

SURGICAL EYE CAMP

REPORT 2017

Submitted to:

**Hamar Rotary Club
Norway**

Submitted by:

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

Objectives

- ❖ To provide surgical eye care service to cataract and trachoma in remote area 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 1981 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 fiscal year 2016-17 (July 2016 to June 2017) Geta Eye hospital had conducted **23** Surgical Eye Camps and **10** Diagnostic Screening and Treatment (DST) camps in far western region of Nepal. A total of **15,340** patients were examined in the camps and **2,650** patients were operated free of costs, of which **2,596** 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 Patan of Baitadi and Silgadhi of Doti district which were one of the most remote districts of Nepal. Patan camp site was about **175** KM and Silgadhi camp was **190** KM far from base hospital (Geta Eye Hospital). Total population of Baitadi district was estimated **263,362** and of Doti district **214,274**. Socioeconomic condition of the peoples in both the districts 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 Eye Center Patan of Baitadi and District hospital at Silgadhi Doti, which were 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, government health institutions and schools were informed and requested for local support on advertisement. Concerned district hospital was 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 15th to 16 June 2017 at Eye Center Patan Baitadi which is one of the district unit of Geta Eye Hospital and 18th to 19th June 2017 at District Hospital Silgadhi, Doti. 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 corrected with optical at Primary Eye Center Patan Baitadi and Silgadhi Doti.

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 on 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 concerned eye Centers after 1 month by Ophthalmic Assistant.

Eye Camp team consist Ophthalmologist 1 and 10 other technical staff. Local Volunteers from the schools and social workers of Nepal Netra Jyoti Sangh Baitadi and Nepal Netrajyoti Sangh Ad hock committee Doti were also participated as volunteers at the camps.

Reports:

A total of **745** patients were examined at two surgical eye camps of which **134** patients were operated free of costs and **611** were treated with medicines.. Among operated patients **130** were cataract surgeries with intraocular lens implantation, and **4** other extra-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 **103 (79.2 %)** of **130** cataract patients gained good Visual outcome (VA 6/18 or better), **22 (16.9%)** got VA (<6/18-6/60) and only **5 (3.8 %)** 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 **64 (49%)** of **130** 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 **48 (75%)** patients had uncorrected good visual acuity (VA 6/18 or better) **13 (20%)** got VA (<6/18-6/60) and only **3 (4.7%)** had poor visual outcome (VA<6/60).

Due to the barriers as: un-affordability of hospital charges 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 Eye Camps

SN	DATE	Camp Location	Screening	Cataract Surgery	Other Surgery	Total Surgery	Medical Treatment
1	15-16 June 2017	Eye Center Patan, Baitadi	330	45	2	47	283
2	18-19 June 2017	District Hospital Silgadhi, Doti	415	85	2	87	328
		Total	745	130	4	134	611

Summary of Expenditure

SN	Particulars	Amount N Rs.
1	Medicines and other consumables for Patan Baitadi Camp	65,654.00
2	Medicines and consumables for Silgadhi, Doti Camp	95,139.00
3	Per diem to staff at Surgical eye camp Patan and Silgadhi	96,737.00
4	Food and other expenses at Camp	32,167.00
5	FM Radio Advertisement	5000.00
6	Fuel for vehicle for Surgical Camp	4663.00
	Total Amount in NRs.	299,360.00
	Total Amount in US \$ (@ NRs 103.0 = 1 US \$)	\$ 2,906.00

Ramesh Chandra Bhatta
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Photographs



Patients for Registration at Surgical camps



Cataract Surgery



Operated Cataract Patients



Operated Cataract Patients on 1st day