Outreach Camps
ORBIS Medal goes to study comparing surgery at eye camp with hospital
by Howard Larkin in Milan

Paediatric cataract surgery with IOL implantation can be successfully done in outreach eye camps in countries with poor socioeconomic conditions. However, unless systems are in place to ensure proper follow up in outreach facilities, operating on children in hospitals is a better option, according to a study by Jaspreet Sukhija MD and colleagues, Chandigarh, India. On the strength of its rigorous research methodology addressing a complex outcomes quality issue, the paper was awarded the ORBIS Medal at the XXX ECRS Congress.

In a study comparing outcomes in 96 eyes of 59 patients operated in an eye camp with 64 eyes of 48 patients operated in hospital, all by one surgeon, Dr Sukhija found no significant difference in refractive outcomes at six months. Likewise, rates of postoperative complications, including uveitis, PCO, amblyopia, glaucoma, pupil capture, posterior synechiae or pigment or membrane on the IOL surface, were similar, though rates were slightly higher for the eye camp group in every complication category and overall.

All the children included in this study were operated by Prof Jagat Ram. All patients had their lenses aspirated, and a primary posterior capsulotomy and anterior vitrectomy with endcapsular placement of a PMMA IOL with 6mm optic and 12mm overall length. In the eye camp group, all 48 children had low socioeconomic status, compared with 22 of 48 in the hospital group. Patients ranged in age from five to 16, and those with traumatic cataract, other ocular pathology or major cardio-respiratory or other systemic problem interfering with anesthesia were excluded.

Through six months, follow-up was 100 per cent in both groups. However, beginning at 12 months, roughly twice as many patients were lost to follow-up in the eye camp group, reaching 68 per cent at 48 months compared with 33 per cent in the hospital group (p<0.01). “As the duration of follow-up increases, what goes on? The number of children lost to follow-up in the eye camp group starts to increase,” Dr Sukhija said.

The study results suggest that paediatric cataract surgery with PCIOL implantation done in outreach facilities is safe and effective. However, the increasing rate of loss to follow-up is a major drawback to the eye camp approach, Dr Sukhija said. Given the need for ongoing treatment for amblyopia, repeated refractions and management of any postoperative complications to achieve a satisfactory visual outcome, ensuring long-term follow-up, is essential particularly for children, he noted.

Dr Sukhija suggested that clinicians devise a default retrieval system for patients operated in eye camps, perhaps through local vision centres, to ensure follow-up continues. This would not only improve long-term outcomes, it would make services more available to children with cataracts in remote areas, much as camps provide affordable and accessible services for people with age-related cataracts. With childhood blindness responsible for 75 million blind years in developing countries, the need is immense.

However, until reliable follow-up support can be given, hospitals remain a better option for paediatric cataract surgery, Dr Sukhija concluded.

This work is part of a study carried out by Prof Jagat Ram (drjagatram@gmail.com), Dr Jaspreet Sukhija, Dr B.R Thapa and Dr V.K. Arya from Post Graduate Institute of Medical Education and Research, Chandigarh, India.

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