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CATARACT SURGERY FROM CAMPS IN RURAL COMMUNITY ONLY WAY TO OVERCOME BACKLOG

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ABSTRACT: PURPOSE: To share concept of OPD conducted in rural area & to operate patient in institution after selecting from rural OPD. **METHODS:** Our institution (Department of Ophthalmology, NIMS Medical College, Jaipur) with the help of NGO & community leaders conducts 2 camps per week in 150 km periphery of institution at 6 different places in PHC, school & community building with the help of regular visit of 1 Ophthalmologist, 2 Ophthalmic assistant & other supporting staff with vehicle. **RESULTS:** Total of 1176 cases (45.98% males & 54.02% females) were selected after examination for cataract surgery & brought to institution. Female ratio was more as some male patients reached institution prior to camp. 7% patient had poor visual outcome due to surgical complications e.g., bullous keratopathy, posterior capsular opacification, uveitis etc. **CONCLUSIONS:** A good number of cataract surgeries are conducted through rural OPD's. Strategy needs improvement to reduce complications & to get better outcome.

KEYWORDS: Community, NGO, cataract blindness, national programme of control of blindness.

INTRODUCTION: Cataract & refractive errors are 2 main public health problems covering >75% cases of preventable blindness in India (Next to China) & if appropriate action is taken in due time, most of them can be cured. However considerable proportion of these is concentrated in rural & underserved areas where public health services are not effective properly. So there is huge barrier in achieving the goal of NPCB (National Program of Control of Blindness) i.e. in reducing the prevalence of avoidable blindness up to 0.3% by 2020.

Reach out strategy was dropped because of facing problems & complications. Now NPCB is adapting and allowing on "Reach in" strategy in which OPD is conducted in remote areas and selected cataract cases are brought to established eye institutions where regular Eye OT runs. In this way patients get all necessary precautions & care like routine hospital patients.

Our institution (NIMS Medical College, Jaipur) with the help of NGO conducts 2 OPD camps every week in area of 150 km periphery at 6 different places in PHC, School and community buildings with the help of local leaders. Our team carries one Ophthalmologist, 2 ophthalmic assistants, counselor, peon, driver and vehicle.

Our experience is that involvement of local leaders is must to get confidence of patients and for success of program so that adequate outcome is obtained. Village Sarpanch, School head master H C Doctor & other prominent persons are very helpful.

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FLOWCHART OF PATIENT MANAGEMENT IS AS FOLLOWS:

In institution separate wards for such patients are there. To fix problem & accountability, name of optometrist, resident, surgeon are written in CSR i.e. who did A-scan, keratometry, surgery etc. so that in final outcome lacunae can be detected.

METHODS: we included data pertaining to our eye camps from April 2013 to March 2015 and total 1176 cases were included which were brought to institution for surgery after necessary investigations. 17 cases were rejected due to high BP, diabetes and other systemic & local problems. Total 1159 eyes were operated. 108 cases were below 50 years, 197 cases were between 50 to 59 years, 411 cases were between 60 to 69 years, 443 cases were above 70 years. Male to female ratio was 45.98% (533 cases) to 54.02% (626 cases) respectively.

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1st follow up (After 7 days) attended by 1118 cases (96.46%) while second follow up (after 6 weeks) attended by 1097 cases (94.65%) and got final glasses.

DISCUSSION: In our study following points appeared:

1. Out reached camps are very important to overcome the prevailing burden of avoidable blindness due to cataract and refractive error.
2. For evaluation—two methods are:
 - a) Examining records of all patients under gone cataract surgery.
 - b) A population based assessment, but it is difficult in India as there is inadequate resources & difficult to find pt. at time of your visit due to business in field.
3. The percentage of patients below 50 years is 9.31% shows awareness while percentage of patients above 70 years is 38.23% which shows lack of services in out reached areas.
4. Male to female ratio is less which indicates that the male moves to institutes themselves while female has limitation, though incidence of cataract is more in male due to their more outdoor activities.
5. More stress to be given on poor follow up patients. Their contact numbers should be added to records.
6. To reduce complications and improve visual outcome, further improvement in services needed in form of accountability i.e., record the name the person doing every step in preoperative & operative procedure.

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