Early two-thirds of individuals with cataract-induced visual acuity of less than 20/400 and nearly half of those with less than 20/60 in the better eye receive cataract surgery in Kassala state in Eastern Sudan, Kamal Hashim Binnawi MD of Al-Neelain University, Khartoum, Sudan, told the XXIX Congress of the ESCRs.

Lack of funds to pay for surgery was the most frequently reported barrier to surgery in this very impoverished region, though the level of coverage was higher than Dr Binnawi expected, he said.

Dr Binnawi conducted the study in conjunction with colleagues in the National Program for the Prevention of Blindness – Sudan. The purpose was to determine the cataract surgical coverage and investigate the barriers to cataract surgery as reported by those with cataract-induced visual impairment in Kassala state, which shares its eastern border with Eritrea.

A cross-sectional, population-based survey of people aged 50 and older was conducted. In all, 2,146 eligible people were identified and 2,050, or 95.5 per cent, were examined. Participants with cataract-induced visual impairment, defined as visual acuity of less than 20/60 in the better eye, were also invited to respond to a verbal questionnaire about barriers to cataract surgery.

The survey found that 63.2 per cent of individuals with less than 20/400 received cataract surgery. Only 59.5 per cent of those with less than 20/200 and 46.2 per cent of those with less than 20/60 received cataract surgery. However, since many patients only had one eye treated, the rates were lower for eyes at a given cut-off, with just 39.7 per cent of 20/400; 36 per cent of 20/200 and 27.3 per cent of 20/60 eyes operated.

Cataract surgical coverage was slightly higher for males than females. At the 20/400 cut-off, 67.2 per cent of male individuals and 40.4 per cent of eyes received surgery, compared with 59.7 per cent of female individuals and 39.0 per cent of eyes. At the 20/60 cut-off, 45.3 per cent of male and 47.0 per cent of female individuals received surgery.

Inability to afford care was by far the most common reason given for not taking up cataract surgery, at 45.7 per cent. “This is one of the poorest states in Sudan,” Dr Binnawi noted.

Lack of awareness of the possibility of treatment was second at 14.2 per cent. “A lot of people do not know cataract can be treated,” Dr Binnawi said.

Another 7.1 per cent were waiting for the cataract to mature. “This is an old concept from the days of extracapsular extraction,” Dr Binnawi said.

Contraindication or co-morbidity that reduced the chances of a good outcome also was cited by 7.1 per cent, and unavailability of services by 6.3 per cent.

Among bilaterally blind respondents, males were more likely to cite affordability, while females were more likely to cite unawareness of possible treatment and lack of availability of services as barriers.

“Females were slightly less likely to be affected by affordability. This may be due to the degree of financial support for mothers.”

However, among bilaterally severely visually impaired respondents, affordability and lack of service were more frequently cited by women, but lack of awareness of treatment by men.

“The cataract surgical coverage was moderately high for an especially poor state,” Dr Binnawi said. “Implementation of strategies to raise awareness of and access to ophthalmic services may improve the uptake of cataract surgery.”