

BASSE DISTRICT HOSPITAL UPPER RIVER REGION FREE CATARACT
CAMP REPORT SPONSORED BY CATARACTS ARE CURABLE GAMBIAN
PROJECT AUGUST 24,2019



ACKNOWLEDGEMENT

I wish to express my sincere thanks and gratitude to Cataracts Are Curable Gambian Project for sponsoring 50 patients who underwent free cataracts surgeries at Basse District Hospital in the Upper River Region.

Special thanks to the National Eye Health Programme Manager for his continuous support, guidance and encouragement.

I will not do justices if i don't acknowledge the wonderful initiation and co-ordination of Mr. Alasana Touray of Sheikh Zayed Regional Eye Care Centre for his foresight in trying to establish partnership in the control of avoidable blindness especial cataract.

Finally i wish to thank the staff of the Basse District Hospital Eye Unit for their support and the good teamwork displayed during the Camp.

Introduction

Cataract generally defined as opacification of the crystalline lens of the eye, is a major cause of visual impairment and blindness worldwide.

Cataract accounts for nearly half of all blindness, and is particularly common in developing countries. The grim fact is that there already exist a formidable total of some 15.8 million people needlessly blind from cataract. With the rapid aging of the population, the problem of blindness from cataract will assume even more staggering proportion in future.

In the present state of knowledge, there is no proven means of preventing cataract or its progressing to blindness. The condition is amenable to surgical treatment.

In developed countries, the availability of care service to those blind from cataract ensures that the large majority have their sight restored. In the contrast, in the developing countries, in which the majority of cataract blind are found, there has been over the years an accumulation of unattended persons blind from cataract, resulting in what is commonly referred to as cataract backlog.

It has therefore become imperative that programme for control of blindness should include, as an important component, intervention for surgical restoration of vision in persons blind from cataract. These should be an integral part of the primary health care system, so that most of the people who now make up the cataract backlog will have better access to surgical services.

However, it is in this vain that was why the National eye Health programme created secondary eye unit that takes care of the eye health needs of the rural population. The basic aim is to deliver cataract surgical services through the primary health care approach. Such an approach would satisfy the essential requirement of acceptability, accessibility, affordability and scientific soundness.

The primary objective of cataract service is to restore vision to largest number of people blind from cataract in the shortest possible time, making the best use of potential available resources.

ACTIVITIES BEFORE THE CAMP

Basse District Hospital Secondary Eye Unit has an activity plan of action to reach out the underserved people of the rural areas. The aim of this plan is to provide eye care services to the doorsteps of the people especially the rural poor. Actually we could not conduct outreach clinics in the following health centres:

Diabuguba tapa health Centre

Baja Kunda Health Centre

Demba Kunda Health Centre and

Koina Health Centre respectively.

Most of the patients operated were screened in Basse District Hospital by the staff of the unit and this due to lack of mobility to reach the rural areas.

It was during this routine screening at the clinic that we saw more than 50 cases of mature cataract in Basse area alone. All this cataract cases were counselled for surgery on many occasion but only a few appeared for the surgery, the rest could not be operated due to lack of money to take care of their surgery fees, medication, fares and others expenses.





This was the reason why I wrote and launched an appeal to the National Eye Health Programme manager and partner organisation to help clear the cataract backlog in this area.

Fortunately for us Cataracts Are Curable Gambian Project responded to this appeal by sponsoring 50 cataract patients to undergo cataract surgery which includes; surgery fees, and medications.

The sensitization started earnestly, firstly we started from Basse District Hospital staff, thirty minutes radio talk show at Radio Gambia Basse branch and we use the local structures that is, the CHNs, village health workers, Traditional Birth Attendants and nyateros to do the sensitisation from village to village going by the list that was send along with the appeal. Below is the list of patients names who were screened:

On the 20th of August, 2019 a cataract camp planning meeting was convened in order to devise a strategic plan of action on how to co-ordinate the activities and how many people we need to successfully conduct the camp. The staff of the eye unit unanimously agreed to schedule the camp on the 24th August to the 25th August, 2019.

The camp started on Saturday, 24th August 2019, the first day of the camp was organised in such a way that everyone in the camp was given an assignment as follows:

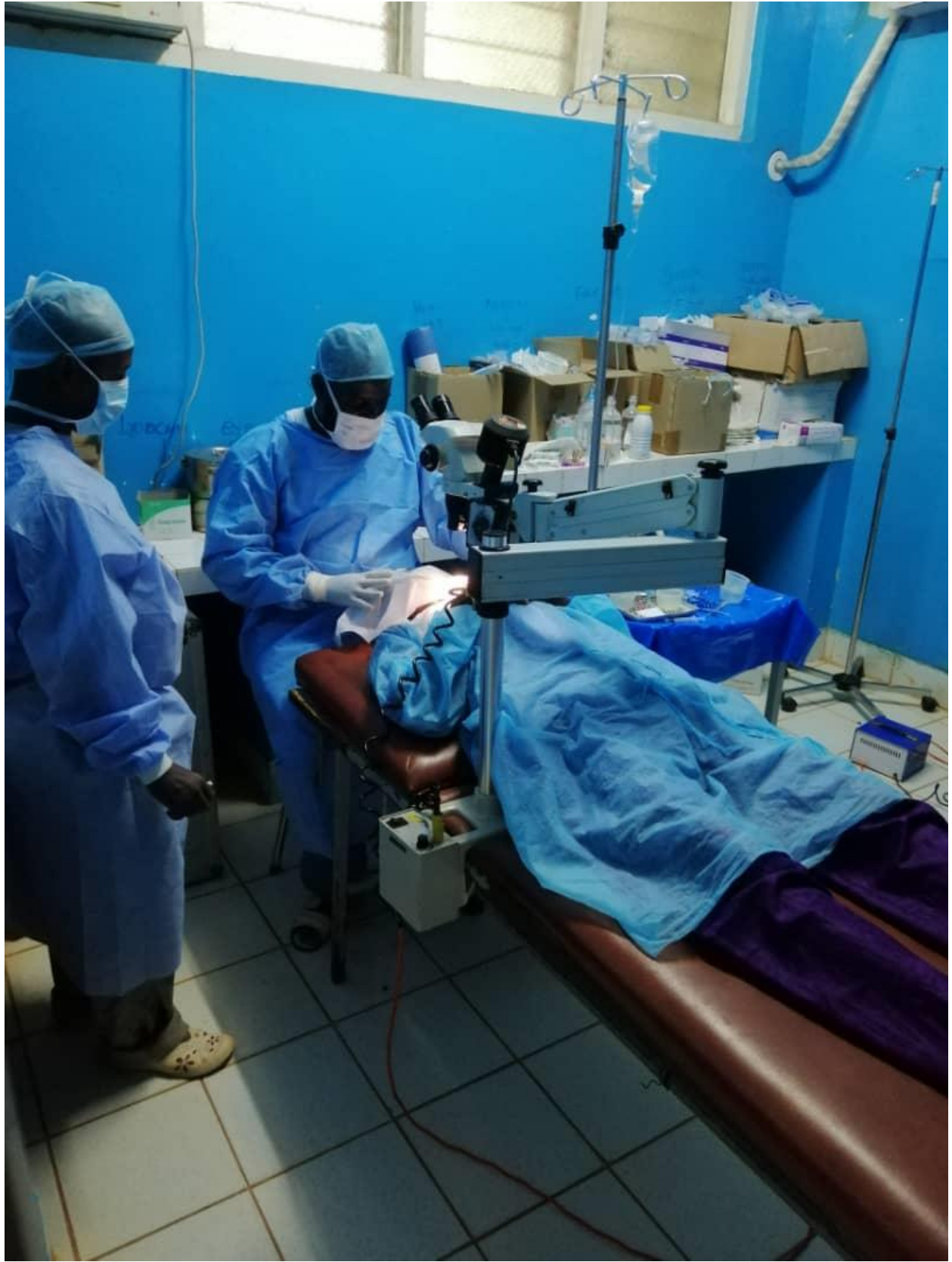
- ✚ One cataract surgeon with one operating table-
- ✚ Two Assistants
- ✚ Running Nurse-
- ✚ Escorting Nurse-
- ✚ Two nurses were responsible of screening and booking patients

The first day of the camp 35 cataract cases were successfully operated.

The second Day started with the review of the first Day operated cases which were done by the surgeon and the screening team including the National Eye Health Programme Manager, Mr Sarjo Kanyi and Mr Alasana Touray, co-ordinator. The review result was impressive as there was no complication at all the patients eyes were seeing without any major issue and the patients were discharged home with their medications and health instruction were also given as the discharge procedure requires



Patients were operated as they come, due to rainy season the turn was not very good as compared to the first day. The reason for this is simple many of the people living in this area are farmers and when their eyes are operated they will not be able to do their farming activities. Secondly many came later saying they were not aware of the free surgery but we told them any time we have camp in the near future they will be contacted. As a result many do not turn out. However we were able to operate 50 patients within the 2 days.



CLINICAL REPORT OF EYE CAMP**PLACE: BASSE DISTRICT HOSPITAL**

<i>Dates of general camp conducted</i>	<i>24th_25thAugust, 2019</i>		
<i>Surgeon</i>	<i>Mr. Ebrima Dukureh</i>		
<i>Manager</i>	<i>Mr. Ebrima Dukureh</i>		
<i>Sponsor</i>	<i>Cataracts Are Curable Gambian Project</i>		
<i>Main co-ordinating Body</i>	<i>National Eye Health Programme (NEHP)</i>		
<i>Statistics</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
<i>Total no. of patient Admitted</i>	33	17	50
<i>Surgeries</i>			
<i>SICS with PC IOL</i>	33	17	50
<i>ECCE with PC IOL</i>	0	0	0
<i>IOL (AC IOL)</i>	0	0	0
<i>ICCE</i>	0	0	0
<i>TRABUT</i>	0	0	0
<i>PTERYGIUM</i>	0	0	0
<i>Total IOL IMPLANTED</i>	33	17	50
<i>Follow Up- Review</i>			
<i>First</i>	30/08/2019		
<i>Second</i>	13/09/2019		
<p>Remarks: the camp was highly successful; there was only two patients whose surgeries were cancel due to very high blood pressure and one was a glaucoma patient ,were referred to the outpatient department review and management and Sheikh Zayed Regional Eye Care Center respectively. Looking at the above statistics we have more male patients than female which according one of the patients can be attributed to the raining season as most of the women are very busy in their farms weeding their rice fields and groundnut farms even looking at picture on the first you will see more males on gown than females.</p>			

ACHIEVEMENTS

- ❖ The sensitisation was good as the turnout was very impressive, we were able to substitute those patient on the list who were absent due one reason or the other.
- ❖ There was a very good team work everybody was focus and ready to sacrifice time, extra effort and energy as the first day exercise was more than twelve hours.
- ❖ All the cataract operated patients had IOL implanted .
- ❖ We were able to meet the target within two days and the camp went smoothly and successfully despite the fact that we are in the rainy season. The table below shows the outcome of the surgeries;

#	NAMES	ADDRESS	SEX	AGE	DIAGNOSIS	TYPE OF SURGERY	VISION PRE-OP		VISION POST-OP	
							RE	LE	RE	LE
1	Ndow Danjo	Mansajang Kunda	M	70	LE Mat-Cat	LE SICS	6/9	HM	6/9	6/18
2	Amadu Jallow	Basse	M	60	RE Mat-Cat	RE SICS	HM	5/60	6/18	5/60
3	Faye Kora	Mansajang Kunda	F	55	RE Mat-Cat	RE SICS	1/60	6/60	6/36	6/60
4	Amadu Jallow	Dampha Kunda	M	65	LE Mat-Cat	LE SICS	6/24	HM	6/24	6/12
5	Kagoro Camara	Dasilameh	M	60	BIL Mat-Cat	RE SICS	HM	HM	6/36	HM
6	Sara Baldeh	YBK	M	60	RE Mat-Cat	RE SICS	HM	6/9	6/18	6/24
7	Sarjo Kajake	Manneh Kajake	M	55	Bil Mat-Cat	RE SICS	HM	1/60	6/18	1/60
8	Seehu Sesoho	Numuyel	M	70	RE Mat-Cat	RE SICS	HM	6/24	6/18	6/24
9	Jobo Baldeh	Baniko Ismaila	M	56	RE Mat-Cat	RE SICS	2/60	6/24	6/36	6/24
10	Amadu Bailo Bah	Basse	M	40	RE Mat-Cat	RE SICS	HM	6/18	6/9	6/18
11	Tida Danso	Barrow Kunda	F	50	LE Mat-Cat	LE SICS	HM	6/60	6/18	6/60
12	Basiru Camara	Sotuma Sireh	M	70	LE Mat-Cat	LE SICS	6/36	HM	6/36	3/60
13	Ebrima Samura	Nyakoi Banjokoto	M	40	BIL Mat-Cat	RE SICS	CF	1/60	6/18	6/60
14	Kolly sesoho	Gambisara	M	60	Bil Mat-Cat	LE SICS	HM	HM	HM	6/12
15	Abdoulie Sowe	Basse	M	46	RE Mat-Cat	RE SICS	HM	4/60	6/9	4/60
16	Korka Jallow	Sareh Yero Cheke	M	58	RE Mat-Cat	RE SICS	CF	6/36	6/6	6/36
17	Musa Kanuteh	Tambasangsang	M	50	Bil Mat-Cat	RE SICS	1/60	1/60	6/9	1/60
18	Mama Juwara	Nyakoi Banni	F	68	RE Mat-Cat	RE SICS	HM	6/12	6/9	6/12
19	Mariama Camara	Giroba	F	65	LE Mat-Cat	LE SICS	6/36	HM	6/36	6/18
20	Mansata Bah	Bani kunda	F	50	LE Mat-Cat	LE SICS	6/60	HM	6/60	6/6
21	Maimuna Sowe	Basse Santu	F	70	LE Mat-Cat	LE SICS	6/18	2/60	6/18	6/18
22	Ebrima Dansoho	Numuyel	M	50	LE Mat- Cat	RE SICS	HM	6/36	6/24	6/36
23	Morie Kebba Jawneh	Touba Tapsir	M	55	RE Mat-Cat	RE SICS	PL	6/36	6/12	6/36
24	Demba Mballow	Baniko Ismaila	M	55	RE Mat-Cat	RE SICS	1/60	6/24	6/24	6/24
25	Kissima Touray	Koina	M	75	RE Mat-Cat	RE SICS	2/60	6/18	6/9	6/18
26	Abdurahman Jallow	Basse	M	67	BIL Mat-Cat	LE SICS	PL	HM	PL	6/6
27	Kadijatou Sowe	Madina Gunas	F	80	BIL Mat-Cat	LE SICS	HM	1/60	6/18	1/60
28	Modi Jallow	Afeya	M	60	BIL Mat-Cat	RE SICS	PL	HM	6/9	HM
29	Saikou Trawally	Baja Kunda	M	70	RE Mat-Cat	RE SICS	CF	6/36	6/18	6/36
30	Kunda Sanneh	Sareh Yorore	M	65	LE Mat-Cat	LE SICS	6/36	HM	6/36	6/12
31	Aminata Daff	Madina Gunas	F	50	RE Mat-Cat	RE SICS	HM	6/6	6/18	6/6
32	Mariama Awo	Madina Gunas	F	75	RE Mat-Cat	RE SICS	HM	6/6	6/6	6/6
33	Fatoumata Famanta	Nyamanar	F	60	RE Mat-Cat	RE SICS	HM	6/60	6/24	6/60
34	Samudeh Bah	Sareh Ngai	M	60	BIL Mat-Cat	LESICS	3/60	PL	3/60	6/18
35	Mariama bah	Sareh Alpha	F	78	BIL Mat Cat	LE SICS	1/60	HM	6/60	6/18
36	Mutaru Jawo	Sareh Ngai	M	80	RE Mat-Cat	RE SICS	PL	6/60	6/9	6/60
37	Omar Drammeh	Basse	M	65	RE Mat-Cat	RE SICS	2/60	6/60	6/12	6/60
38	Salieu Jallow	Basse	M	69	BIL Mat-Cat	RE SICS	1/60	2/60	6/18	2/60
39	Ousainou Jabbe	Taibatu	M	80	LE Mat-Cat	LE SICS	6/36	HM	6/36	6/24

40	Mariama Damba	Nyamanarr	F	75	RE Mat-Cat	RE SICS	1/60	6/36	6/24	6/36
41	Mondeh Baldeh	Mansajang kunda	M	72	LE Mat-cat	LE SICS	6/60	PL	6/60	6/36
42	Mansata Touray	Barrow Kunda	F	60	LEMat-Cat	LE SICS	2/60	HM	2/60	6/12
43	Mustapha Touray	Gunjur Kuta	M	64	LE Mat-Cat	LE SICS	2/60	HM	2/60	6/12
44	Ali Camara	Gambi Sara	M	50	BIL Mat-Cat	LE SICS	3/60	CF	3/60	6/24
45	Mamasa sillah	Garawol	F	65	BIL Mat-Cat	RE SICS	HM	HM	6/18	HM
46	Maimuna Sanneh	Sareh Yorro Cheke	M	75	BIL Mat-Cat	LE SICS	1/60	HM	1/60	6/18
47	Mansata Ceessay	Barrow Kunda	F	60	BIL Mat-Cat	LE SICS	2/60	CF	2/60	6/9
48	Habbie Taal	Madina Gunas	F	62	BIL Mat-Cat	LE SICS	1/60	PL	1/60	6/36
49	Seehu Camara	Gambi Sara	M	50	Bil Mat Cat	RE SICS	H/M	H/M	6/9	H/M
50	Oumou Jawo	Sareh Alpha	F	55	RE Mat Cat	RE SICS	H/M	6/12	6/18	6/12

CONSTRAINTS

- Some of the patients in the previous list did not turn up for surgery ,some came after two weeks claiming they were not aware while others were also calling when the camp is already conducted.
- 18 patients have bilateral mature cataract and only one eye is operated, they will need a second operations in the remaining eye to give them a balance vision.It is not safe to operate two eyes at the same due to the risk of infection as some patients with all the health education done sometimes they don't obey instructions particularly some relative will tell them not to touch the eye which means that eye will not touch water.
- The free cataract camp is just done on one area of my catchment area that is part of Upper River Region; the other area where we need another Free Cataract Camp is Baja kunda and Diabuguba tapa health centers respectively inoder to bring the services closer to the people.
- We badly need biometry machine to improve on quality of our post operative results example JOBO BALDEH one of the patient operated in the camp has pre operative va 2/60,post operative va 6/36,week three after review everything look normal the patient was send for refraction the va improve from 6/36 to 6/12.I really think the wrong iol was implanted not intensionally as we don't biometry in the secondary eye units because the machines are not available,therefoe purchasing biometry machines for the secondry eye units will greatly improve surgical outcome.

Recommendation

I wish to recommend to Cataracts Are Curable The Gambia Project to sponsor another Cataract Camp in the Upper River Region especially those bilateral cataracts who got their first eyes operated in the camp so as to prevent complications that may arise from hypermature cataract and some even goes to the traditional healers to cough their eyes which eventually leads to blindness due to two factors poverty and ignorance.