

Active screening and management of cataract, refractive errors and ROP

Dr.P.Vijayalakshmi

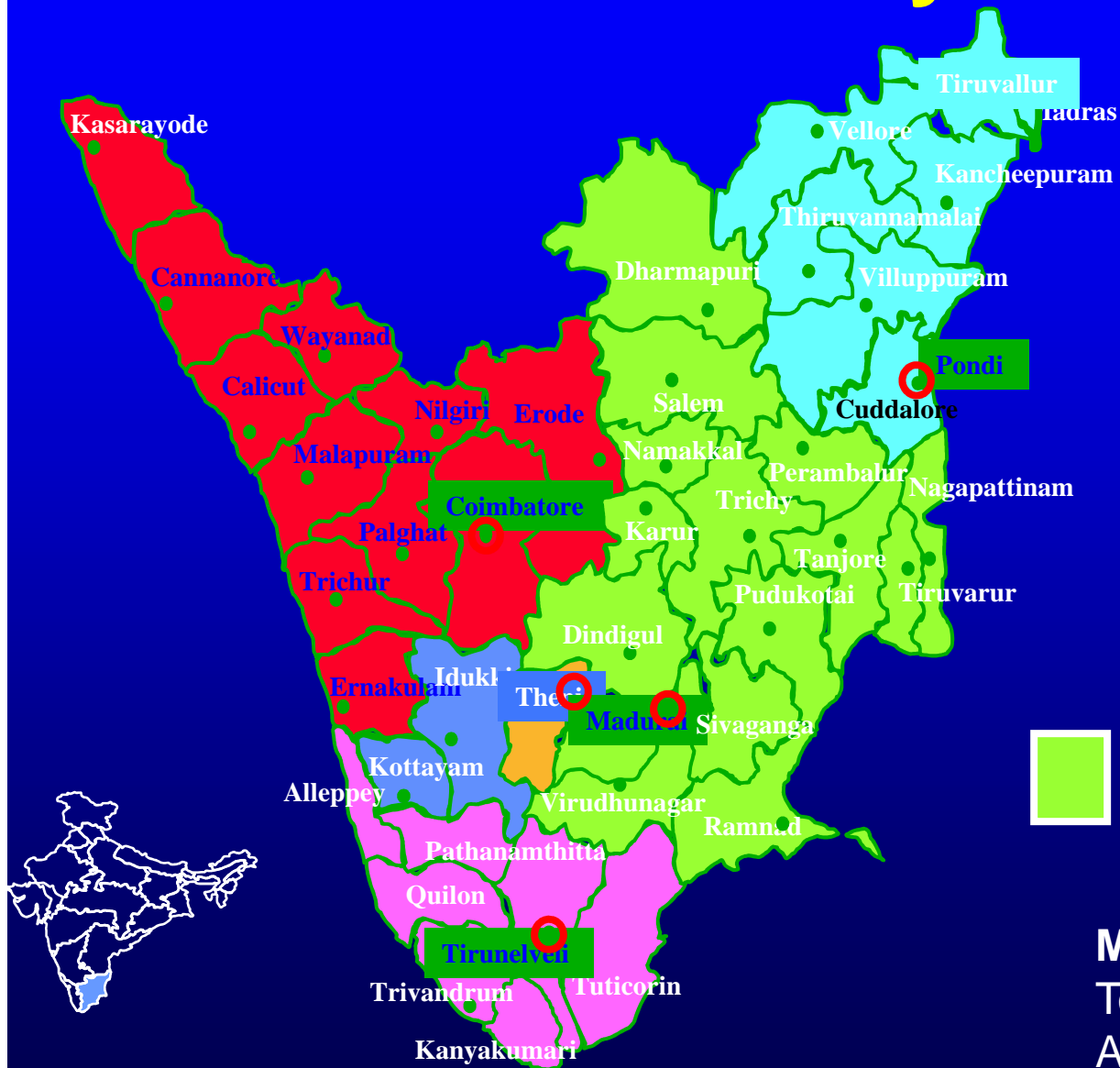
Chief, Paediatric Ophthalmology & Adult Strabismus



**Aravind Eye Hospital
& Postgraduate Institute of Ophthalmology
Tamilnadu, India**

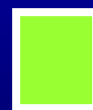


Aravind Eye Hospitals



Available facilities:

Comprehensive treatment,
all specialty services,
Vision, community centers,
Managed eye hospitals,
Teaching and training,
Research, IOL
manufacturing division,



A2Z Project service area
• Population 25 million

Madurai

Total Out patient 575,392
Annual surgeries 111,366

Aim and objectives of the project

Aim

To enhance the service delivery to the needy children

Objectives: three areas

- High quality surgical treatment to paed cataracts
- Increase the beneficiaries with refractive errors
- Implement screening and treatment for ROP in nearby NICUs



Project approach-cataract surgery

- **Towards case finding**
 - Special paediatric eye camps in under served areas
 - Incorporating paediatric eye care into our regular camps
 - Distribution of IEC materials(professionals) towards early referral
- **To increase the acceptance rate**
 - Offering a totally free service to the needy
 - Good counselling to the parents/ guardians
 - General anaesthesia-improved techniques for sick children
 - Provision of financial assistance for follow-up visits
- **Towards Quality treatment**
 - Provision of Foldable lenses to all children, Increasing the follow up rate, Spectacles for the residual refractive error



Paediatric Eye Camps - performance

Activity	Planned for 18 months (Oct 08- July 10)	Planned for 12 months (Oct 08- Sept 09)	Actual Performance
Paediatric eye camps	14	8	9
Children examined	4,800	2,800	2,040
Spectacles	800	500	561

Challenges

- Community Partners
- Screening children of 0 – 5 years

How challenges were met

- A2Z support for publicity and spectacles, training of anganwadi workers



Cataract Surgery Performance

	Total number planned (Oct 08- Sept 09)	Actual surgeries performed (Oct 08 – Sep 09)	Beneficiaries Under A2Z support
Cataract Surgery	1000	857	312 + 8
Foldable lens	300	531	220
G.A & Surgery kits	500		438

Challenges

Lack of awareness, late referrals, very sick babies, reaching them all at the same time conscious towards sustainability

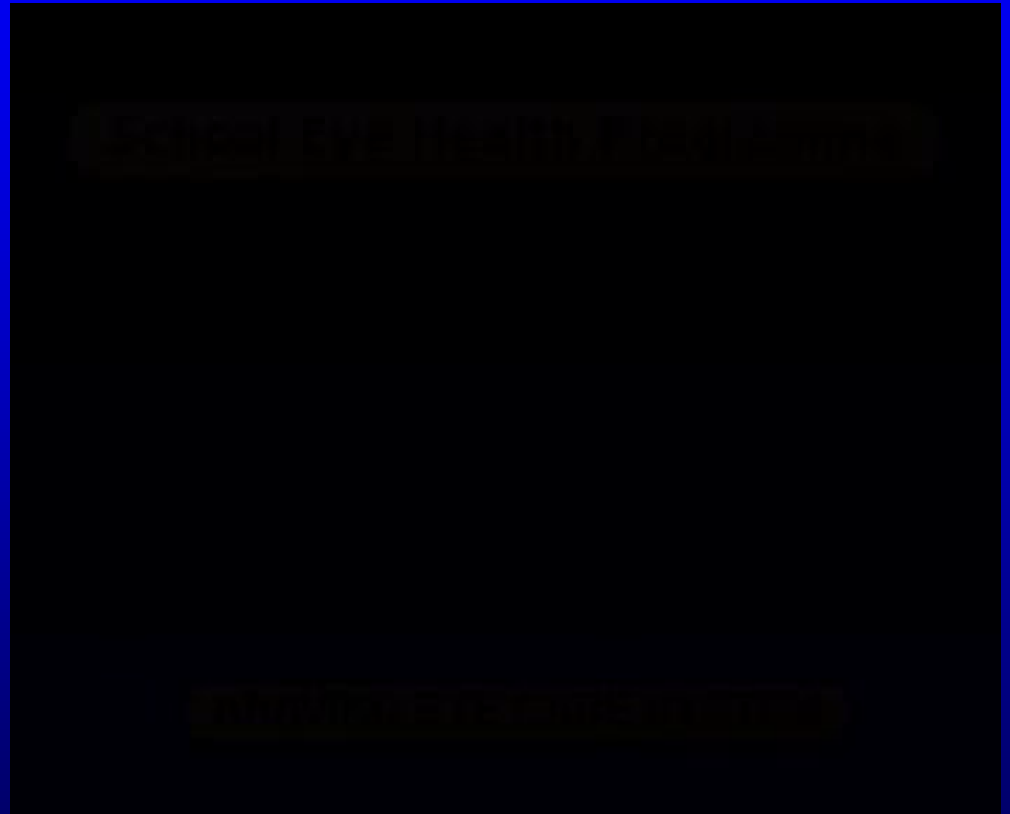
Overcome?

By paediatric eye camps, increasing the capacity of counselling, A2Z support for IOLs and other help



Finding Refractive errors-correction with spectacles

- Identification of School
- Training of teachers
- Organising the doctor's examination
- Provision of spectacles on the spot.



School Screening Performance

Activities	Planned (Oct 08- July 10)	Planned (Oct 08- Sept 09)	Actual Performance
Teachers trained	450	300	662
School screening Camps	70	40	67
Students screened	70,000	40,000	116,991
Spectacle distribution	4,400	2,400	4,338

Challenges

- School Working Pattern - 220 days
- Working hours per day: 9.30 am to 4.30 pm
- Plastic lens dispensing

Challenges overcome

- Systematic planning at base hospitals (weekly review meeting)
- Community participation (School management, teachers, local NGOs and parents)
- Letter sent to parents through teachers
- Acquiring the equipment(ESSILOR) and special training to staff to grind and dispense plastic lenses on the spot

Screening and treatment of ROP

- Selection of NICUs and getting approval from the concerned authorities
- Sensitising our own staff and the staff at NICU on the procedures
- Distribution of IEC materials
- counselling on the available free services
- Follow up of affected infants with comprehensive workup

Activity	Planned (Oct 08- July 10)	Planned (Oct 08- Sept 09)	Performance
Babies examined	500	270	542
Babies referred to AEH	45	25	20
ROP Laser procedures	90	50	47



Paediatricians getting trained to recognize ROP with simulated eye balls



- Problems and solution
- Entering the government sector for ROP screening--- Participating in their teaching
- Organising a hands on for the paediatricians
- Getting the permission from the Dean
- HOD of their own ophthalmic unit admitting their inability to screen for ROP



*Much has been done and
Much remains to be done*



Thank You
