

SURGICAL EYE CAMP

REPORT 2015

FAR WESTERN REGION OF NEPAL

Submitted to:

**Hamar Rotary Club
Norway**

Submitted by:

**Geta Eye Hospital,
Geta, Kailali, Nepal**

Objectives

- ❖ To provide surgical eye care service to the cataract and trachoma in remote area of far western region to eliminate avoidable blindness.
- ❖ To provide medical eye care service to the patients in remote area.
- ❖ To create awareness on eye care service for the elimination of blindness.

Introduction of Geta Eye Hospital

Geta Eye Hospital is a service oriented, social organization established in 1982 at Geta, Dhangadhi of Kailali district to provide the preventive, promotive and curative eye care service in the Far Western Region of Nepal. In the beginning, this hospital was established by Prevention and Control of Blindness Program with the joint collaboration of Nepal Government and World Health Organization. In 1985, it came under the umbrella of Nepal Netra Jyoti Sangh (Social Non Governmental Organization and National Society for Comprehensive Eye Care Service) with the financial and technical support of Norwegian Church Aid and InFiL Foundation. This hospital is providing hospital based medical and surgical eye care services with community based out reach activities as: surgical eye camps, screening camps, school screening program and training to school teachers and volunteers on primary eye care in the all 9 districts of this region. Every year this hospital is conducting eye camps in the region with the support of different social organizations for the patients who are unable to attend the hospital due to different barriers as: unaffordability, traveling difficulties, lack of awareness and negligence to the elders.

In the year 2015 January to December Geta Eye hospital had conducted **30** Surgical Eye Camps and **25** Diagnostic Screening and Treatment (DST) camps in far western region of Nepal. A total of **27,847** patients were examined and **3876** patients were operated at eye camps or hospital free of costs, out of which **3,757** were cataracts, along with regular eye care service in the hospital.

Introduction of Surgical Eye Camp Site supported by Hamar Rotary Club

Surgical eye camps were conducted at Sanphe of Achham district and Dipayal of Doti district which are the remote districts of Nepal. Sanphe camp site was about 250 KM and Dipayal was 190 KM far from base hospital (Geta Eye Hospital). Total population of the Achham district was 263,678 and Doti district 126,345. Socioeconomic condition of the peoples in both the districts was very poor. More than 80% of the total population depends upon agriculture. The camps were conducted at Janakalyan Secondary School in Sanphe and Seti Technical School in Dipayal Doti, which were easily accessible to the most of the people of the community.

Method to Conduct Surgical Eye Camp:

Surgical eye Camp site were selected in the remote and densely populated area with the coordination of local social organizations, to get local support and make easily assessable to most of the patients in the community. Primary eye care centers, local administration, schools in the area and government health institutions were informed and requested for local support on advertisement. Janakalyan and Seti Technical School were requested for infrastructure, publicity and volunteers to support in the camps. Advertisement for the camps was done using pamphlets, FM radio announcement and mobilizing school children and community health volunteers.

Surgical eye camp was conducted for 2 days in Sanphe and 2 days in Dipayal from 19th to 20th September in Sanphe and 22 and 23 September 2015 in Dipayal, identified operable cataract, and other surgical patients were operated free of costs at camp site. Patients required medical treatment were treated at same site and patients with refractive error were referred to the Primary Eye Centers for optical correction which were within 10 KM from camp sites.

All cataract patients were operated using small incision cataract surgery procedure with intraocular lens (IOL) implantation after calculation of IOL power using biometry.

Operated patients were discharged next day of surgery with required medicines, a pair of sunglasses and counseling for postoperative care. Patients were found satisfied with the gained

better vision on discharge. Post operative follow up was done at the same camp sites after 1 month by Ophthalmic Assistants of respective Primary eye centers.

Eye Camp team consist Ophthalmologist 1 and 14 other technical staff. Local Volunteers from the schools and social workers were also participated as volunteers at the camps.



Patients for Registration



Cataract Surgery



Post operative care



Operated Cataract Patients on 1st day

Reports:

A total of 775 patients were examined at surgical eye camps and 169 patients were operated free of costs. Of which 166 were cataract surgeries with intraocular lens implantation, 2 trachomatous trichiasis surgeries (Bilamellar Tarsal Rotation BLTR) and 1 other ocular surgery. Patients with refractive error were referred to the respective primary eye care centers for refractive correction and other patients were treated with medicines at camp sites.

On discharge **154** (92.77%) of 166 cataract patients gained good Visual outcome (VA 6/18 or better) **9 (5.42%)** got VA (<6/18-6/60) and only **3** (1.8%) had poor visual outcome (VA<6/60) due to coexisting ocular morbidities after surgery. Post operative result of the all cases was very good and patients were satisfied with gained vision. A total of (67%) cataract operated patients were followed up after 4 weeks at the camp sites. On follow-up after 4 weeks 95 (86 %) patients had uncorrected good visual acuity (VA 6/18 or better) and only 4 (3.6%) had poor visual acuity (VA<6/60).

Due to the barriers as: un-affordability of hospital and transportation costs, negligence to the elders, absence of escorting and poor awareness in the community some of the patients were blind for the last few years. Surgical eye camps in such remote areas are necessary for the coming years and which is the major activity to eliminate avoidable blindness in this region.

We would like to express our cordial thanks to Hamar Rotary club, Norway for the appreciable support to eliminate the avoidable blindness in this region.

Summary of Expenditure

SN	Particulars	Amount N Rs.
1	Medicines and other consumables for Sanphe Achham S Camp	104335.0
2	Medicines and other consumables at Dipayal Eye Camp	65235.0
3	Per diem to staff at both Surgical eye camps	108,375.0
4	Food and other expenses at Camps	57,297.0
5	Fuel for vehicle	9216.0
	Total	344,458.00
	Total Amount in US \$ (@ NRs 106 = 1 US \$)	3,250.00

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