

prolonged use can lead to complications like glaucoma, cataracts, and corneal damage. This audit evaluated the effectiveness of G. Cyclosporine 0.1% in reducing steroid dependency and controlling VKC symptoms in paediatric patients at the Royal Berkshire Foundation Trust.

A retrospective analysis was conducted on 115 paediatric VKC patients (81 males, 34 females), aged 4–18 years (mean age 11), treated from 2015 onwards. Data were collected using Medisoft and electronic health records, focusing on steroid-sparing effects, corneal complications, adverse effects, and compliance.

Among 87 patients treated with Cyclosporin 0.1%, 32 (36.8%) required no rescue steroids or had gaps exceeding one year between short steroid courses. Nineteen (21.8%) remained steroid-free for over six months, indicating 58.6% achieved significant steroid reduction. Of 8 patients on long-term steroids despite Cyclosporin 0.1%, 7 developed corneal ulcers, 2 requiring debridement. Nine patients (10.34%) experienced decreased visual acuity—7 had minimal reduction to 6/7.5, and 2 to 6/9. Reported side effects were mild and transient.

Cyclosporin 0.1% proved effective in reducing steroid dependency for VKC management. However, patient adherence, prescription accessibility, and monitoring for complications like shield ulcers remain crucial to optimize outcomes.

This audit supports the use of Cyclosporin 0.1% as a valuable steroid-sparing agent in the management of VKC, with minimal adverse effects, highlighting the importance of clinical protocols and ongoing monitoring.

130138 INFERIOR OBLIQUE WEAKENING GETS BETTER WITH TIME

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Evaluating the long-term outcomes of inferior oblique (IO) weakening procedures remains a key component in refining surgical strategies for managing vertical strabismus. Previous audits at our institution revealed limited follow-up beyond six months, with inconclusive differentiation between anteriorisation and recession techniques. This study aimed to assess changes in vertical deviation over time, with particular focus on the primary position (PP) and lateral gaze measurements, and to compare the long-term efficacy of different surgical approaches.

A retrospective review was conducted on patients who underwent IO surgery between January 2021 and August 2024. Inclusion criteria required documented follow-up at 1, 3, and 6 months postoperatively. Data was collected on diagnosis, surgical technique, and angle of deviation in lateral gaze, near, and distance fixation. Subgroup analyses were performed to evaluate outcomes for patients undergoing IO anteriorisation versus recession, with combined or adjunctive procedures reported separately.

A total of 38 patients (19 male, 19 female; mean age 29.2 years, range 2–79) with 46 eligible eyes were included. Most eyes demonstrated either stable or improving vertical deviation between 3- and 6-month follow-up. Notably, improvements in mean angle for lateral gaze and distance fixation demonstrated 33% and 22.6% reductions from month 3 to 6, respectively.

These findings support the hypothesis that IO weakening effects may progress over time, potentially due to neurofibrovascular bundle regeneration contributing to muscular rebalancing.

This audit focuses on improved outcomes on long-term follow-up in assessing efficacy and supports the need for further longitudinal studies

130140 INVESTIGATING THE MORPHOLOGY, ANGLE, AND INSERTIONAL PATTERN OF THE INFERIOR OBLIQUE: TRANSLATIONAL ANATOMY FOR STRABISMUS SURGERY

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Successful surgery on the inferior oblique (IO) relies on detailed knowledge of its insertional pattern and proximity to adjacent structures. This study investigates variability in IO anatomy, develops heuristics to assist in surgical technique selection and tests the hypothesis that the two oblique muscles lie within a shared muscular plane.

Dissection of 8 paired cadaveric orbit specimens were completed to expose the IO muscle along its course. The angle of the IO was measured relative to the visual axis from both lateral and inferior views. Measurements of the angle of the superior oblique (SO) muscle tendon to the visual axis, the morphometry of the muscle, nerve and insertional pattern were also completed.

Significant differences between IO and SO angles ($p=0.0093$) disproved the null hypothesis of a common plane. Using measurements of the insertional location, diagrams were constructed to create an intuitive scale-accurate visual map to help guide strabismus surgeons. These were paired with trace diagrams to show the variability in insertion shape. The inferior temporal vortex vein was found to have a relatively constant location as a key landmark for IO muscle capture during surgery.

Detailed knowledge of insertional variability and proximity to the optic nerve and ciliary arteries should improve surgeon confidence in identifying and manipulating the IO. IO angle measurements can be used to improve eye movement and surgical training models.

This paper should improve surgical outcomes by providing a detailed insertional map of the IO, while simultaneously challenging long-held assumptions of the obliques' muscular plane.

130218 VISUAL AXIS OPACIFICATION REQUIRING INTERVENTION FOLLOWING PRIMARY INTRAOCULAR LENS IMPLANTATION IN CHILDREN UNDER 8: A RETROSPECTIVE COHORT STUDY (2014–2024)

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Visual axis opacification (VAO) is a recognised complication of paediatric cataract surgery. This study aimed to evaluate VAO intervention rates and the effect of primary posterior