



## Professional Master's Degree

# Oculoplasty, Tear Ducts and Orbit

» Modality: online

» Duration: 12 months

» Certificate: TECH Technological University

» Dedication: 16h/week

» Schedule: at your own pace

» Exams: online

We bsite: www.techtitute.com/us/medicine/professional-master-degree/master-oculoplasty-tear-ducts-orbit

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## tech 06 | Introduction

The fantastic results obtained from the increasingly successful and specialized practice of Oculoplasties Surgery have made it possible to intervene in the correction of problems of the periocular facial structures of millions of patients. Thanks to this, nowadays it is possible to count on techniques and treatments for the recovery of the function of the eye and its annexed structures, having a remarkable influence, not only in the increase of the visual quality of the person, but also in his daily life. However, it is a field in continuous evolution and expansion, which is why specialists in this branch of ophthalmology must be continually updating their knowledge and implementing the latest techniques in their practice.

In order to facilitate this task, TECH and its team of experts in Oculoplasties Surgery have developed this Professional Master's Degree, which includes 1,500 hours of the best theoretical and practical content in the university sector. It is a dynamic, exhaustive program, adapted to the latest evidence in this field of medicine, with which the graduate will be able to get up to date in less than a year, acquiring a deep and quality knowledge of this subspecialty.

The syllabus will delve into the most relevant aspects of surgery, as well as palpebral malposition, eyelash malposition and dystonia, with special emphasis on the specific management of this type of patients. It will also delve into ptosis, its diagnosis and treatment, while allowing the specialist to know in detail the latest scientific evidence related to reconstructive surgery and pathologies of the lacrimal pathways.

All this through a 100% online program that also includes hundreds of hours of additional high quality material: complementary readings, research articles, dynamic summaries of each unit, detailed videos, images and real clinical cases. In this way, the graduates will be able to focus on those aspects they consider most relevant for the improvement of their medical skills. In addition, its convenient format, without timetables and accessible from any device with an internet connection, will allow you to keep up to date with total quarantee in a way that is compatible with your professional and personal life.

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

- The development of case studies presented by Ophthalmology experts
- The graphic, schematic, and practical contents which provide scientific and practical information on the disciplines that are essential for professional practice
- Practical exercises where self-assessment can be used to improve learning
- Its special emphasis on innovative methodologies
- 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



A 100% online program designed by experts in Oculoplasties Surgery and aimed at professionals who, like you, are continually seeking to offer an even better medical service to their patients"



Among the most frequent consultations in Ophthalmology, palpebral malpositions stand out. With this program you will learn in detail the most effective methods of intervention and treatment of the moment"

The program's teaching staff includes professionals from the sector who contribute their work experience to this educational program, as well as renowned specialists from leading societies and prestigious universities.

Its multimedia content, developed with the latest educational technology, will provide the professional with situated and contextual learning, i.e., a simulated environment that will provide an immersive education programmed to learn in real situations.

The design of this program focuses on Problem-Based Learning, by means of which the professional must try to solve the different professional practice situations that are presented throughout the academic course. For this purpose, the student will be assisted by an innovative interactive video system created by renowned experts.

A program that will give you an indepth understanding of the anatomical considerations to be taken into account when treating a patient with involutional periobital changes.

The perfect program to update your knowledge related to periocular and orbital anatomy is right in front of you. Don't let it pass you by.







## tech 10 | Objectives



#### **General Objectives**

- Delve into the anatomy and physiology of the eyelids, orbit and lacrimal ducts
- Know in detail the physiology of the eyelids, orbit and lacrimal ducts and their functions
- Know in depth the latest exploratory techniques for consultation, for its application in the clinic
- Know the management of the pre-surgical patient, with emphasis on the management of the coagulated or antiaggregate patient
- Handle the techniques and drugs of local and truncal anesthesia in Oculoplasties, as well as basic concepts about general anesthesia
- In-depth knowledge of eyelid and eyelashes malpositioning diseases, their diagnosis and clinical management
- Delve into the knowledge of the periocular anatomy, the evolutionary changes due to aging and the novelties about its aesthetic and surgical medical approach
- Study in depth the diagnosis, management and treatment of the different types of eyelid ptosis
- Manage the diagnosis of benign and malignant lesions of the eyelids, as well as palpebral and periocular reconstruction techniques
- Know in depth the physiology and function of the lacrimal pathway, as well as the diagnosis and treatment of diseases affecting the lacrimal system

- Study orbital pathology from the anatomical basis to the understanding of vascular and tumor pathologies, with emphasis on their diagnosis and differential diagnosis
- Have a deep knowledge of the inflammatory pathology of the orbit and its treatment, delving into the treatment, more specifically in the new immunological treatments and the multidisciplinary approach of these pathologies



The vast majority of physicians seeking such educational programs have very high expectations. That's why TECH and its team work conscientiously in each program to exceed them"



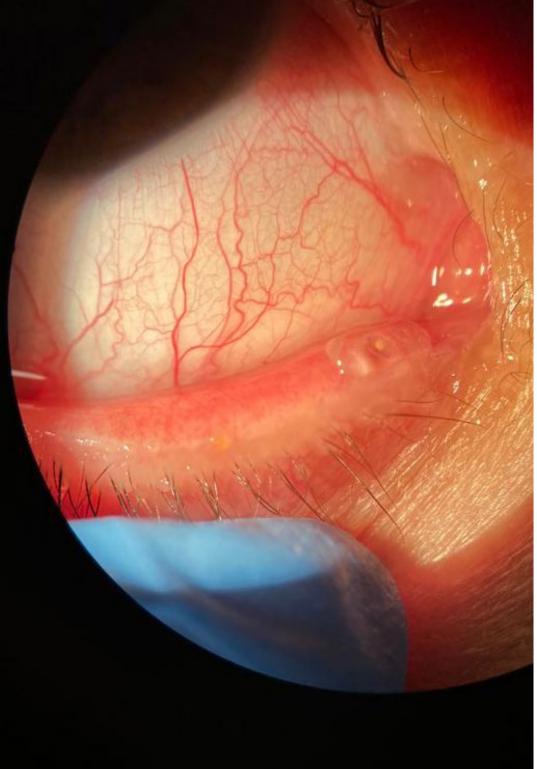
## **Specific Objectives**

#### Module 1. Aspects in Oculoplastic Surgery

- Know in depth the periocular and orbital anatomy, the lacrimal duct, nasal cavity and paranasal sinuses, as well as facial anatomy
- Know how to identify the innervation and irrigation of the periocular area
- Learn how to mark the skin to improve the scars generated by incisions
- Know the main drugs used in anesthetic infiltration
- Learn the wide range of surgical material available in our surgical practice
- Acquire a broad knowledge of the preoperative management of the anticoagulated/antiaggregation patient

## Module 2. Palpebral Malposition, Eyelash Malpositions and Dystonia in Ophthalmology

- Know the etiology of ectropion: involutional, cicatricial and paralytic
- Acquire a broad knowledge on the management of involutional and cicatricial entropion
- Learn about the management and treatment of distichiasis and trichiasis
- Have an in-depth knowledge of facial musculature and the different dystoniasis in ophthalmology



## tech 12 | Objectives

#### Module 3. Periorbital Involutional Changes and Periocular Aesthetics

- Learn about palpebral surgery planning/counseling
- Obtain a complete knowledge of eyebrow ptosis and the direct and indirect browplasty procedure via endoscopy
- Learn upper and lower blepharoplasty exploration and surgical technique
- Learn in depth the uses and complications of CO2 laser
- Learn about the types of periocular fillers available, as well as the advantages and complications derived from their use
- Understand how botulinum toxin works, its applications and the complications derived from its application
- Obtain an in-depth knowledge of the new paradigms of periocular aesthetics

#### Module 4. Ptosis, Diagnosis and Treatment

- Learn how to perform a correct examination and diagnosis of palpebral ptosis
- Know in depth the different etiologies involved in aponeurotic ptosis: senile, congenital, hereditary, as well as those associated with blepharophimotic syndrome, contact lens use or thyroid orbitopathy
- Understand congenital and acquired myogenic ptosis: myasthenia gravis, myotonic dystrophy, CPEO, etc
- Delve into the diagnosis and identification of pseudoptosis
- In-depth knowledge of the different techniques of aponeurosis reinsertion
- In-depth knowledge of the different techniques of resection and folding of the levator aponeurosis
- Delve into the techniques of direct and indirect frontalis muscle suspension

#### Module 5. Benign/Malignant Palpebral Lesions and Reconstructive Surgery

- Know the anatomy of the skin and periocular appendages
- Delve into the differential diagnosis of palpebral lesions
- Learn to identify the main benign/malignant tumors of the epidermis and skin appendages, as well as pigmented lesions and other less frequent tumors (vascular, lymphoid, etc.)
- Have a thorough knowledge of the most commonly used biopsy techniques. Mohs Surgery.
   Cold Biopsy
- Delve into the repair of anterior lamella defects and management of facial skin grafts
- Understand the fundamentals of the main techniques for repair of full-thickness defects of less than 50%, between 50% and 75% and greater than 75%

#### Module 6. Tear Ducts

- Know in depth the anatomy and physiology of the lacrimal duct
- Learn how to explore the lacrimal ducts by permeability tests in the office and/or by complementary imaging tests
- Know the diagnosis and treatment of lacrimal punctal obstruction
   Technique of punctaplasty
- Learn how to diagnose and treat lower lacrimal duct obstruction. Endonasal RCD and external RCD
- Know the diagnosis and treatment of canalicular obstruction. CDCR Tubes. Complications
- Know how to detect infectious and inflammatory pathology of the lacrimal duct: canaliculitis, acute dacryocystitis, inflammatory disease of the lacrimal punctum
- Identify lacrimal sac tumors for a correct treatment and better prognosis
- Learn the main congenital malformations of the lacrimal duct and their association with systemic diseases and syndromes

#### Module 7. Palpebral and Orbital Trauma. Orbital Examination

- Understand how to perform a complete examination of the trauma patient and which complementary tests to request in each case
- Acquire a broad knowledge of the management, exploration and surgical technique for the repair of palpebral lacerations with or without involvement of the lacrimal pathway
- Learn how to handle fractures of the orbital floor and other fractures of the rest of the orbital walls (medial, lateral, superior)
- Know how to diagnose other complex fractures of the orbit, as well as orbital foreign bodies, orbital compartment syndrome, traumatic optic neuropathy or traumatic muscle contusion

#### Module 8. Inflammatory and Infectious Diseases of the Orbit

- Learn how to perform a thorough examination of the orbit
- Delve into the differential diagnosis of proptosis
- Understand the etiology, clinical, diagnosis and classification of thyroid orbitopathy. Mild/ moderate/severe. Active/inactive
- Obtain a thorough knowledge about the medical treatment of thyroid orbitopathy
- Know the different rehabilitative surgical techniques for thyroid orbitopathy
- Delve into the specific inflammatory diseases of the orbit; granulomatosis, sarcoidosis, Wegener's disease
- Delve into Ig4-related disease
- Know the main infectious diseases of the orbit: preseptal cellulitis, orbital cellulitis, mucormycosis, etc

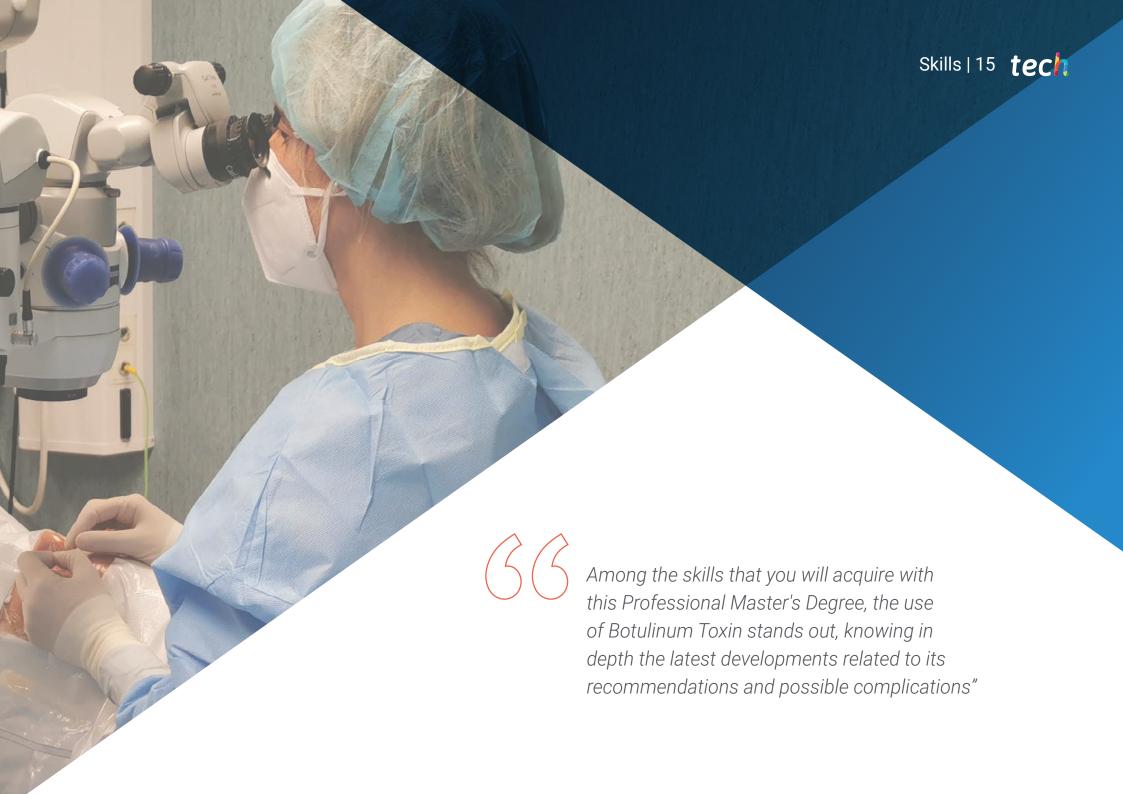
#### Module 9. Tumor and Orbital Vascular Pathology. Surgical approach of the orbit

- Delve into benign neoplasms of vascular origin: capillary and intraosseous hemangioma, etc
- Know the different benign neoplasms of neural origin: swchanoma, neurofibroma, NW meningioma, glioma
- Learn about other benign lesions of the orbit and lacrimal glands
- Understand the most frequent primary malignant lesions: lymphoma, rhabdomyosarcoma, etc
- Delve into the knowledge of the different vascular malformations of the orbit
- Learn how to choose the most appropriate surgical approach for each case

#### Module 10. Anophthalmic Cavity

- Assess the monophthalmic patient
- Have a deep knowledge of the orbital anatomy in order to perform surgical techniques such as evisceration, enucleation or exenteration
- Know the different types of synthetic orbital implants available
- Learn how to use autologous material/dermal fat grafting
- Understand the diagnosis and treatment of anophthalmic syndrome: enophthalmos and sinking of the upper eyelid
- $\bullet\,$  Learn how to assess and surgically treat the retracted an ophthalmic orbit
- · Learn how to evaluate the anophthalmic cavity in the pediatric age





## tech 16 | Skills

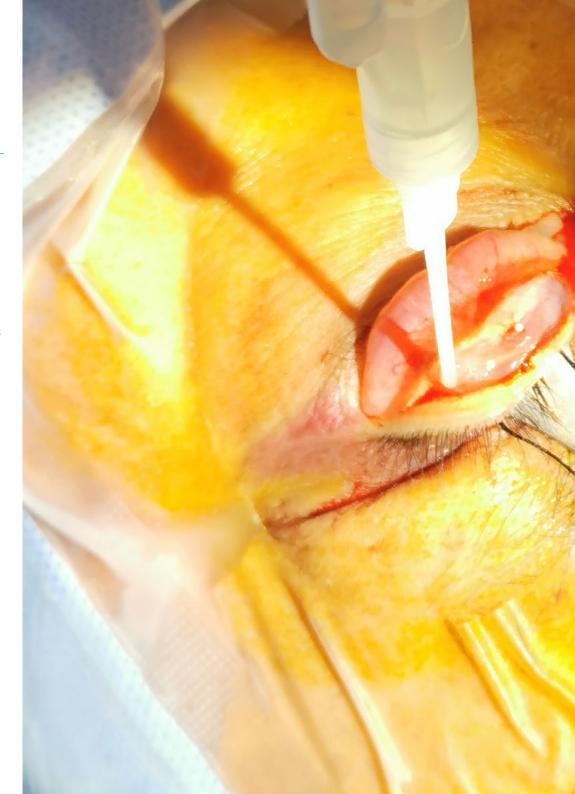


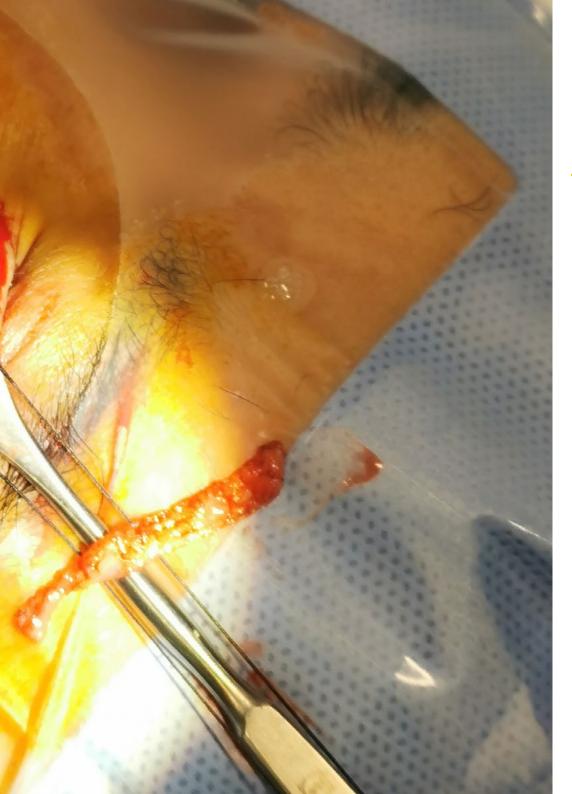
#### **General Skills**

- Handle the techniques and drugs of local and truncal anesthesia in Oculoplasties, as well as basic concepts about general anesthesia
- Delve into the anatomy of the orbit, eyelids, lacrimal duct and nasal cavity in all its breadth and depth
- Control the management of palpebral and orbital trauma and its control in the emergency department
- Master the knowledge of the anophthalmic cavity, its surgical and rehabilitation techniques



You will become an even more prepared specialist thanks to the exhaustive knowledge of the latest treatments and diagnostic techniques in the field of Ophthalmology"







### **Specific Skills**

- Know in depth the periocular involutional changes and anatomical considerations to be taken into account for palpebral surgery
- Master the conjunctivomüllerectomy technique
- Manage a wide, exhaustive and updated knowledge of congenital palpebral pathology
- Delve into the most frequent etiologies of neurogenic ptosis: III pair palsy, Marcus Gunn syndrome, Horner syndrome, etc
- Have the most specific skills for the evaluation of the patient's oncologic prognosis
- Be able to delve deeper into functional epiphora, as well as its diagnosis and treatment
- Understand the latest developments related to idiopathic orbital inflammatory disease, as well as its diagnostic orientation and treatment
- Know the main ocular prostheses available in the market, their characteristics, recommendations, etc
- Have the most specialized and updated knowledge to identify and indicate the most appropriate imaging test adapted to each case
- Manage the different hemostasis techniques





#### Management



#### Dr. Ibáñez Flores, Nuria

- Head of the Oculoplasties Department at the ICR of Barcelona (Institut Català de Retina)
- Adjunct professor of the medical degree at the UIC (International University of Catalonia)
- Director and coordinator of the surgical master's degree of the UIC (International University of Catalonia) in Oculoplasties, Orbit and Lacrimal Ducts
- Reviewer of the Archives of the Spanish Society of Ophthalmology
- Member of the Spanish Society of Ocular and Orbital Plastic Surgery (SECPOO)
- Responsible and coordinator of the interhospital sessions of Oculoplasties taught at ICR
- Doctor in Medicine and Surgery from the Autonomous University of Barcelona
- Degree in Medicine and Surgery from the University of Barcelona, Bellvitge Teaching Unit



#### Dr. Pascual González, Macarena

- Medical Specialist in Ophthalmology at General University Hospital Gregorio Marañón. Section of Oculoplasty, Tear Ducts and Orbit
- Collaborating lecturer in the subject of Ophthalmology at the Complutense University of Madrid
- Member of the Spanish Society of Ocular and Orbital Plastic Surgery (SECPOO)
- Fellow of European Board of Ophthalmology (FEBO)
- Degree in Medicine from the University of Malaga
- Specialist in Ophthalmology, Gregorio Marañón General University Hospita
- Professional Master's Degree in Esthetic axonal regeneration and Anti-Aging Medicine at the Complutense University of Madrid

#### **Professors**

#### Dr. Cifuentes Canorea, Pilar

- Head of the Eyelids and Lacrimal Duct Department of Martínez de Carneros Clinic
- Professor of the degree of medicine of the Alfonso University
- Degree in Medicine from the Complutense University of Madrid
- · Specialization in Ophthalmology at the San Carlos Clinical Hospital
- Master's Degree in Aesthetic Medicine from the Complutense University of Madrid

#### Dr. Gasparini, Cecilia

- Medical Coordinator of Oculoplasties Service Ophthalmological Consultants
- Fellowship in Oculoplasties Dr. Martín H. Devoto Ophthalmological Consultants
- Co-author of several publications
- Member of the Argentine Council of Ophthalmology (CAO)
- Member of the Argentine Society of Ocular Plastics (SAPO)
- Medical Degree awarded by the Faculty of Medical Sciences -UBA Autonomous City of Buenos Aires

#### Dr. Tovilla Canales, José Luis

- Director of the Oculoplastics Department of the Ophthalmology Institute "Fundación Conde de Valenciana"
- Past President of the Mexican Society of Oculoplastics
- Past President of the Panamerican Society of Oculoplastics
- Fellow in Oculoplastics at UCSF with Stuart Seiff
- Fellow at Wills Eye Hospital with Marlon Maus and Dr. Shields

#### Dr. Laiseca, Andrea

- · Associate Ophthalmologist of Clínica Drs. Laiseca, specialists in ocular prostheses
- FEA of the Ophthalmology Service of the University Hospital of Getafe, section of Oculoplasty, lacrimal ducts and orbit
- Fellow European Board of Ophthalmology (FEBO)
- Collaborating Professor Cardenal Herrera University: "Master of Ophthalmology.
   Oculoplastic and tear ducts update."
- Member of the Spanish Society of Ocular and Orbital Plastic Surgery (SECPOO)
- Degree in Medicine and Surgery from the University of Zaragoza
- Specialist in Ophthalmology by the Barraquer Ophthalmology Center

#### Dr. Ortiz Pérez, Santiago

- Clinical fellowship in oculoplastics (Moorfields Eye Hospital) in 2013
- Associate Professor at the University of Granada
- Researcher at the IBS Granada (Institute of Biomedical Research of Granada)
- Director of the Ophthalmology Unit, Virgen de las Nieves Hospital, Granada
- Founding member 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)
- Junior Fellowship in Oculoplasties (The Western Ophthalmic and Chelsea and Westminster Hospital London)
- Doctor of Medicine from the University of Barcelona
- Degree in Medicine and Surgery from the University of Granada in
- Residency in Ophthalmology. Barcelona Clinical Hospital
- Master in Medical Management and Health Management by the National University of Distance Education (UNED) and the National School of Health

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#### Dr. Pfeiffer, Nuria

- Deputy Director of the Lidclinic Pfeiffer Oculoplastic Center
- Head of the Ptosis Department
- Coordinator of the Periocular Aesthetic Medicine Unit
- President of the Lidclinic Pfeiffer Foundation, Glasses for the World
- Member of the Spanish Society of Ocular and Orbital Plastic Surgery (SECPOO)
- Member of the German Society of Ophthalmology (DOG)
- PhD in Vision Sciences from the Complutense University of Madrid. Comparative study between surgery of palpebral ptosis by suture of the aponeurosis to the tarsus vs combined suture to Whitnall's ligament
- Degree in Medicine from the Complutense University of Madrid
- Specialist in Ophthalmology

#### Dr. Rachwani Anil, Rahul

- Head of the Ophthalmology Service- Northern Hospital of Malaga (Antequera)
- Ophthalmologist attached to the Oculoplasty unit- Vithas Malaga Hospital
- Ophthalmologist attached to the Oculoplasty Unit- Quirón Malaga Hospital
- Member of the Spanish Society of Ocular and Orbital Plastic Surgery (SECPOO)
- Member of the Spanish Society of Ophthalmology
- Degree in Medicine from the University of Malaga
- Specialist in Ophthalmology, of Malaga Regional University Hospital
- Professional Master's Degree in Esthetic axonal regeneration and Anti-Aging Medicine at the Complutense University of Madrid
- Master in Ophthalmology





## Course Management | 23 tech

#### Dr. Sánchez España, Juan Carlos

- Specialist Assistant of the Ophthalmology Service of the Clinical Hospital of Barcelona
- Fellowship in Oculoplasties Surgery, IMO, Barcelona, Spain
- Doctor of Medicine (PhD), UH, Huelva, Spain
- Physician UNAB, Bucaramanga, Colombia
- Specialist in Ophthalmology, Juan Ramón Jiménez Hospital, Huelva, Spain
- Professional Master's Degree in Research Methodology in Health Sciences

#### Dr. Zamorano Martín, Francisco

- Fellowship in Oculoplasty at the Conde de Valenciana Ophthalmology Institute in Mexico City, Mexico
- Ophthalmologist at the Elena Barraquer Foundation
- Author of several research articles related to the ocular area
- Ophthalmology Resident at the HRU of Malaga
- PhD in Medicine, University of Malaga





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#### Module 1. 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 Tissue Subcutaneous
  - 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. Internal 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
- .8. Preoperative Management of the Anticoagulated/Antiaggregate 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.** Palpebral Malposition, Eyelash Malpositions and Dystonia in Ophthalmology

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

- 2.7. Trichiasis
  - 2.7.1. Causes
  - 2.7.2. Diagnostic
  - 2.7.3. Management and Treatments
- 2.8. Distichiasis
  - 2.8.1. Causes
  - 2.8.2. Diagnostic
  - 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 Aperture
  - 2.9.3. Meige's 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. Browplasty
  - 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 Care
- 8.5. Upper Blepharoplasty
  - 3.5.1. Preoperative Examination
  - 3.5.2. Surgical Technique
  - 3.5.3. Complications
  - 3.5.4. Post-Operative Care

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- 3.6. Lower Blepharoplasty
  - 3.6.1. Preoperative Examination
  - 3.6.2. Surgical Technique
  - 3.6.3. Complications
  - 3.6.4. Post-Operative Care
- 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 Periocular Aesthetics

#### Module 4. Ptosis, Diagnosis and Treatment

- 4.1. Palpebral Ptosis
- 4.2. Diagnosis and Examination of Palpebral Ptosis
- 4.3. Aponeurotic Ptosis
  - 4.3.1. Senile or Involutional Aponeurotic Ptosis
  - 4.3.2. Congenital Aponeurotic Ptosis
  - 4.3.3. Hereditary or Late Acquired Aponeurotic Ptosis
  - 4.3.4. Aponeurotic Ptosis Associated with Blepharophimosis Syndrome
  - 4.3.5. Aponeurotic Ptosis in Relation to Contact Lens Wearing
  - 4.3.6. Aponeurotic Ptosis in Thyroid Orbitopathy
- 4.4. Myogenic Ptosis
  - 4.4.1. Simple and complex congenital myogenic myogenic ptoses
  - 4.4.2. Acquired Myogenic Ptosis. Myasthenia Gravis, Myotonic Dystrophy and CPEO

- 4.5. Neurogenic Ptosis
  - 4.5.1. Ptosis due to Paralysis of the III Pair. Congenital and Acquired
  - 4.5.2. Ptosis in Marcus Gunn Syndrome
  - 4.5.3. Ptosis in Horner Syndrome
- 4.6. Pseudoptosis
- 4.7. Techniques of Reinsertion of the Aponeurosis
  - 4.7.1. Simple Reinsertion of the Aponeurosis to the Tarsus. Anterior and Posterior Route
  - 4.7.2. Combined Reinsertion of Aponeurosis to the Tarsus and Whitnall's Ligament.

    Anterior and Posterior Route
- 4.8. Conjunctivomüllerectomy
- 4.9. Techniques of Resection and Folding of the Aponeurosis of the EPS
  - 4.9.1. Resection of the EPS Aponeurosis
  - 4.9.2. Modified EPS Resection
  - 4.9.3. Folding of the Aponeurosis of the EPS
- 4.10. Frontal Suspension Techniques
  - 4.10.1. Indirect Suspension to the Frontalis Muscle and Materials
    - 4.10.1.1. Direct Suspension to the Frontalis Muscle, Direct Frontalis Flap

#### Module 5. Benign/Malignant Palpebral Lesions and Reconstructive Surgery

- 5.1. Skin Anatomy and Appendages
- 5.2. Differential Diagnosis of Palpebral Lesions
- 5.3. Tumors of the Epidermis
- 5.4. Tumors of the Cutaneous Appendages
- 5.5. Pigmented Lesions
- 5.6. Other Palpebral Tumors
  - 5.6.1. Vascular
  - 5.6.2. Fibrous
  - 5.6.3. Muscular
  - 564 Numerals
  - 5.6.5. Perineural
  - 5.6.6. Lipomatous
  - 5.6.7. Cartilaginous
  - 5.6.8. Lymphoid
  - 5.6.9. Hamartomatous
- 5.7. Biopsy Techniques

## Structure and Content | 29 tech

5.8. 5.9. 5.10.	<ul> <li>5.7.2. Intraoperative Pathological Anatomy</li> <li>5.7.3. Cold Biopsy</li> <li>Repair of Anterior Lamellar Defects and Management of Facial Skin Grafts</li> <li>Repair of Full-Thickness Defects Less Than 50%, 50% to 75% and Greater Than 75%</li> <li>Assessment of Oncologic Prognosis</li> </ul>					
Mod	ule 6. T	ear Ducts				
5.1.	Lacrima	al Pathways				
	6.1.1.	Lacrimal Du	ct			
		6.1.1.1.	Tear Drainage System			
		6.1.1.2.	Lacrimal Points			
		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 Lacrimal Duct				
		6.1.2.1.	Tear Drainage System			
		6.1.2.2.	Lacrimal Points			
		6.1.2.3.	Canalicul			
		6.1.2.4.	Common Canaliculus			
		6.1.2.5.	Lacrimal Sac			
5.2.	Exploration of the Lacrimal Ducts					
	6.2.1.	Exploration	in Consultation: Tear Duct Patency Tests			
		6.2.1.1.	Irrigation or Syringing of the Lacrimal Duct			
		6.2.1.2.	Flourescein Disappearance Test			
		6.2.1.3.	Jones Staining 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			

Endoscopic Nasal Diagnosis

5.7.1. Mohs Surgery

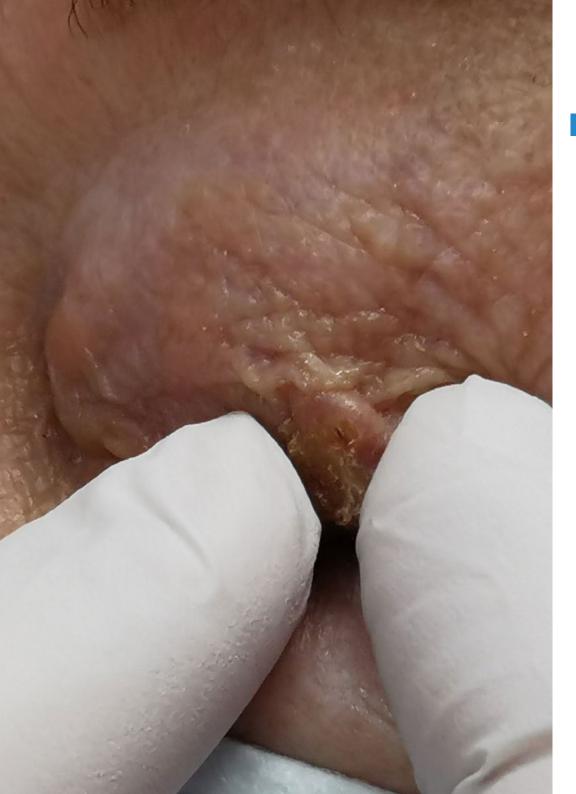
6.2.2.4.

- 6.3. Diagnosis and Treatment of Lacrimal Punctal Obstruction6.3.1. Clinical Manifestations
  - 6.3.2. Causes
  - 6.3.3. Diagnosis of Lacrimal Punctal Obstruction
  - 6.3.4. Differential Diagnosis
  - 6.3.5. Techniques of Punctaplasty
  - 6.3.6. Postoperative Period and Complications of Dotoplasty
- 6.4. Diagnosis and Treatment of Lower Lacrimal Duct Obstruction
  - 6.4.1. Clinical Manifestations
  - 6.4.2. Causes
  - 6.4.3. Diagnosis of Lower Lacrimal Duct Obstruction
  - 6.4.4. Treatment of Lower Lacrimal Duct Obstruction
    - 6.4.4.1.Dacryocystorhinostomy (DCR)
      - 6.4.4.1.1. Endomonasal Dacryocystorhinostomy
        - 6.4.4.1.1.1. History and Evolution of the Endonasal DCR
        - 6.4.4.1.1.2. Techniques of Endonasal Dacryocystorhinostomy
        - 6.4.4.1.1.3. Selective Endonasal RCD
        - 6.4.4.1.1.4. Endonasal Laser RCD
        - 6.4.4.1.1.5. Postoperative Period for Endonasal RCD
        - 6.4.4.1.1.6. Complications of Endonasal RCD
    - 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

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6.5.	sis and Treatment of Canalicular Obstruction			
	6.5.1.	Clinical Manifestations		
	6.5.2.	Causes		
	6.5.3.	Exploration 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.	Metereaux Tubes		
	6.5.8.	Complications of Conjunctivodacryocryocys Torhinostomy		
6.6.	Controversy Between Endonasal DCR and External DCR			
	6.6.1.	Medicine Based on Scientific Evidence		
	6.6.2.	Advantages and Disadvantages of Endonasal RCD		
	6.6.3.	Advantages and Disadvantages of External RCD		
	6.6.4.	Comparison of Endonasal RCD vs. External RCD		
	6.6.5.	Conclusions		
6.7. Infectious and Inflammatory Pathology of the Lacr		us and Inflammatory Pathology of the Lacrimal Duct		
	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 (ACD)		
		6.7.2.1.Clinical Manifestations of ACD		
		6.7.2.2.ACD Causes		
		6.7.2.3.ACD Diagnosis		
		6.7.2.4.DCA Treatment		
	6.7.3.	Lacrimal Punctal Inflammatory Disease (LIPD)		
		6.7.3.1.EIPL Diagnosis		
		6.7.3.2.EIPL Treatment		
6.8.	Lacrimal Sac Tumors			
	6.8.1.	Clinical Manifestations		
	6.8.2.	Diagnostic		
	6.8.3.	Histological Variants		
	6.8.4.	Differential Diagnosis		
	6.8.5.	Treatment		
	6.8.6.	Prognosis		

	6.9.		nal Epiphora
			Functional Epiphora
		6.9.2.	Epiphora Causes
		6.9.3.	Functional Epiphora Diagnosis
		6.9.4.	Anamnesis and Exploration
		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. Lacrimal Duct Congenit		Lacrima	al Duct Congenital Pathology Lacrimal Duct
		6.10.1.	Lacrimal Duct Congenital Malformations
			6.10.1.1.Embryology
			6.10.1.2.Lacrimal Point and Canaliculi
			6.10.1.3.Dacryocystocele
			6.10.1.4.Lacrimal Fistula
		6.10.2.	Associations of Systemic Diseases and Syndromes
		6.10.3.	Congenital Obstruction of the Lacrimonasal Duct
			6.10.3.1.Clinical Manifestations
		6.10.4.	Diagnostic
		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.Catheter-Balloon Dilatation
			6.10.5.5.Dacryocystorhinostomy
			6.10.5.6.Treatment Protocol



## Structure and Content | 31 tech

#### Module 7. Palpebral and Orbital Trauma. Orbital Examination

- 7.1. Assessment of the Traumatic Patient
  - 7.1.1. Stabilization and General Assessment
  - 7.1.2. Intraocular Examination
  - 7.1.3. Evaluation of the Eyelids
  - 7.1.4. Orbital Examination
- 7.2. Repair of Palpebral Lacerations
  - 7.2.1. Repair of Simple Palpebral Lacerations
  - 7.2.2. Repair of Full-Thickness Palpebral Lacerations
- 7.3. Repair of Lacerations Involving the Lacrimal Duct
- 7.4. Fracture of the Floor of the Orbit
  - 7.4.1. Clinic and Presentation. When to Suspect?
  - 7.4.2. Surgical Treatment
  - 7.4.3. Implants
- 7.5. Fracture of Other Orbital Walls
  - 7.5.1. Medial Wall Fracture
  - 7.5.2. Lateral Wall Fracture
  - 7.5.3. Roof Fracture
- 7.6. Complex Fractures
  - 7.6.1. Blow-out Fracture "Blow-Out)
  - 7.6.2. Le-Fort Fractures
  - 7.6.3. Fracture of the Zygomatic-Maxillary Complex
- 7.7. Orbital Foreign Bodies
- 7.8. Orbital Compartment Syndrome
- 7.9. Traumatic Optic Neuropathy
- 7.10. Traumatic Muscular Contusion

## tech 32 | Structure and Content

#### Module 8. Inflammatory and Infectious Diseases of the Orbit

- 8.1. Exploration of the Orbit
  - 8.1.1. Physical Examination of the Orbit
- 8.2. Differential Diagnosis of Proptosis
- 8.3. Thyroid Ophthalmopathy (TO):
  - 8.3.1. Etiology
  - 8.3.2. Clinical Symptoms
  - 8.3.3. Diagnostic
  - 8.3.4. Classification
    - 8.3.4.1.Mild/Moderate/Severe
    - 8.3.4.2. Active/Inactive
    - 8.3.4.3. Patient Quality of Life Tests
- 8.4. Medical Treatment of TO
- 8.5. Surgical Treatment of TO
- 8.6. Specific Inflammatory Diseases of the Orbit
  - 8.6.1. Vasculitis: Granulomatosis With Polyangiitis and Others
  - 8.6.2 Granulomatous Inflammations of the Orbit
    - 8.6.2.1.Sarcoidosis
    - 8.6.2.2. Wegener's Disease
    - 8.6.2.3.0thers
- 8.7. IgG4-related Disease
- 8.8. Idiopathic Orbital Inflammatory Disease
  - 8.8.1. Classification
  - 8.8.2. Diagnostic Management: Biopsy vs. Empirical Corticosteroid Therapy
  - 8.8.3. Treatment
- 8.9. Infectious Diseases of the Orbit I.
  - 8.9.1. Preseptal Cellulitis
  - 8.9.2. Cellulite
- 8.10. Other Infectious Diseases of the Orbit
  - 8.10.1. Mucormycosis

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

- 9.1. Benign Neoplasms of Vascular Origin
  - 9.1.1. Capillary Hemangioma
  - 9.1.2. Intraosseous Hemangioma
- 9.2. Benign Neoplasms of Neural Origin
  - 9.2.1. Schwanoma
  - 9.2.2. Neurofibroma
  - 9.2.3. Optic Nerve Meningioma
  - 9.2.4. Optic Nerve Glioma
- 9.3. Benign Neoplasms of the Lacrimal Gland
- 9.4. Other Benign Lesions of the Orbit
- 9.5. Primary Malignant Neoplasms: Orbital Lymphoma
- 9.6. Primary Malignant Neoplasms: Orbital Rhabdomyosarcoma
- 9.7. Malignant Neoplasms of Lacrimal Gland
- 9.8. Other Malignant Neoplasms of the Orbit
  - 9.8.1. Extension of Periocular Malignant Tumors
  - 9.8.2. Spread of Intraocular Malignant Tumors
  - 9.8.3. Orbital Metastases
- 9.9. Vascular Malformations of the Orbit
  - 9.9.1. Venous Malformation of the Orbit
  - 9.9.2. Veno-Lymphatic Malformations of the Orbit
  - 9.9.3. Arterio-Venous Malformations of the Orbit
  - 9.9.4. Other Orbital Vascular Malformations
- 9.10. Choice of Surgical Approach. Preoperative and Intraoperative Considerations
  - 9.10.1. Anterior Orbitotomy
  - 9.10.2. Medial Orbitotomy
  - 9.10.3. Lateral Orbitotomy
  - 9.10.4. Other Approaches to the Orbit

#### Module 10. Anophthalmic Cavity

- 10.1. Monophthalmic Patient
  - 10.1.1. Causes of Loss of the Eyeball. Painful Blind Eye. Ptisis
  - 10.1.2. Visual Phenomenons Secondary to the Loss of the Eyeball
    - 10.1.2.1.Monocular and Binocular Vision
    - 10.1.2.2.Loss of VC and Stereopsis. The Phantom Eye
  - 10.1.3. Quality of Life, Psychological and Psychopathological Aspects in the Monophthalmic Patient
- 10.2. Evisceration of the Eyeball
  - 10.2.1. Indications
  - 10.2.2. Surgical Technique and Postoperative Management
  - 10.2.3. Complications
- 10.3. Enucleation of the Eyeball
  - 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. WHO vs. Synthetic Orbital Implant

#### 10.7. Anophthalmic Syndrome

- 10.7.1. Treatment of Enophthalmos and Sinking of the PPS
  - 10.7.1.1.Combined Technique
  - 10.7.1.2.Lipostructure
  - 10.7.1.3. Others: Rib Cartilage Grafting
- 10.7.2. Management of Ptosis in Ocular Prosthesis Carriers
- 10.8. Reconstruction of the Retracted Anophthalmic Orbit
  - 10.8.1. Assessment
  - 10.8.2. Surgical Treatment of the Retraction
- 10.9. Ocular prosthesis
  - 10.9.1. Ocular Surface
  - 10.9.2. Fitting and Fabrication
  - 10.9.3. Removal and Fitting Maneuvers
  - 10.9.4. Assessment of the Prosthesis and Inspection of the Cavity Medical Pathology and Treatment
  - 10.9.5. Indications to the Patient
  - 10.9.6. Research and Future
- 10.10. Anophthalmic Cavity in Pediatric Age



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## tech 36 | Methodology

#### At TECH we use the Case Method

What should a professional do in a given situation? Throughout the program, students will face multiple simulated clinical cases, based on real patients, in which they will have to do research, establish hypotheses, and ultimately resolve the situation. There is an abundance of scientific evidence on the effectiveness of the method. Specialists learn better, faster, and more sustainably over time.

With TECH you will experience a way of learning that is shaking the foundations of traditional universities around the world.



According to Dr. Gérvas, the clinical case is the annotated presentation of a patient, or group of patients, which becomes a "case", an example or model that illustrates some peculiar clinical component, either because of its teaching power or because of its uniqueness or rarity. It is essential that the case is based on current professional life, trying to recreate the real conditions in the physician's professional practice.



Did you know that this method was developed in 1912, at Harvard, for law students? The case method consisted of presenting students with real-life, complex situations for them to make decisions and justify their decisions on how to solve them. In 1924, Harvard adopted it as a standard teaching method"

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

- Students who follow this method not only achieve the assimilation of concepts, but also a development of their mental capacity, through exercises that evaluate 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.



#### Relearning Methodology

At TECH we enhance the case method with the best 100% online teaching methodology available: Relearning.

This university is the first in the world to combine the study of clinical cases with a 100% online learning system based on repetition, combining a minimum of 8 different elements in each lesson, a real revolution with respect to the mere study and analysis of cases.

Professionals will learn through real cases and by resolving complex situations in simulated learning environments. These simulations are developed using state-of-the-art software to facilitate immersive learning.



### Methodology | 39 tech

At the forefront of world teaching, the Relearning method has managed to improve the overall satisfaction levels of professionals who complete their studies, with respect to the quality indicators of the best online university (Columbia University).

With this methodology, more than 250,000 physicians have been trained with unprecedented success in all clinical specialties regardless of surgical load. Our pedagogical methodology is developed in a highly competitive environment, with a university student body with a strong socioeconomic profile and an average age of 43.5 years old.

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.

In our program, learning is not a linear process, but rather a spiral (learn, unlearn, forget, and re-learn). Therefore, we combine each of these elements concentrically.

The overall score obtained by TECH's learning system is 8.01, according to the highest international standards.

## tech 40 | Methodology

This program offers the best educational material, prepared with professionals in mind:



#### **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.

These contents are then applied to the audiovisual format, to create the TECH online working method. All this, with the latest techniques that offer high quality pieces in each and every one of the materials that are made available to the student.



#### **Surgical Techniques and Procedures on Video**

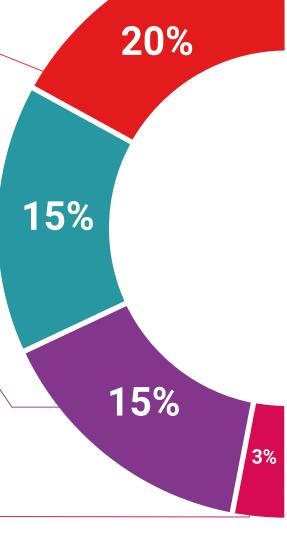
TECH introduces students to the latest techniques, the latest educational advances and to the forefront of current medical techniques. All of this in direct contact with students and explained in detail so as to aid their assimilation and understanding. And best of all, you can watch the videos as many times as you like.



#### **Interactive Summaries**

The TECH team presents 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 and international guidelines, among others. In TECH's virtual library, students will have access to everything they need to complete their course.

#### **Expert-Led Case Studies and Case Analysis**

Effective learning ought to be contextual. Therefore, TECH presents real cases in which the expert will guide students, focusing on and solving the different situations: a clear and direct way to achieve the highest degree of understanding.



#### **Testing & Retesting**

We periodically evaluate and re-evaluate students' knowledge throughout the program, through assessment and self-assessment activities and exercises, so that they can see how they are achieving their goals.



#### Classes

There is scientific evidence on the usefulness of learning by observing experts.

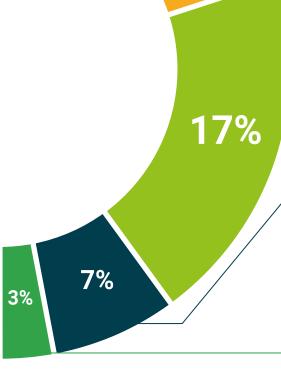
The system known as Learning from an Expert strengthens knowledge and memory, and generates confidence in future difficult decisions.



#### **Quick Action Guides**

TECH offers the most relevant contents of the course in the form of worksheets or quick action guides. A synthetic, practical, and effective way to help students progress in their learning.









## tech 44 | Certificate

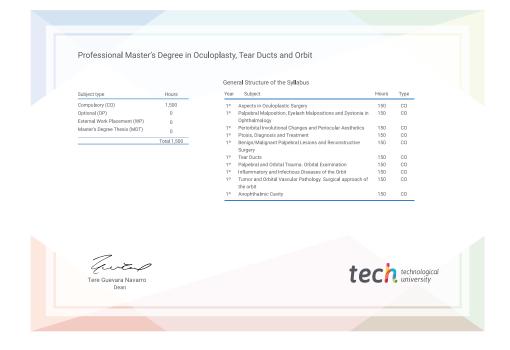
This **Professional Master's Degree in Oculoplasty, Tear Ducts and Orbit** contains the most complete and up-to-date scientific program on the market.

After the students have passed the assessments, they will receive their corresponding **Professional Master's Degree** issued by **TECH Technological University**.

The diploma issued by **TECH Technological University** will reflect the qualification obtained in the Professional Master's Degree, and meets the requirements commonly demanded by labor exchanges, competitive examinations, and professional career evaluation committees.

Title: **Professional Master's Degree in Oculoplasty, Tear Ducts and Orbit**Official N° of hours: **1,500 h.** 





<sup>\*</sup>Apostille Convention. In the event that the student wishes to have their paper diploma issued with an apostille, TECH EDUCATION will make the necessary arrangements to obtain it, at an additional cost.

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education information teaching

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## Professional Master's Degree

Oculoplasty, Tear Ducts and Orbit

- » Modality: online
- » Duration: 12 months
- » Certificate: TECH Technological University
- » Dedication: 16h/week
- » Schedule: at your own pace
- » Exams: online

