

Advanced Oculoplastic Dissection: Functional & Aesthetic Continuum

A hands-on day, built as one continuous operation. Each participant works a single hemiface from the upper eyelid crease down to the orbital apex — upper lid and brow, then ptosis, then the lower lid and canthus, then the orbit. One room, nine dissection modules, no repeated anatomy, minimal lecture.

DATE

Wednesday 9 September 2026
08:00 – 17:05

VENUE

AHED — Advanced Health Education
Parede, Cascais · Portugal

COORDINATION

André Borba
Guilherme Castela

PLACES

30, allocated in order of registration

30

PARTICIPANTS

15

CADAVERIC SPECIMENS

24

INSTRUCTORS

9

HANDS-ON MODULES

HOW THE COURSE WORKS

The day is built around the scalpel, not the slide.

Everything happens in one laboratory, at the bench, in the same anatomical sequence a real operation follows.

01

The specimen

One hemiface per participant, all day

Each specimen is shared by two participants, one per side. Every participant owns their hemiface from the first upper eyelid marking to the final deep orbital exposure. Nothing is reset between modules: the plane opened at 08:20 is the plane re-entered at 17:00.

02

The rhythm

Ten minutes of demonstration, then cut

Every module opens with a ten-minute live demonstration from the lead bench, projected to all monitors — long enough to explain the operation, not to lecture on it — and then moves straight to supervised dissection. Each module closes with the lead instructor naming the three errors that most often occur at that step.

03

The room

One laboratory, fifteen benches

The whole course runs in a single room. All fifteen benches share the same floor, so briefing, demonstration and dissection happen without anyone moving. The five pods are supervision groups, not separate spaces: instructors stay with their pod all session, so cover is continuous rather than random. Bench allocation for each session is published below its programme.

04

The roles

Primary surgeon and first assistant

The two participants at a bench alternate between operating and assisting on their own side, then debrief each other against the module checklist. Both leave having performed, assisted and critiqued every technique on the programme.

Upper eyelid and brow first, then ptosis, then the lower eyelid and canthus.

The order in which the surgical planes are actually entered.

SESSION I · HANDS-ON 08:00 – 13:00 4 H 20 HANDS-ON

08:00

10 MIN

Welcome & Laboratory Briefing

BRIEFING

DELIVERED BY

André Borba · Guilherme Castela

Bench allocation, safety principles and specimen handling

Borba

Instrument tray, workflow and module checklists

Castela

08:10

10 MIN

Applied Anatomy on the Specimen

LIVE DEMONSTRATION · NO SLIDES

DEMONSTRATORS

Rob Schwarcz · Saj Ataullah

Lamellar planes and retaining ligaments, opened live

Schwarcz

Vascular and neural safety zones, marked on the specimen

Ataullah

08:20

45 MIN

Upper Blepharoplasty

HANDS-ON · MODULE 1

LEAD / CO-LEAD

Francesco Quaranta-Leoni · Sandy X. Zhang-Nunes

Skin marking, crease design and excision limits

Quaranta-Leoni

Orbicularis and septum management

Zhang-Nunes

Medial and central fat pad handling

Buigues

Superior sulcus: fat preservation and repositioning

Georgescu

Crease fixation and closure

Quaranta-Leoni

09:05

30 MIN

Brow & Upper Periorbital Surgery

HANDS-ON · MODULE 2

LEAD / CO-LEAD

Rob Schwarcz · Julian Perry

Brassiere suture for the brow fat pad

Schwarcz

ROOF exposure and sculpting

Perry

Indirect brow lift

Zhang-Nunes

Temporal and pretrichial brow lift: plane and fixation

Schwarcz

Supraorbital and supratrochlear neurovascular safety

Guakil

09:35

55 MIN

Ptosis Surgery

HANDS-ON · MODULE 3

LEAD / CO-LEAD

Miguel Candial · Ana Rosa Pimentel

Aponeurosis identification and disinsertion patterns **Pfeifer**

Anterior levator advancement **Ataullah**

Müller muscle–conjunctival resection **Perry**

Posterior approach and tarsal–conjunctival techniques **Pimentel**

Frontalis suspension: sling passage and fixation **Candial**

Frontalis flap **Arce**

10:30

COFFEE BREAK · 20 MIN

10:50

60 MIN

Lower Eyelid Surgery & Fat Transfer

HANDS-ON · MODULE 4 · LONGEST MODULE OF THE MORNING

LEAD / CO-LEAD

Ania Buigues · Dan Georgescu

Transconjunctival approach: preseptal and retroseptal planes **Schwarcz**

Transcutaneous approach and skin–muscle flap **Georgescu**

Fat transposition and fat transfer to the tear trough **Buigues**

SOOF elevation and midface support **Candial**

Skin redraping and prevention of malposition **Stoica**

11:50

35 MIN

Canthopexy & Canthoplasty

HANDS-ON · MODULE 5

LEAD / CO-LEAD

Naresh Joshi · Nuria Pfeifer

Lateral canthotomy and inferior cantholysis

Stoica

Lateral canthal tendon shortening and reattachment

Pfeifer

Canthopexy: suture passage and vector control

Joshi

Lateral canthoplasty

Paridaens

Prevention of scleral show, rounding and ectropion

Zhang-Nunes

12:25

35 MIN

Eyelid Margin & Lamellar Reconstruction

HANDS-ON · MODULE 6

LEAD / CO-LEAD

Dion Paridaens · Linda Guakil

Full-thickness margin defect and direct closure

Quaranta-Leoni

Tarsoconjunctival flap

Quaranta-Leoni

Local skin flaps: advancement, rotation, transposition

Guakil

Lateral eyelid flap

Paridaens

Posterior lamella grafts

Pimentel

Full-thickness skin graft: harvest, thinning and inset

Pimentel

13:00

LUNCH BREAK · 60 MIN

MORNING BENCH ALLOCATION

15 benches · 2 participants per bench · 5 supervision pods, all in the same room. Thirteen instructors and both coordinators are seated with a pod for the whole session, so the morning runs at one instructor per bench.

Module leads leave their pod after the demonstration and rotate through all five.

POD A · 01-03		
01 2 PAX	02 2 PAX	03 2 PAX
Dion Paridaens	Nuria Pfeifer	Linda Guakil
POD B · 04-06		
04 2 PAX	05 2 PAX	06 2 PAX
Saj Ataullah	Julian Perry	Dan Georgescu
POD C · 07-09		
07 2 PAX	08 2 PAX	09 2 PAX
Rob Schwarcz	Sandy X. Zhang-Nunes	Ania Buigues
POD D · 10-12		
10 2 PAX	11 2 PAX	12 2 PAX
Miguel Candial	Bazil Stoica	André Borba
POD E · 13-15		
13 2 PAX	14 2 PAX	15 2 PAX
Francesco Quaranta-Leoni	Ana Rosa Pimentel	Guilherme Castela

Ratio during the morning session: 1 instructor per bench, 2 participants per specimen. Naresh Joshi, lead of Module 5, rotates across all five pods and is not seated with a fixed pod.

The same hemiface, the same bench, taken deeper.

Decompression, orbitotomy and fracture reconstruction.

SESSION II · HANDS-ON 14:00 – 17:05 2 H 25 HANDS-ON

14:00

15 MIN

Orbital Anatomy on the Specimen

LIVE DEMONSTRATION · NO SLIDES

DEMONSTRATORS

Diego Strianese · Peerooz Saeed

Orbital compartments and neurovascular anatomy, opened live

Strianese

External and endoscopic corridors, orientation landmarks

Saeed

14:15

50 MIN

Orbital Decompression

HANDS-ON · MODULE 7

LEAD / CO-LEAD

Peerooz Saeed · Marta Perez

Medial wall decompression

Saeed

Orbital floor decompression

Kashima

Lateral wall and balanced decompression

Strianese

Inferomedial strut: preserve or remove

Perez

Fat decompression and volume judgement

Graue

15:05

50 MIN

Orbitotomy Approaches

HANDS-ON · MODULE 8

LEAD / CO-LEAD

Tomoyuki Kashima · Catherine Hwang

Lateral orbitotomy	Hwang
Superior approaches: crease and transcutaneous	Kashima
Medial transcaruncular approach	Tazartes
Inferior transconjunctival and swinging-eyelid access	Graue
Bone flap replacement and fixation	Sales

15:55

COFFEE BREAK · 20 MIN

16:15

45 MIN

Orbital Fractures & Reconstruction

HANDS-ON · MODULE 9

LEAD / CO-LEAD

Michel Tazartes · Marcos Sales

Floor and medial wall fracture exposure	Tazartes
Periorbital release and reduction of herniated tissue	Perez
Implant selection, shaping and positioning	Sales
Complex and combined defects	Kashima

17:00

5 MIN

Closure

WRAP-UP

DELIVERED BY

André Borba · Guilherme Castela

Consolidation of the functional-aesthetic continuum, certificates and evaluation	Borba · Castela
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AFTERNOON BENCH ALLOCATION

The same room, the same 15 benches and the same specimens, with the orbital faculty. Eleven instructors plus both coordinators cover the five pods, and the module lead and co-lead rotate through every pod during the dissection window.

POD A · 01-03		
01 2 PAX	02 2 PAX	03 2 PAX
Peerooz Saeed	Diego Strianese	
POD B · 04-06		
04 2 PAX	05 2 PAX	06 2 PAX
Naresh Joshi	Catherine Hwang	Marta Perez
POD C · 07-09		
07 2 PAX	08 2 PAX	09 2 PAX
Michel Tazartes	Tomoyuki Kashima	André Borba
POD D · 10-12		
10 2 PAX	11 2 PAX	12 2 PAX
Marcos Sales	Nádia Lopes	Gerardo Graue
POD E · 13-15		
13 2 PAX	14 2 PAX	15 2 PAX
Joana Providência	Guilherme Castela	

Ratio during the afternoon session: 2 to 3 instructors per pod of three benches, plus the rotating module lead and co-lead.

FACULTY

Twenty-four international instructors, plus course coordination, supervising fifteen benches across the day.

MORNING SESSION

Eyelid surgery · Brow · Ptosis · Canthal surgery

Ximena Arce

Saj Ataullah

Ania Buigues

Miguel Candial

Dan Georgescu

Linda Guakil

Rob Schwarcz

Naresh Joshi

Dion Paridaens

Julian Perry

Nuria Pfeifer

Ana Rosa Pimentel

Francesco Quaranta-Leoni

Sandy X. Zhang-Nunes

Bazil Stoica

AFTERNOON SESSION

Orbit · Reconstruction · Advanced surgical anatomy

Gerardo Graue

Catherine Hwang

Naresh Joshi

Tomoyuki Kashima

Nádia Lopes

Michel Tazartes

Marta Perez

Joana Providência

Peerooz Saeed

Marcos Sales

Diego Strianese

COURSE COORDINATION **André Borba & Guilherme Castela**

WHAT PARTICIPANTS PERFORM

Every technique below is executed by each participant on their own hemiface.

Module checklists and the instrument list are circulated two weeks before the course.

MORNING · UPPER

Upper eyelid, brow and ptosis

- Upper blepharoplasty with crease design and fat pad handling
- Brassiere suture for the brow fat pad
- ROOF exposure and sculpting
- Brow-tail elevation and brow lift approaches
- Anterior levator advancement
- Müller muscle–conjunctival resection
- Frontalis suspension with sling passage and fixation
- Frontalis flap

MORNING · LOWER

Lower eyelid and canthus

- Transconjunctival approach, preseptal and retroseptal
- Transcutaneous approach and skin–muscle flap
- Fat transposition and fat transfer to the tear trough
- Canthotomy, cantholysis and canthal tendon reattachment
- Canthopexy with suture vector control
- Lateral canthoplasty
- Margin and lamellar reconstruction with flaps and grafts
- Lateral eyelid flap

AFTERNOON · ORBIT

Orbital surgery

- Medial, floor, lateral and balanced decompression
- Lateral, superior, medial and inferior orbitotomy
- Bone flap replacement and fixation
- Fracture exposure and implant positioning

VENUE & REGISTRATION

The course is held at AHED — Advanced Health Education, the postgraduate health education campus founded by NOVA Medical School, on the Lisbon coast between Cascais and the city. Briefing, demonstration and dissection all take place in the same laboratory.

VENUE

AHED — Advanced Health Education

Rua Luanda 166
2775-369 Parede · Portugal

www.ahed.pt

+351 911 191 954

REGISTRATION

Thirty places, allocated in order of registration

Each place includes a shared cadaveric specimen, full instrument set, dissection manual, module checklists, coffee breaks and lunch.

Registration is handled by AHED; bench and pod allocation is sent to each participant one week before the course.

ADVANCED OCULOPLASTIC DISSECTION

Pre-Congress Cadaver Course · 44th ESOPRS Congress · Wednesday 9 September 2026

Limited to 30 participants · Coordination: André Borba & Guilherme Castela

AHED — Advanced Health Education · Rua Luanda 166 · 2775-369 Parede · Portugal · +351 911 191 954 · www.ahed.pt