malformations of the orbit

Module 10. Anophthalmic Cavity

- ♦ Evaluate the monocular patient accurately
- ♦ Deeply understand the orbital anatomy to perform surgical techniques such as evisceration, enucleation, or exenteration
- ♦ Investigate the diagnosis and treatment of the Anophthalmic Syndrome in depth

05 Internship

After completing the online theoretical period, this university program includes a phase of Practical Training at a reference clinical center in Oculoplasty, Orbit, and Tear Ducts. During this practical stay, graduates will be supported by a tutor who will guide them through the entire process, from preparation to the execution of clinical practices.



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The Practical Training period of this Oculoplasty, Orbit, and Tear Ducts program consists of clinical training at a renowned institution”

The Practical Training period of this Oculoplasty, Orbit, and Tear Ducts program consists of clinical training at a renowned institution. This stay will allow graduates to collaborate in surgical procedures such as Ptosis correction, treatment of Eyelid Tumors, reconstructions, and Tear Duct surgeries.

This training proposal is entirely practical, with activities aimed at developing and perfecting the essential skills for providing specialized healthcare. The activities are designed to train highly qualified professionals, ready to work in conditions that require a high technical and scientific level, always ensuring patient safety.

Without a doubt, it is a unique opportunity to update knowledge in a cutting-edge clinical environment, where real-time monitoring and digital technology are essential pillars in patient care.

Practical teaching will be carried out with the accompaniment and guidance of teachers and other training colleagues who facilitate teamwork and multidisciplinary integration as transversal competencies for medical practice (learning to be and learning to relate).

The procedures described below will be the basis of the specialization, and their realization will be subject to the center's own availability, its usual activity and workload, the proposed activities being the following:





Module	Practical Activity
Management of Eyelid Malpositions	Assess the position and orientation of the eyelashes to diagnose Distichiasis, Trichiasis, and other disorders
	Prescribe topical or systemic therapies to treat inflammations or secondary infections related to eyelid malpositions
	Use minimally invasive techniques such as botulinum toxin injections for eyelid dystonias
	Educate patients about eye care and the importance of early treatment for eyelid malpositions
Advanced Periocular Aesthetic Techniques	Perform a detailed clinical evaluation of signs of periocular aging, such as wrinkles and volume loss
	Apply dermal fillers to restore volume in areas such as eyelids, fat bags, and nasolabial folds
	Carry out procedures to correct laxity and eyelid malpositions related to aging
	Carry out procedures to correct laxity and eyelid malpositions related to aging
Management of Benign and Malignant Eyelid Conditions	Perform eyelid biopsies for histopathological study and diagnostic confirmation
	Plan surgeries for the complete removal of benign and malignant tumors in the eyelids, ensuring clear margins to avoid recurrence
	Provide counseling on prevention and early detection of malignant eyelid lesions in at-risk populations
	Provide post-operative care and support for functional and aesthetic rehabilitation
Intervention in Orbital Inflammatory and Infectious Pathologies	Perform a differential diagnosis of orbital inflammatory and infectious processes through physical examination, imaging tests, and microbiological analysis
	Perform surgical drainage of orbital abscesses to control localized infections
	Monitor the clinical progression to prevent severe complications like orbital cellulitis or vision loss
	Perform orbital biopsies for definitive diagnosis in cases of chronic inflammation or suspected systemic diseases

Civil Liability Insurance

The university's main concern is to guarantee the safety of the interns, other collaborating professionals involved in the internship process at the center. Among the measures dedicated to achieve this is the response to any incident that may occur during the entire teaching-learning process.

To this end, the university commits to purchasing a civil liability insurance policy to cover any eventuality that may arise during the course of the internship at the center.

This liability policy for interns will have broad coverage and will be taken out prior to the start of the Internship Program period. That way professionals will not have to worry in case of having to face an unexpected situation and will be covered until the end of the internship program at the center.



General Conditions of the Internship Program

The general terms and conditions of the internship agreement for the program are as follows:

1. TUTOR: During the Hybrid Professional Master's Degree, students will be assigned two tutors who will accompany them throughout the process, answering any doubts and questions that may arise. On the one hand, there will be a professional tutor belonging to the internship center who will have the purpose of guiding and supporting the student at all times. On the other hand, they will also be assigned an academic tutor, whose mission will be to coordinate and help the students during the whole process, solving doubts and facilitating everything they may need. In this way, the student will be accompanied and will be able to discuss any doubts that may arise, both clinical and academic.

2. DURATION: The internship program will have a duration of three continuous weeks, in 8-hour days, five days a week. The days of attendance and the schedule will be the responsibility of the center and the professional will be informed well in advance so that they can make the appropriate arrangements.

3. ABSENCE: If the student does not show up on the start date of the Hybrid Professional Master's Degree, they will lose the right to it, without the possibility of reimbursement or change of dates. Absence for more than two days from the internship, without justification or a medical reason, will result in the professional's withdrawal from the internship, therefore, automatic termination of the internship. Any problems that may arise during the course of the internship must be urgently reported to the academic tutor.

4. CERTIFICATION: Professionals who complete the Hybrid Professional Master's Degree will receive a diploma accrediting their attendance at the institution.

5. EMPLOYMENT RELATIONSHIP: the Hybrid Professional Master's Degree shall not constitute an employment relationship of any kind.

6. PRIOR EDUCATION: Some centers may require a certificate of prior education for the Hybrid Professional Master's Degree. In these cases, it will be necessary to submit it to the TECH internship department so that the assignment of the chosen center can be confirmed.

7. DOES NOT INCLUDE: The Hybrid Professional Master's Degree will not include any element not described in the present conditions. Therefore, it does not include accommodation, transportation to the city where the internship takes place, visas or any other items not listed

However, students may consult with their academic tutor for any questions or recommendations in this regard. The academic tutor will provide the student with all the necessary information to facilitate the procedures in any case.

06 Internship Centers

Below are some of the selected training centers by TECH Global University for this program, known for their prestige and quality in the professional field. These institutions offer students the opportunity to apply the knowledge they have acquired by participating in dynamic and specialized environments that foster learning. Furthermore, the centers mentioned here represent a sample of reference institutions in the sector, recognized for their trajectory and contribution to both academic and professional fields.



“

You will enjoy Internship Program at a highly specialized institution in Oculoplasty, Orbit, and Tear Ducts”



The student will be able to complete the practical part of this Hybrid Master's Degree at the following centers:



Medicine

Miranza Clínica Muiños

Country	City
Spain	Santa Cruz de Tenerife

Address: C. Emilio Serra Fernández De Moratín, 6,
38006 Santa Cruz de Tenerife

It is a specialized ophthalmic center that provides comprehensive eye health care

Related internship programs:

- Refractive Surgery
- Oculoplasty, Orbit, and Tear Ducts





“

Boost your career path with holistic teaching, allowing you to advance both theoretically and practically”

07

Study Methodology

TECH is the world's first university to combine the **case study** methodology with **Relearning**, a 100% online learning system based on guided repetition.

This disruptive pedagogical strategy has been conceived to offer professionals the opportunity to update their knowledge and develop their skills in an intensive and rigorous way. A learning model that places students at the center of the educational process giving them the leading role, adapting to their needs and leaving aside more conventional methodologies.



“

TECH will prepare you to face new challenges in uncertain environments and achieve success in your career”

The student: the priority of all TECH programs

In TECH's study methodology, the student is the main protagonist.

The teaching tools of each program have been selected taking into account the demands of time, availability and academic rigor that, today, not only students demand but also the most competitive positions in the market.

With TECH's asynchronous educational model, it is students who choose the time they dedicate to study, how they decide to establish their routines, and all this from the comfort of the electronic device of their choice. The student will not have to participate in live classes, which in many cases they will not be able to attend. The learning activities will be done when it is convenient for them. They can always decide when and from where they want to study.

“

*At TECH you will NOT have live classes
(which you might not be able to attend)”*



The most comprehensive study plans at the international level

TECH is distinguished by offering the most complete academic itineraries on the university scene. This comprehensiveness is achieved through the creation of syllabi that not only cover the essential knowledge, but also the most recent innovations in each area.

By being constantly up to date, these programs allow students to keep up with market changes and acquire the skills most valued by employers. In this way, those who complete their studies at TECH receive a comprehensive education that provides them with a notable competitive advantage to further their careers.

And what's more, they will be able to do so from any device, pc, tablet or smartphone.

“*TECH's model is asynchronous, so it allows you to study with your pc, tablet or your smartphone wherever you want, whenever you want and for as long as you want*”

Case Studies and Case Method

The case method has been the learning system most used by the world's best business schools. Developed in 1912 so that law students would not only learn the law based on theoretical content, its function was also to present them with real complex situations. In this way, they could make informed decisions and value judgments about how to resolve them. In 1924, Harvard adopted it as a standard teaching method.

With this teaching model, it is students themselves who build their professional competence through strategies such as Learning by Doing or Design Thinking, used by other renowned institutions such as Yale or Stanford.

This action-oriented method will be applied throughout the entire academic itinerary that the student undertakes with TECH. Students will be confronted with multiple real-life situations and will have to integrate knowledge, research, discuss and defend their ideas and decisions. All this with the premise of answering the question of how they would act when facing specific events of complexity in their daily work.



Relearning Methodology

At TECH, case studies are enhanced with the best 100% online teaching method: Relearning.

This method breaks with traditional teaching techniques to put the student at the center of the equation, providing the best content in different formats. In this way, it manages to review and reiterate the key concepts of each subject and learn to apply them in a real context.

In the same line, and according to multiple scientific researches, reiteration is the best way to learn. For this reason, TECH offers between 8 and 16 repetitions of each key concept within the same lesson, presented in a different way, with the objective of ensuring that the knowledge is completely consolidated during the study process.

Relearning will allow you to learn with less effort and better performance, involving you more in your specialization, developing a critical mindset, defending arguments, and contrasting opinions: a direct equation to success.



A 100% online Virtual Campus with the best teaching resources

In order to apply its methodology effectively, TECH focuses on providing graduates with teaching materials in different formats: texts, interactive videos, illustrations and knowledge maps, among others. All of them are designed by qualified teachers who focus their work on combining real cases with the resolution of complex situations through simulation, the study of contexts applied to each professional career and learning based on repetition, through audios, presentations, animations, images, etc.

The latest scientific evidence in the field of Neuroscience points to the importance of taking into account the place and context where the content is accessed before starting a new learning process. Being able to adjust these variables in a personalized way helps people to remember and store knowledge in the hippocampus to retain it in the long term. This is a model called Neurocognitive context-dependent e-learning that is consciously applied in this university qualification.

In order to facilitate tutor-student contact as much as possible, you will have a wide range of communication possibilities, both in real time and delayed (internal messaging, telephone answering service, email contact with the technical secretary, chat and videoconferences).

Likewise, this very complete Virtual Campus will allow TECH students to organize their study schedules according to their personal availability or work obligations. In this way, they will have global control of the academic content and teaching tools, based on their fast-paced professional update.



The online study mode of this program will allow you to organize your time and learning pace, adapting it to your schedule"

The effectiveness of the method is justified by four fundamental achievements:

1. Students who follow this method not only achieve the assimilation of concepts, but also a development of their mental capacity, through exercises that assess real situations and the application of knowledge.
2. Learning is solidly translated into practical skills that allow the student to better integrate into the real world.
3. Ideas and concepts are understood more efficiently, given that the example situations are based on real-life.
4. Students like to feel that the effort they put into their studies is worthwhile. This then translates into a greater interest in learning and more time dedicated to working on the course.

The university methodology top-rated by its students

The results of this innovative teaching model can be seen in the overall satisfaction levels of TECH graduates.

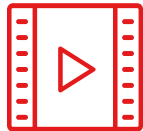
The students' assessment of the teaching quality, the quality of the materials, the structure of the program and its objectives is excellent. Not surprisingly, the institution became the top-rated university by its students according to the global score index, obtaining a 4.9 out of 5.

Access the study contents from any device with an Internet connection (computer, tablet, smartphone) thanks to the fact that TECH is at the forefront of technology and teaching.

You will be able to learn with the advantages that come with having access to simulated learning environments and the learning by observation approach, that is, Learning from an expert.



As such, the best educational materials, thoroughly prepared, will be available in this program:



Study Material

All teaching material is produced by the specialists who teach the course, specifically for the course, so that the teaching content is highly specific and precise.

This content is then adapted in an audiovisual format that will create our way of working online, with the latest techniques that allow us to offer you high quality in all of the material that we provide you with.



Practicing Skills and Abilities

You will carry out activities to develop specific competencies and skills in each thematic field. Exercises and activities to acquire and develop the skills and abilities that a specialist needs to develop within the framework of the globalization we live in.



Interactive Summaries

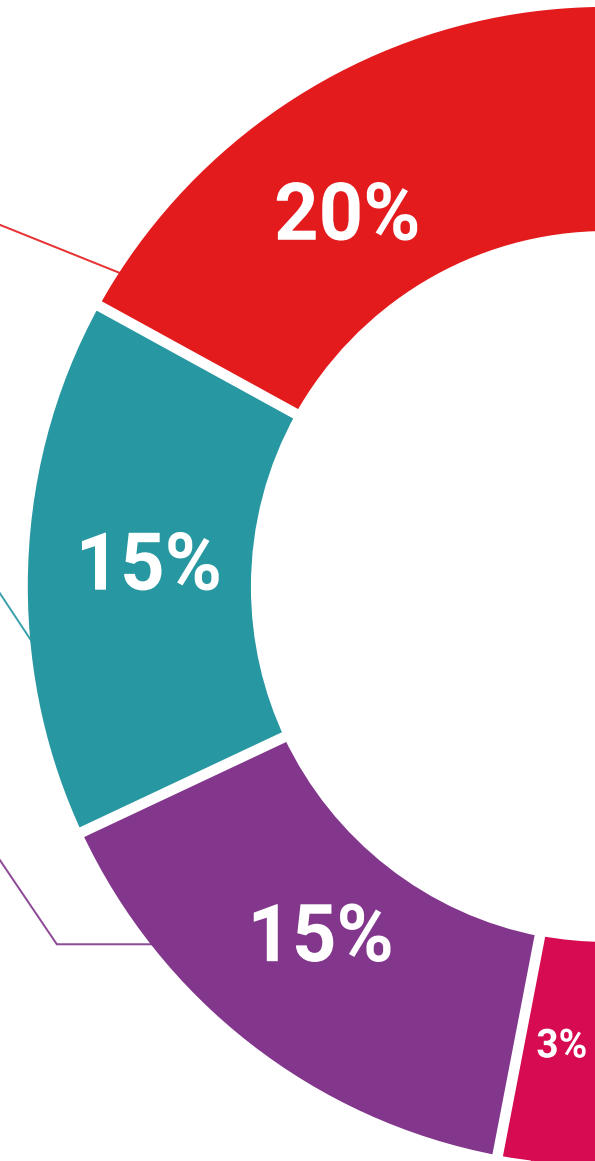
We present the contents attractively and dynamically in multimedia lessons that include audio, videos, images, diagrams, and concept maps in order to reinforce knowledge.

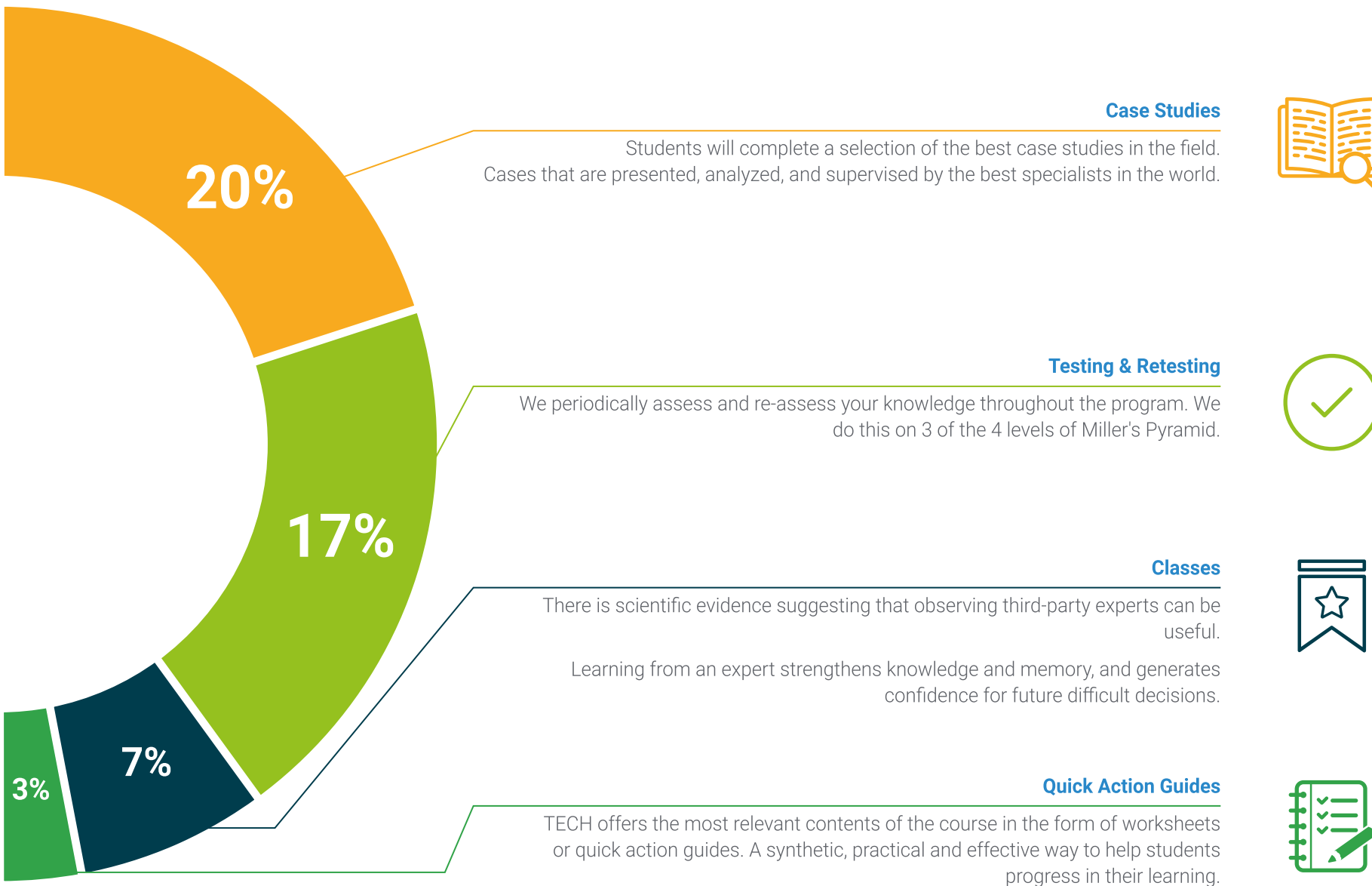
This exclusive educational system for presenting multimedia content was awarded by Microsoft as a "European Success Story".



Additional Reading

Recent articles, consensus documents, international guides... In our virtual library you will have access to everything you need to complete your education.





08

Teaching Staff

In its firm commitment to offer the most comprehensive and up-to-date university programs in the academic landscape, TECH Global University carries out a thorough process to form its respective teaching staff. As a result, this Hybrid Master's Degree benefits from the collaboration of true leaders in Oculoplasty, Orbit, and Tear Ducts. These professionals have created a range of teaching materials that stand out for their high quality and their alignment with the demands of the current job market. As such, graduates will enjoy an immersive experience that will significantly optimize their daily clinical practice.



“

You will be advised at all times by the teaching team, composed of renowned experts in Oculoplasty, Orbit, and Tear Ducts”

Management



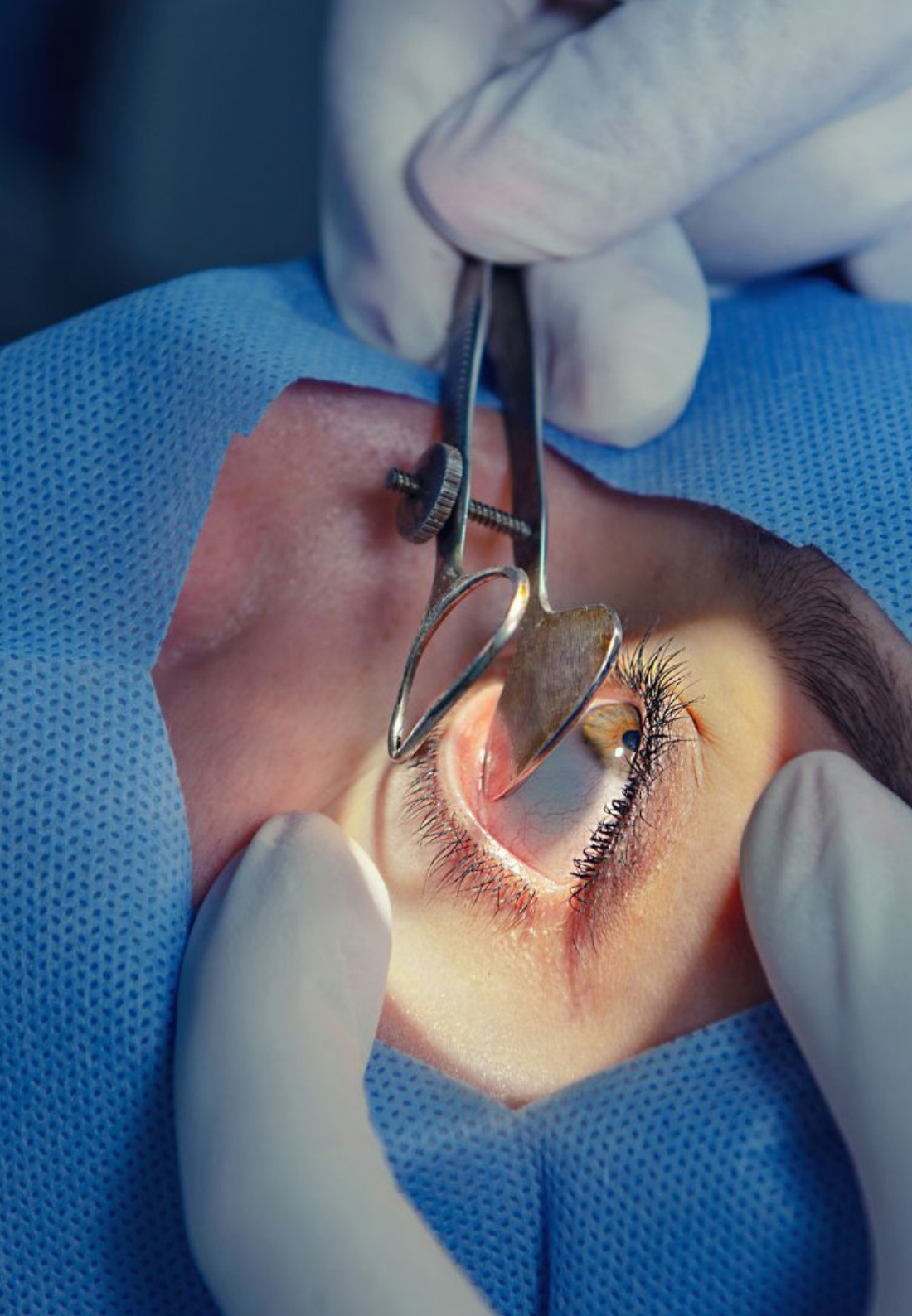
Dr. Ibáñez Flores, Nuria

- ♦ Head of the Oculoplasty Department at the Barcelona Ophthalmology Center: Institut Català de Retina
- ♦ Reviewer of the Archives of the Spanish Society of Ophthalmology
- ♦ Director and Coordinator of the Surgical Master's Degree in Oculoplastics, Orbit and Tear Ducts of the International University of Catalonia
- ♦ Responsible and Coordinator of the interhospital sessions of Oculoplastics at the Institut Català de Retina
- ♦ Doctor in Medicine and Surgery from the Autonomous University of Barcelona
- ♦ Degree in Medicine and Surgery from the University of Barcelona
- ♦ Member of: Spanish Society of Ocular and Orbital Plastic Surgery



Dr. Pascual González, Macarena

- ♦ Ophthalmology Specialist in the Oculoplasty, Tear Ducts and Orbit Department of the Gregorio Marañón General University Hospital
- ♦ Ophthalmology Specialist at the Institute of Ocular Plastics and Ophthalmology of Madrid
- ♦ Ophthalmology Specialist at the Jiménez Díaz Foundation University Hospital
- ♦ Medical Specialist in Ophthalmology at the University Hospital of Torrejón
- ♦ Professor of Ophthalmology at the Complutense University of Madrid
- ♦ Fellow of European Board of Ophthalmology (FEBO)
- ♦ Degree in Medicine from the University of Malaga
- ♦ Specialist in Ophthalmology, Gregorio Marañón General University Hospital
- ♦ Master's Degree in Aesthetic, Regenerative and Anti-Aging Medicine from the Complutense University of Madrid



Teachers

Dr. Cifuentes Canorea, Pilar

- ♦ Ophthalmology Specialist at Mollet Health Foundation
- ♦ Adjunct Ophthalmologist in Eyelid Surgery and Tear Ducts at Granollers General Hospital
- ♦ Specialist in Ophthalmology, San Carlos Hospital Clinic, Madrid
- ♦ Bachelor's in Medicine from Complutense University of Madrid
- ♦ Master's Degree in Aesthetic and Anti-Aging Medicine from the Complutense University of Madrid
- ♦ Master's Degree in Ocular Plastic Surgery and Tear Ducts from the Internation Univiersiyt of Catalonia
- ♦ Member of: Spanish Society of Ocular and Orbital Plastic Surgery (SECP00)

Dr. Laiseca, Andrea

- ♦ Ophthalmologist at Doctores LAISECA Clinic
- ♦ Specialist in Ophthalmology at the Ophthalmology Service, specializing in Oculoplastics, Tear Ducts, and Orbit at University Hospital of Getafe
- ♦ Fellow European Board of Ophthalmology (FEBO)
- ♦ Associate Professor of the Master's Degree in Ophthalmology, Oculoplastics, and Tear Ducts
- ♦ Specialist in Ophthalmology by the Clinical Barraquer Ophthalmology Center
- ♦ Degree in Medicine and Surgery from the University of Zaragoza
- ♦ Member of: Spanish Society of Ocular and Orbital Plastic Surgery (SECP00)

Dr. Ortiz Pérez, Santiago

- ♦ Ophthalmology Specialist at the Oculoplastics Section at University Hospital Virgen de las Nieves
- ♦ Ophthalmologist at Ophthalmological Institute of Granada
- ♦ Researcher at Biomedical Research Institute (IBS) of Granada
- ♦ Director of the Ophthalmology Unit at University Hospital Virgen de las Nieves
- ♦ Junior Fellowship in Oculoplastics at Chelsea and Westminster Hospital, London
- ♦ Doctor of Medicine from University of Barcelona
- ♦ Master's Degree in Medical Direction and Healthcare Management from UNED and National School of Health
- ♦ Degree in Medicine and Surgery from the University of Granada
- ♦ Member of: Founding and current secretary of the Spanish Society of Facial Plastic Surgery (SECPF), member of the Spanish Society of Ocular and Orbital Plastic Surgery (SECPOO), European Society of Ophthalmic Plastic and Reconstructive Surgery (ESOPRS) and Spanish Society of Ophthalmology (SEO)

Dr. Pfeiffer Vicens, Nuria

- ♦ Deputy Director of the Lidclinic Pfeiffer Oculoplastic Center
- ♦ President of the Lidclinic Pfeiffer Foundation, Glasses for the World
- ♦ Specialist in Ophthalmology
- ♦ Bachelor's in Medicine from Complutense University of Madrid
- ♦ Member of: Spanish Society of Ocular and Orbital Plastic Surgery (SECPOO) and German Society of Ophthalmology (DOG)

Dr. González Valdivia, Hugo

- ♦ Ophthalmologist at Teknon Medical Center
- ♦ Ophthalmologist in the Ocular Orbital Surgery Team at Hospital Sant Joan de Déu
- ♦ Ophthalmologist in Ocular Plastic and Orbital Surgery Team at HM Delfos Hospital
- ♦ Staff Ophthalmologist at Central Hospital of Maputo, Mozambique
- ♦ Medical Coordinator at Korle Bu Teaching Hospital, Ghana
- ♦ Specialist in Ophthalmology at Araba University Hospital
- ♦ European Board of Ophthalmology (EBO)
- ♦ Clinical Sciences of the International Council of Ophthalmology (ICO)
- ♦ Theoretical Optics & Refraction of the International Council of Ophthalmology (ICO)
- ♦ Complete Basic Science of the International Council of Ophthalmology
- ♦ Master's in Aesthetic Medicine from CLEA University
- ♦ Management of Botulinum Toxin in Aesthetic Medicine from Francisco de Vitoria University
- ♦ Bachelor of Medicine from Catholic University of Chile
- ♦ Member of: Spanish Society of Ocular and Orbital Plastic Surgery Spanish Society of Facial Plastic Surgery

Dr. Mata Madrid, Álvaro

- ♦ Ophthalmology Resident at Hospital Gregorio Marañón
- ♦ Graduate in Medicine and Surgery from University of Murcia
- ♦ Consultant Doctor at MediQuo

Dr. Rachwani Anil, Rahul

- ♦ Ophthalmologist at Hospital Norte de Málaga
- ♦ Ophthalmologist in General Ophthalmology and Oculoplastic Unit at Hospital Vithas Málaga
- ♦ Ophthalmologist in General Ophthalmology and Ocular Plastic Surgery at Quirónsalud Málaga
- ♦ Specialist in Ophthalmology at Málaga Regional University Hospital
- ♦ Master's in Aesthetic Medicine, Rejuvenation, and Anti-Aging from Complutense University of Madrid
- ♦ Degree in Medicine from the University of Málaga
- ♦ Member of: Spanish Society of Ophthalmology (SEO), Andalusian Society of Ophthalmology (SAO), Spanish Society of Implant-Refractive Eye Surgery (SECOIR), European Society of Cataract and Refractive Surgeons (ESCRS), and Spanish Society of Ocular and Orbital Plastic Surgery (SECPPO)

Dr. Sánchez España, Juan Carlos

- ♦ Ophthalmologist specializing in Oculoplastics at Ocular Microsurgery Institute
- ♦ Fellowship in Transexual Surgery Oculoplastics at Ocular Microsurgery Institute
- ♦ Doctor of Medicine (PhD)
- ♦ Master's Degree in Research Methodology in Health Sciences
- ♦ Specialist in Ophthalmology at Juan Ramón Jiménez University Hospital
- ♦ Degree in Medicine from the Autonomous University Bucaramanga

Dr. Zamorano Martín, Francisco

- ♦ Oculoplastics, Tear Ducts, and Orbit Fellow at Instituto de Oftalmología FAP Conde de Valenciana IAP
- ♦ Ophthalmologist at the Elena Barraquer Foundation
- ♦ Master's Degree in Aesthetic, Regenerative and Anti-Aging Medicine from the Complutense University of Madrid
- ♦ Master's Degree in Biomedical Research in the Healthcare Context from the University of Malaga
- ♦ PhD in Medicine, University of Malaga

Dr. García Bastera, Ignacio

- ♦ Specialist in the Ophthalmology Department of Virgen de la Victoria University Hospital Malaga
- ♦ Head of the Adult Neuro-Ophthalmology and Strabismus Unit at Virgen de la Victoria University Hospital
- ♦ Doctor of Medicine and Surgery from the University of Málaga
- ♦ Specialist via MIR in Neurology at Virgen De las Nieves University Hospital
- ♦ Degree in Medicine and Surgery from the University of Granada
- ♦ Specialist via MIR in Ophthalmology at Virgen de la Victoria University Hospital
- ♦ Member of: Member of the Neuro-Ophthalmology group of the Andalusian Society of Ophthalmology

Dr. Martín Lloreda, Leyre

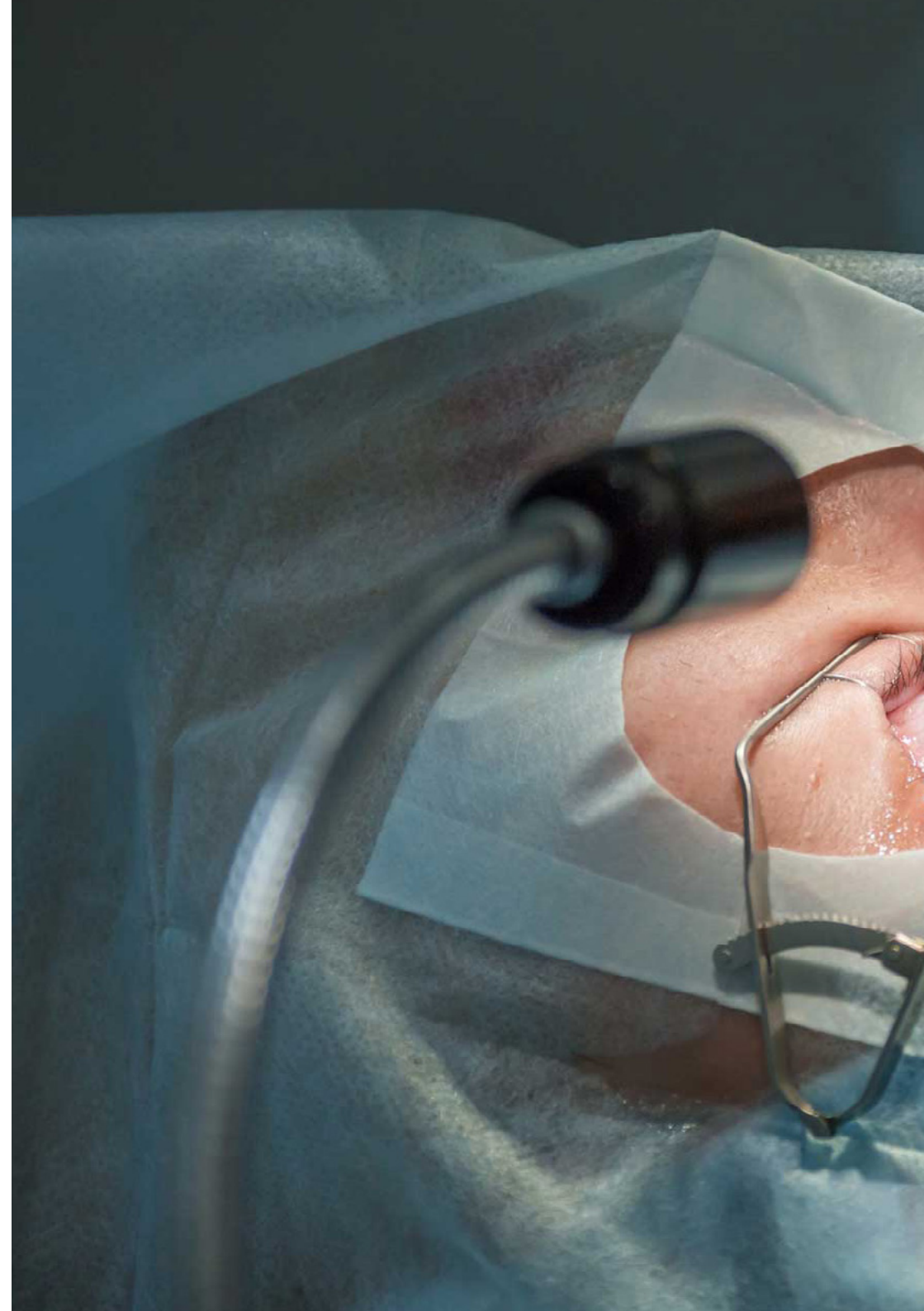
- ♦ Ophthalmology Specialist in Oculoplastics Surgery at the de Villalba Hospital
- ♦ Aesthetic Doctor at Olalla Álvarez Aesthetic
- ♦ Ophthalmologist at the Jiménez Díaz Foundation University Hospital
- ♦ Aesthetic Physician at JACA Clinics
- ♦ MIR Trainee at Alcorcón University Hospital
- ♦ Medical Rotation at Norfolk and Norwich University Hospitals NHS Foundation Trust
- ♦ Bachelor's Degree in Medicine from the University of Navarra

Dr. Garde González, Alicia

- ♦ Ophthalmologist at Gregorio Marañón University Hospital
- ♦ Fellow of the European Board of Ophthalmology (FEBO)
- ♦ ICH Good Clinical Practice E6 (R2) Certified by Global Health Training Center
- ♦ Member of the Spanish Society of Ophthalmology (SEO)
- ♦ Member of the Spanish Society of Implant-Refractive Ocular Surgery (SECOIR)

Dr. Aznar Peña, Irene

- ♦ Specialist in Ophthalmology at Martínez de Carneros Clinic
- ♦ Specialist in Ophthalmology at Villalba General Hospital
- ♦ Physician affiliated with Dr. Tazartes Clinic, Quinze Vintgs Hospital in Paris
- ♦ Master's in Oculoplastic Surgery, Orbit, and Lacrimal Pathways, Catalan Institute of Retina
- ♦ Master's in Aesthetic Medicine and Anti-aging from the Complutense University of Madrid
- ♦ Bachelor's Degree in Medicine from the Autonomous University of Madrid



**Dr. Nieva Pascual, Ismael**

- ♦ Medical Director at the Ocular Plastic Surgery and Ophthalmology Institute
- ♦ Adjunct Physician at Gregorio Marañón University Hospital
- ♦ Bachelor's Degree in Medicine from the Complutense University of Madrid
- ♦ Ophthalmologist certified by the International Council of Ophthalmology (ICO)
- ♦ Fellowship in Refractive Surgery from the American Academy of Ophthalmology
- ♦ Member of: Spanish Society of Ophthalmology and Spanish Society of Ocular Plastic Surgery, Orbit, and Lacrimal Pathways

Dr. Arteaga Sánchez, Ángel

- ♦ Ophthalmologist Head of the Ocular Plastic Surgery Unit
- ♦ Ophthalmologist at La Milagrosa Clinic
- ♦ Ophthalmologist at Móstoles University Hospital
- ♦ Master's Degree in Hospital Management from UNED
- ♦ Bachelor's Degree in Medicine and Ophthalmology from the Autonomous University of Madrid
- ♦ University Degree in Nursing from the University of León

Dr. Balboa, Marta

- ♦ Specialist Physician at the Barcelona Ophthalmological Center
- ♦ Graduate in Medicine from the University of Girona
- ♦ Specialized in Ophthalmology at Germans Trias i Pujol University Hospital
- ♦ Master's Degree in Aesthetic Medicine, Nutrition, and Anti-aging

Dr. Felguera García, Óscar

- ♦ Ophthalmology Specialist at Teknon Medical Center
- ♦ Ophthalmology Resident at Bellvitge University Hospital
- ♦ Adjunct Physician at the Ophthalmology Service of a XHUP Hospital
- ♦ Member of the Catalan Society of Ophthalmology
- ♦ PhD Courses at the Autonomous University of Barcelona
- ♦ Bachelor's Degree in Medicine and Surgery from the University of Barcelona

Dr. Becerra, Erika

- ♦ Physician in the Orbit and Oculoplasty Department at the Catalan Institute of Retina
- ♦ Physician in the General Ophthalmology Department at ICR
- ♦ Physician in the Emergency Department at ICR
- ♦ Member of the Catalan Society of Ophthalmology
- ♦ Ophthalmology Residency at Clinical Hospital of Barcelona
- ♦ Bachelor's Degree in Medicine from the University of the Andes, Venezuela

Dr. Graell, Xavier

- ♦ Head of the Ophthalmology Service at Sant Boi General Hospital
- ♦ Ophthalmologist in the Orbit and Oculoplasty Department at the Catalan Institute of Retina
- ♦ Specialist in Ophthalmology at Bellvitge University Hospital
- ♦ Doctor of Medicine and Surgery, Autonomous University of Barcelona
- ♦ Degree in Medicine and Surgery from the University of Barcelona
- ♦ Member of: Catalan Society of Ophthalmology, Spanish Society of Ocular Plastic Surgery, Orbit and Lacrimal Pathways, and Spanish Society of Implant Refractive Surgery

Dr. Casas Gimeno, Ester

- ♦ Adjunct Physician in the Pediatric Ophthalmology Service at San Joan de Deu Hospital
- ♦ Specialist at CSO in Medical and Surgical Pediatric Ophthalmology
- ♦ Bachelor's Degree in Medicine and Surgery from the Central University of Barcelona

Dr. Maisterrena, Juan Manuel

- ♦ Physician in the Orbit and Oculoplasty Department at the Barcelona Ophthalmological Center
- ♦ Member of the Emergency Department at the Barcelona Ophthalmological Center
- ♦ Award for Best Scientific Research granted by the Ibero-American Congress of Ophthalmology
- ♦ Specialist in Ophthalmology from the University of Buenos Aires, Argentina
- ♦ Postgraduate in Corneal Pathology and Refractive Surgery at the Monticelli-Paradis Clinic, France
- ♦ Postgraduate in Oculoplasty and Lacrimal Pathways at the Monticelli Clinic, France
- ♦ Member of: Argentine Society of Ophthalmology (SAO), French Society of Ophthalmology (SFO), and European Society of Retina Specialists (EURETINA)

Dr. Moix Gil, Eugènia

- ♦ Ophthalmology Specialist at Bellvitge University Hospital
- ♦ Ophthalmology Specialist at Teknofal
- ♦ Bachelor's Degree in Medicine from the Autonomous University of Barcelona
- ♦ Specialization in Ophthalmology at Bellvitge University Hospital
- ♦ Fellow in European Board of Ophthalmology at the European Board of Ophthalmology

Dr. Prat Bartomeu, Joan

- ♦ Head of the Ophthalmology Service at the San Juan de Dios Children's Hospital in Barcelona
- ♦ Specialist in Orbital Diseases from Moorfields Eye Hospital, USA
- ♦ Orbitologist Specialist from the Santiago University Hospital Complex (CHUS), Santiago de Compostela
- ♦ Doctor in Surgery from the Autonomous University of Barcelona
- ♦ Degree in Medicine and Surgery from the Autonomous University of Barcelona
- ♦ Member of: Academy of Medical Sciences of Catalonia and the Balearic Islands, Catalan Society of Ophthalmology, Annals of Ophthalmology Journal, Spanish Society of Ophthalmology, President of the Board of Directors of the Spanish Society of Ocular Plastic and Orbital Surgery, Fellow European Society of Ophthalmic Plastic and Reconstructive Surgery, and Fellow European Pediatric Ophthalmological Society

Dr. Marín Nieto, Juan

- ♦ Ophthalmologist at Vithas Torremolinos Medical Center
- ♦ Physician at Vithas Xanit International Hospital
- ♦ Ophthalmology Resident at Virgen de la Victoria Hospital in Málaga
- ♦ Volunteer in the "Malnourished Children" project at Casa Jackson Hospital, Guatemala
- ♦ Volunteer with the NGO Miradas al Mundo. Guinea-Bissau
- ♦ Master's Degree in Clinical Research from the University of Málaga
- ♦ Ophthalmological Ultrasound Course at the Santiago de Compostela Health Research Institute
- ♦ Graduated in Medicine from the University of Málaga

Dr. Mascaró Zamora, Ferrán

- ♦ Head of the Orbit and Oculoplastic Surgery Unit with CSUR accreditation
- ♦ Consultant and Surgeon at Teknoftal Institut Oftálmic
- ♦ Private Practice at Teknon Medical Center in Barcelona
- ♦ Physician in the Ophthalmology Service at Bellvitge University Hospital
- ♦ PhD Courses at the Autonomous University of Barcelona
- ♦ Bachelor's Degree in Medicine and Surgery from the University of Barcelona
- ♦ Member of: Socio and Member of the Board of the Spanish Society of Ocular Plastic Surgery and Orbit, Socio and Member of the Board of the Catalan Society of Ophthalmology, and Member of the Ulls del Món Foundation, Maputo Hospital, Mozambique

Dr. Abia Serrano, Maravillas

- ♦ Ophthalmologist at Centre Mèdic Nou – Institut Oftalmològic de Catalunya
- ♦ Adjunct Ophthalmologist at Bellvitge University Hospital
- ♦ Bachelor's Degree in Medicine and Surgery

Dr. Urbinati, Facundo

- ♦ Ophthalmology Specialist at the Regional University Hospital of Málaga
- ♦ Specialization in Ophthalmology at the Regional University Hospital of Málaga
- ♦ Degree in Medicine from the University of Córdoba

Dr. Soldevila, Laura

- ♦ Member of the Ocular Motility and Strabismus Department at the Catalan Institute of Retina
- ♦ PhD Courses at Vall d'Hebron and Sant Pau Hospitals, Autonomous University of Barcelona Autonomous University of Barcelona
- ♦ Bachelor's Degree in Medicine from the University of Barcelona
- ♦ Member of the Catalan Society of Ophthalmology

Dr. Luque Aranda, Rafael

- ♦ Head of the Ophthalmology Service at the Virgen de la Victoria University Hospital
- ♦ Ophthalmologist at Doctores Luque Aranda Ophthalmological Clinic
- ♦ Ophthalmology Residency Tutor at the Ophthalmology Service of Virgen de la Victoria University Hospital;
- ♦ Honorary Collaborator at the University of Málaga in the Ophthalmology Chair
- ♦ Member of: Spanish Society of Ophthalmology, Spanish Glaucoma Society, and Andalusian Society of Ophthalmology

Dr. Castillo Campillo, Lorena

- ♦ Ophthalmologist specializing in Optic Neuritis
- ♦ Head of Teaching at the Catalan Institute of Retina
- ♦ Member of the Teaching Committee at Sagrat Cor University Hospital
- ♦ "Observership" in Neuro-Ophthalmology at Moorfields Eye Hospital Foundation Trust
- ♦ Bachelor's Degree in Medicine and Surgery from the University of Zaragoza
- ♦ Member of: Department of Neuro-Ophthalmology at the Catalan Institute of Retina, Cataract Department at Sagrat Cor University Hospital, and Member of the Ophthalmology Service at Clínica del Pilar





Dr. Pérez Rivasés, Guillermo

- ♦ Medical Specialist in Ophthalmology
- ♦ Adjunct Physician at the University of Zaragoza
- ♦ Bachelor's Degree in Medicine and Surgery

Dr. Rodríguez, Rocío

- ♦ Ophthalmologist and Strabologist at the Catalan Institute of Retina
- ♦ Ophthalmology Support Physician at Clinic MIRA, Mexico City
- ♦ General Ophthalmologist at Intermédica Pachuca Hidalgo Hospital, Mexico
- ♦ Specialist in Ophthalmology at Nuestra Señora de Gracia Hospital, Zaragoza
- ♦ Master's Degree in Vision Sciences Research from the University of Valladolid
- ♦ Fellowship in Strabismus at the National Medical Center 20 de Noviembre
- ♦ Bachelor's Degree in Medicine and Surgery from the Autonomous University of the State of Hidalgo
- ♦ Member of: Latin American Strabismus Council, Spanish Society of Strabology, Mexican Strabismus Center, Castilian-Leonese Ophthalmology Association, Catalan Society of Ophthalmology, and Spanish Society of Pediatric Ophthalmology-SEDOP

Dr. Guirao Mora, Juan

- ♦ Ophthalmology Specialist at Gregorio Marañón University Hospital
- ♦ Specialist in Ophthalmology
- ♦ Member of the Madrid Ophthalmological Society
- ♦ Bachelor's Degree in Medicine

Dr. Matarredona Muñoz, Carmen

- ♦ Ophthalmology Specialist at Gregorio Marañón University Hospital
- ♦ Bachelor's Degree in Medicine
- ♦ Specialist in Ophthalmology

Dr. Cavero Roig, Lluís

- ♦ Medical Director and Ophthalmology Specialist at Euroláser Ophthalmological Institute
- ♦ Head of the Ophthalmology Service and Coordinator of the Vision Department at the Hospital de Nens in Barcelona
- ♦ Head of the Pediatric Ophthalmology Department at the Catalan Institute of Retina
- ♦ Extraordinary PhD Award from the Department of Surgery, Autonomous University of Barcelona
- ♦ PhD in Medicine from the Autonomous University of Barcelona
- ♦ Bachelor's Degree in Medicine and Surgery from the University of Barcelona
- ♦ Member of: Scientific Council at the Hospital de Nens Foundation in Barcelona, Spanish Society of Ophthalmology, Spanish Society of Implant-Refractive Surgery, Catalan Ophthalmology Association, Medical Sciences Academy of Catalonia, Spanish Society of Strabology and Pediatric Ophthalmology, Spanish Society of OphthalmoPediatrics (SEDOP), and Academy of Medical and Health Sciences of Catalonia and the Balearic Islands

Dr. Hernando Portela, María

- ♦ Ophthalmology Specialist at Gregorio Marañón University Hospital
- ♦ Specialist in Cataract Surgery
- ♦ Specialist in Exotropia
- ♦ Specialist in Cyclic Strabismus
- ♦ Bachelor's Degree in Medicine
- ♦ Member of the Madrid Ophthalmological Society

Dr. Martín Luengo, Fátima

- ♦ Medical Specialist in Ophthalmology
- ♦ Member of the Madrid Ophthalmological Society
- ♦ Bachelor's Degree in Medicine

Dr. Rojas Sarantes, Alejandro Daniel

- ♦ Medical Specialist in Ophthalmology
- ♦ Member of the Spanish Society of Ophthalmology
- ♦ Bachelor's Degree in Medicine from the National Autonomous University of Honduras

Dr. Ruiz Velasco Santacruz, Alejandro

- ♦ Ophthalmology Resident at Gregorio Marañón University Hospital
- ♦ Medical Advisor at Orienta PAE, Mexico
- ♦ MIR Medical Physician at the National Institute of Medical Sciences and Nutrition Salvador Zubirán
- ♦ PhD in Medicine from the Monterrey Institute of Technology, Mexico

Dr. Díaz Gutiérrez, Nuria

- ♦ Medical Specialist in Ophthalmology
- ♦ Bachelor's Degree in Medicine
- ♦ Member of the Madrid Ophthalmological Society

Dr. Díaz Ramírez, Sissi

- ♦ Ophthalmology Specialist at Gregorio Marañón University Hospital
- ♦ MIR Medical Physician at La Paz University Hospital
- ♦ Physician in Humanitarian Missions, Haiti
- ♦ Bachelor's Degree in Medicine from Camilo José Cela University

Dr. Torrens Martínez, Javier

- ♦ Radiologist in the Breast Radiology Section at the Doce de Octubre University Hospital
- ♦ Physician in the Radiodiagnostics Service at Rey Juan Carlos Hospital in Móstoles
- ♦ MIR Medical Physician at Severo Ochoa University Hospital, Madrid
- ♦ Bachelor's Degree in Medicine from the Autonomous University of Madrid
- ♦ Member of: Spanish Society of Radiology (SERAM), European Society of Radiology (ESR), Spanish Society of Breast Imaging (SEDIM), European Society of Musculoskeletal Radiology (ESSR), and Spanish Society of Musculoskeletal Radiology (SERME)

Dr. Sáenz Madrazo, Nerea

- ♦ Ophthalmology Specialist at Gregorio Marañón University Hospital
- ♦ Adjunct Physician at Villalba General University Hospital
- ♦ Specialist in Ophthalmology, Immunology, and ENT
- ♦ Bachelor's Degree in Medicine

Dr. Huanca Ruelas, Grozny Howell

- ♦ Ophthalmologist at Bellvitge University Hospital
- ♦ Bachelor's Degree in Medicine
- ♦ Author of Scientific Articles

Ms. Gómez Gutiérrez, María Cecilia

- ♦ Ophthalmologist at the Catalan Institute of Retina
- ♦ Ophthalmologist at the Hospital de la Santa Creu i Sant Pau
- ♦ Bachelor's Degree in Medicine

Dr. Guerrero, Yasser David

- ♦ Ophthalmology Specialist at ICR Ophthalmological Center
- ♦ Bachelor's Degree in Medicine from the Autonomous University of Santo Domingo
- ♦ Master's in Pediatric Ophthalmology and Strabismus from Teknon Clinic
- ♦ Ophthalmology Residency at the "Ramon Pando Ferrer" Ophthalmology Institute

Dr. Alba Linero, Carmen

- ♦ Specialist Area Physician in Ophthalmology at Clínic University Hospital of Barcelona
- ♦ Ophthalmology Specialist in the Ocular Surface and Inflammation Unit at the Regional University Hospital of Málaga
- ♦ Associate Professor of Ophthalmology at the Faculty of Medicine of the University of Málaga
- ♦ Bachelor's Degree in Medicine from the University of Málaga
- ♦ Specialization in Ophthalmology from the Regional University Hospital of Málaga
- ♦ University Expert in Uveitis, Retina, Ocular Pathology, Ocular Surgery, Ophthalmopediatrics, and Glaucoma from CEU Cardenal Herrera University

Dr. Pazos Rozalén, Cristina

- ♦ Ophthalmologist at the General University Hospital of Getafe
- ♦ Specialization in Ophthalmology at the General University Hospital of Getafe
- ♦ Graduated in Medicine from Francisco de Vitoria University

Dr. Hernández Santamaría, Sara

- ♦ Ophthalmology Specialist
- ♦ Bachelor's Degree in Medicine and Surgery
- ♦ Member of: SECOIR and SOM

Dr. Pérez Casaseca, Cristina

- ♦ Ophthalmology Specialist at Baviera Clinic
- ♦ Ophthalmology Specialist at the Regional University Hospital of Málaga
- ♦ Ophthalmology Specialist at La Axarquía Hospital
- ♦ Ophthalmology Specialist at the Albacete University Hospital Complex
- ♦ Ophthalmology Specialist at La Línea de la Concepción Hospital
- ♦ Ophthalmology Specialist at Ntra. Sra. del Prado Hospital
- ♦ Bachelor's Degree in Medicine and Surgery from Santiago de Compostela University
- ♦ Specialization in Ophthalmology from Gregorio Marañón University Hospital
- ♦ University Expert in Ocular Pharmacology from Complutense University of Madrid

Dr. Moreno-Alemán Sánchez, Javier

- ♦ Ophthalmologist at La Princesa University Hospital
- ♦ Bachelor's Degree in Medicine from Complutense University of Madrid
- ♦ Specialization in Oculoplastic Surgery from the Conde de Valenciana Ophthalmology Foundation
- ♦ Stay at Queen Elizabeth Orthopedic Hospital
- ♦ Stay at Jackson Memorial Cardiothoracic Surgery Hospital
- ♦ Member of SEO

Dr. Milla Peñalver, Carlos

- ♦ Ophthalmology Specialist at Poniente University Hospital
- ♦ Director of the Oculoplastic Surgery Unit at Dr. Benavides Ophthalmological Clinic
- ♦ Master's Degree in Ophthalmic Plastic and Orbital Surgery from the Autonomous University of Barcelona
- ♦ Member of SECPOO

Dr. Gálvez Prieto-Moreno, Carlos

- ♦ Ophthalmology Specialist at Oftalvist Granada and Oftalvist Málaga
- ♦ Ophthalmology Specialist at Virgen de las Nieves Hospital
- ♦ Ophthalmology Specialist at Nuestra Señora de la Salud Hospital
- ♦ Ophthalmology Specialist at LASEROF Ophthalmological Clinic
- ♦ PhD in Surgical Dermatology and Venereology
- ♦ Bachelor's Degree in Medicine and Surgery from the University of Granada
- ♦ Master's Degree in Oculoplastic and Orbital Surgery at the Ocular Microsurgery Institute from the Autonomous University of Barcelona
- ♦ Member of SEO

Dr. García Figuera, Nieves

- ♦ Ophthalmology Specialist
- ♦ Bachelor's Degree in Medicine and Surgery
- ♦ Member of SOM



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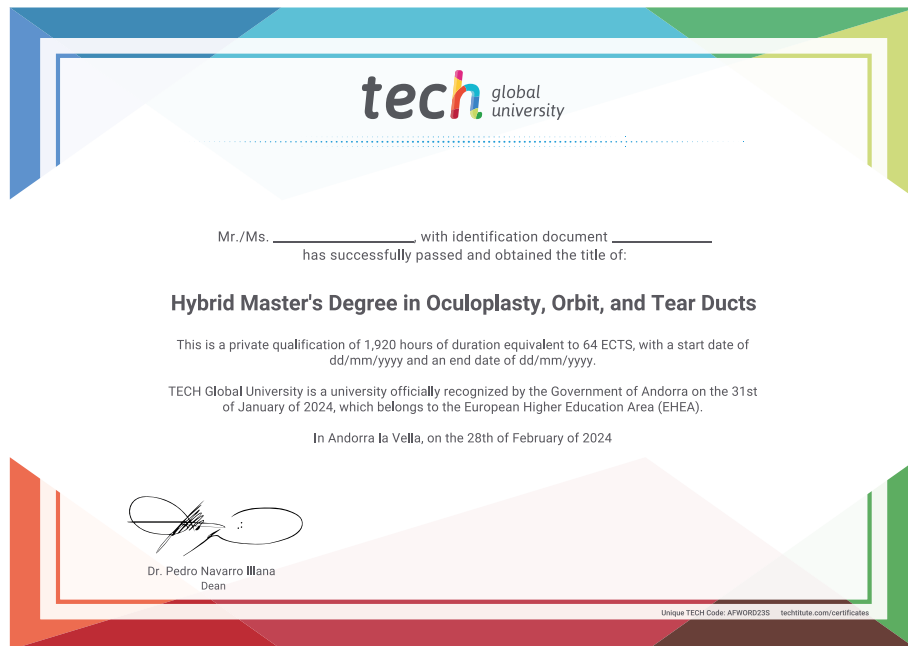
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and Tear Ducts

Modality: Hybrid (Online + Internship)

Duration: 12 months

Certificate: TECH Global University

Credits: 60 + 4 ECTS

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