Welcome to *Oculoplastic Surgery of Interest to the Pediatric Ophthalmologist*.

There are many disorders that fall into the grey zone between the clinical and surgical skills of the pediatric ophthalmologist and the oculoplastic surgeon. We hope to present this workshop over several years, covering different material during each session.

This year we will describe the various subtypes of ptosis seen in the pediatric population, and provide in-depth description of the most important types of surgical repair including levator frontalis slings, levator resection and muellerectomy. We will include, by example, the experience of managing congenital ptosis, Marcus Gunn Jaw Wink ptosis, and ptosis in association with craniosynostosis.

We will segue into surgical management of epiblepharon, and conclude this year’s “eyelid” curriculum with the approach to treating small, medium and large eyelid colobomas.

Next we will address management of the orbital abscess with particular emphasis on the superior orbital abscess.

Finally, evaluation and management of orbital fractures in the pediatric population will be covered including the classic trap-door fracture, orbital roof fractures, and the oculo-cardiac reflex in the white-eyed blow-out fracture.

This workshop will provide attendees with enhanced technical knowledge, a review of anatomical considerations, surgical approaches and optimal care of each condition.

We will open the floor to questions, and conclude the session with a straw poll to determine preferred subjects for the sequel to this year’s workshop. We would like to know which of the following subjects would be of greatest interest to you:

- Evaluation and management of dermoids
- Lacrimal "advanced" including endoscopic DCR and Jones tube placement
- Treating symblepharon and uses of amniotic membrane
- The socket: managing cryptophthalmos, anophthalmos, the irradiated orbit, and implant considerations after enucleation
- Orbital tumors: pseudotumor, lymphoma, rhabdomyosarcoma, neuroblastoma
- Vascular malformations: hemangioma and lymphangioma
- Lateral canthotomy and cantholysis- doing it well
- Lid pathology: verrucous lesions, molluscum, JXG, pilomatrixoma