

SURGICAL EYE CAMP

REPORT 2016

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 unreached patients.
- ❖ 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. 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 Female community health 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 governmental and non-governmental social organizations to reach the unreached due to different barriers as: financial problems, traveling difficulties, lack of awareness and negligence to the elders.

In the year 2015-16 (July to June) Geta Eye hospital had conducted **31** Surgical Eye Camps and **37** Diagnostic Screening and Treatment (DST) camps in far western region of Nepal. A total of **24,357** patients were examined in the camps and **3,722** patients were operated free of costs, of which **3,588** 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 Sunkuda and Chainpur of Bajhang district which is one of the most remote districts of Nepal. Sunkuda camp site was about 200 KM and Chainpur camp was 265 KM far from base hospital (Geta Eye Hospital). Total population of the Bajhang district was 209,143. Socioeconomic condition of the peoples in the district was very poor. More than 80% of the total population depends partially upon agriculture and partially in labor work in neighboring districts of northern India. The camps were conducted at Secondary Schools in both the sites, which was easily accessible to the most of the people of the community.

Method to Conduct Surgical Eye Camps

Surgical eye Camps site were selected in the remote and densely populated area with the coordination of local social organization, to get local support and make easily assessable to most of the patients in the community. Primary eye care centers, local administration, schools and government health institutions were informed and requested for local support on advertisement. Concerned schools 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 camps were conducted from 25th to 26th December at Sunkuda Higher secondary school Sunkuda and 27th and 28th December of 2016 at Janpriya Higher Secondary school Chainpur of Bajhang district. 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 Center Chainpur for optical correction.

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

Operated patients were discharged next day of surgery with required medicines, a pair of sunglass 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 school and primary eye center Chainpur after 1 month by Ophthalmic Assistant from Primary eye center.

Eye Camp team consist Ophthalmologist 1 and 12 other technical staff. Local Volunteers from the schools and social workers were also participated as volunteers at the camps.

Screening Camp

Screening camp was conducted on 30th and 31st December 2016 at Dodhara of Kanchanpur district with the coordination of local social organization Nepal Red cross society which was about 35 KM from Mahendranager Eye Hospital. All identified operable cataract patients were referred to Mahendranager Eye Hospital for surgery free of costs and operated by Ophthalmologist from Geta Eye Hospital. Operated patients were examined on 1st post operative day by same ophthalmologist and followed up after one month by Ophthalmic Officer at same hospital.



Patients for Registration at Surgical camp



Examination



Cataract Surgery



Operated Cataract Patients on 1st day

Reports:

A total of 964 patients were examined at two surgical eye camps and one screening eye camp of which 258 patients were operated free of costs. Among operated patients 253 were cataract surgeries with intraocular lens implantation, and 5 other ocular surgeries. Patients with refractive error were referred to the primary eye care centers for refractive correction and other patients were treated with medicines at camp sites.

On discharge **229 (90.5%)** of **253** cataract patients gained good Visual outcome (VA 6/18 or better) **20 (7.9%)** got VA (<6/18-6/60) and only **4 (1.6%)** 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 29% operated cataract patients were followed up after 4 to 6 weeks at the camp site. Post operative follow up was very low because of remote location of camps and tendency of not attending for follow up by the patients having good visual outcome. On follow-up after 4 to 6 weeks 94% patients had uncorrected good visual acuity (VA 6/18 or better) and only one (1.8%) had poor visual acuity (VA<6/60) after correction 96.3% had good visual outcome.

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 Surgical and Screening Camps

SN	DATE	Camp Location	Screening	Cataract Surgery	Other Surgery	Total Surgery
1	25-26 December	Sunkuda, Bajhang Surgical Eye Camp	276	58		58
2	28-29 December	Chainpur, Bajhang Surgical Eye Camp	439	133	4	137
3	30-31 December	Dodhara, Kanchanpur, Screening Eye Camp	249	62	1	63
		Total	964	253	5	258

Summary of Expenditure

SN	Particulars	Amount N Rs.
1	Medicines and other consumables for Sunkuda and Chainpur of Bajhang S Camp	178944.00
2	Medicines and consumables for DST Dodhara Kanchanpur	62874.00
3	Per diem to staff at Surgical eye camp	90150.00
4	Food and other expenses at Camp	32560.00
5	FM Radio Advertisement	3500.00
6	Fuel for vehicle for Surgical Camp	9808.00
7	Per-diem and travel expenses on follow-up	2000.00
8	Per-diem and travel expenses on DST Camp Dodhara Kanchanpur	4165.00
9	Per-diem and travel expenses on Surgical day at Mahendranager eye hospital for DST Camp Dodhra	20013.00
10	Fuel for vehicle for DST camp & Surgical Day	3135.00
	Total	407149.00
	Total Amount in US \$ (@ NRs 106.5 = 1 US \$)	\$3,823.00

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