

**BASSE DISTRICT HOSPITAL UPPER RIVER REGION FREE CATARACT  
CAMP REPORT SPONSORED BY CATARACTS ARE CURABLE GAMBIAN  
PROJECT 11-16 NOVEMBER, 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 operate all patients that are blind due to cataract specially the second eye cataract cases that were done in the first camp.



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 targeting the second eyes who some of the were called directly on phone.

The camp started on Monday, 11<sup>th</sup> November, 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



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 32 patients within a week.

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

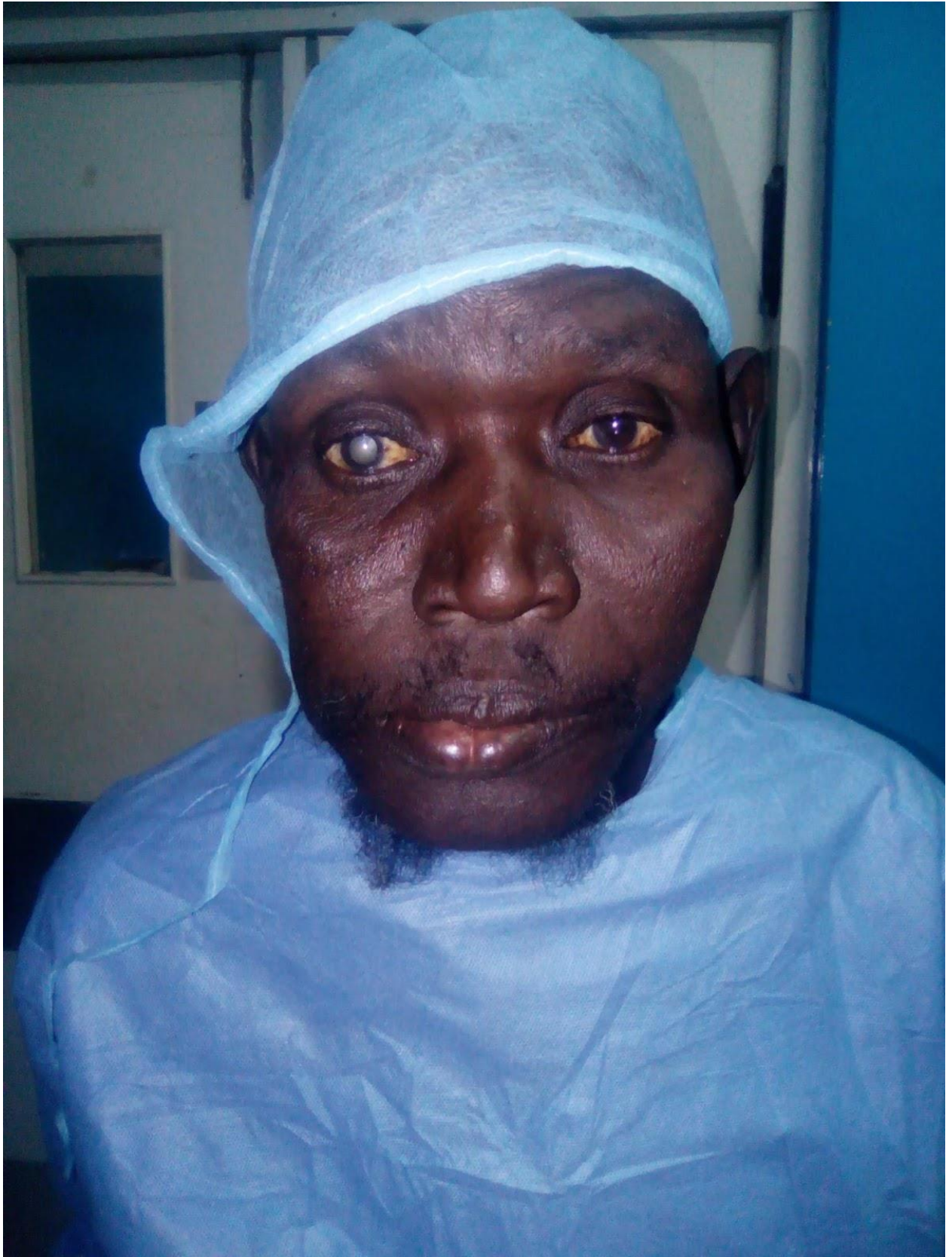
<i>Dates of general camp conducted</i>	<i>11<sup>th</sup> - 16<sup>th</sup> NOVEMBER, 2019</i>		
<i>Surgeon</i>	<i>Mr. Ebrima Dukureh</i>		
<i>Manager</i>	<i>Mr. Ebrima Dukureh</i>		
<i>Sponsor</i>	<i>Cataracts Are Curable Gambian Project</i>		
<i>Main co-ordinating Body</i>	<i>National Eye Health Programme (NEHP)</i>		
<i>Statistics</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
<i>Total no. of patient Admitted</i>	17	15	32
<i>Surgeries</i>			
<i>SICS with PC IOL</i>	17	15	32
<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>	17	15	32

## 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.
- All the cataract operated patients had IOL implanted .
- We were able to operate thirty patients within a week
- The table below shows the outcome of the surgeries;
- Seven of the patients operated are second eyes, the patient below is among the second eyes operated. In the second picture you can clearly see the cataract in the unoperated eye.









	NAMES	ADDRESS	SEX	AGE	DIAGNOSIS	TYPE OF SURGERY	VISION PRE-OPERATIVE		VISION POST-OPERATIVE	
1	Samba Baldeh	Mansajang Kunda	M	56	LE Mat-Cat	LE SICS	6/12	HM	6/12	6/12
2	Essa Tunkara	Garawol	M	50	LE Mat-Cat	LE SICS	6/18	HM	6/18	6/24
3	Nyuma Sillah	Madina samako	F	45	RE Mat-Cat	RE SICS	HM	HM	6/12	HM
4	Muhammed Sanyang	Temanto	M	60	RE Mat-Cat	RE SICS	6/36	HM	6/36	6/18
5	Gundo Jabbie	Limbambulu Bambo	F	70	RE Mat-Cat	RE SICS	HM	6/36	6/12	6/36
6	Ndungu Baldeh	Mampatayel	F	80	BIL Mat-Cat	RE SICS	HM	HM	6/24	6/24
7	Sira ceesay	Macca Masireh	F	80	Bil Mat-Cat	LE SICS	HM	HM	HM	6/18
8	Musa Jallow	Sareh Hamadi	M	62	BIL Mat-Cat	LE SICS	HM	HM	HM	6/24
9	Samba Sey	Samba Tacko	M	70	RE Mat-Cat	RE SICS	2/60	6/24	6/18	6/24
10	Mumintou Bah	Basse	F	75	LE Mat-Cat	LE SICS	6/12	HM	6/12	6/24
11	Jainaba Bah	Jangjangbureh	F	72	LE Mat-Cat	LE SICS	HM	HM	HM	6/18
12	Nyuma Sillah	Madina Samako	F	45	LE Mat-Cat	LE SICS	6/12	HM	6/12	6/18
13	Kaddijatu Jallow	Banniko Kekoro	F	50	BIL Mat-Cat	RE SICS	CF	2/60	6/9	2/60
14	Kolly sesoho	Gambisara	M	60	Bil Mat-Cat	LE SICS	HM	HM	HM	6/12
15	Hincha Gaye	Basseding	F	53	RE Mat-Cat	RE SICS	HM	6/6	6/9	6/6
16	Chebo Ceesay	Basseding	F	75	RE Mat-Cat	RE SICS	CF	6/36	6/24	6/36
17	Seedy Keita	Kerewan Badala	M	60	Bil Mat-Cat	LE SICS	1/60	1/60	1/60	6/18
18	Sunkaru Baldeh	Sare Yerro Cheke	F	50	RE Mat-Cat	RE SICS	HM	6/12	6/12	6/12
19	Muhammed Sanyang	Temanto	M	65	RE Mat-Cat	RE SICS	HM	6/24	6/18	6/24
20	Alh Muhammed Silah	Suduwol	M	71	RE Mat-Cat	RE SICS	HM	6/36	6/12	6/36
21	Mariama Sowe	Giroba	F	70	RE Mat-Cat	RE SICS	HM	6/36	6/18	6/36

22	Muhammed Saneh	Sareh Golli	M	50	LE Mat-Cat	LE SICS	6/9	HM	6/24	6/9
23	Kaba Sillah	Kulkulay	M	75	RE Mat-Cat	RE SICS	PL	6/24	6/22	6/24
24	Abdoulie Jallow	Mansajang	M	65	LE Mat-Cat	LE SICS	6/12	HM	6/12	6/9
25	Muhammed Cham	Banniko Kekoro	M	70	LE Mat-Cat	LE SICS	6/24	HM	6/24	6/18
26	Muhanda Jallow	Changaly Chewdo	M	67	RE Mat-Cat	RE SICS	PL	6/24	PL	6/24
27	Fanta Jawla	Sandu Misera	F	60	RE Mat-Cat	RE SICS	HM	6/36	HM	6/36
28	Tacko Baldeh	Sareh Bakary	F	40	RE Mat-Cat	RE SICS	PL	6/24	6/9	6/24
29	Fatou Jallow	Kaba Kama	F	70	RE Mat-Cat	RE SICS	CF	6/36	6/18	6/36
30	Kagoro camara	Dasilameh	M	50	re Mat-Cat	RE SICS	1/60	6/24	6/24	6/24
31	Bilal Sesoho	Kumbija	M	60	LE Mat-Cat	LE SICS	HM	6/6	6/12	6/6
32	Cherno Baldeh	Mampatayel	M	75	RE Mat-Cat	RE SICS	HM	6/6	6/9	6/6

## CONSTRAINTS

- Some of the patients in the previous list did not turn up for surgery because they were busy harvesting their crops.
- Lack of biometry machine(A scan) is a great concern because you can do a very excellent surgery for a patient but not implanting the right intra ocular lens can give a bad visual outcome. These pictures below are examples of the BIOMETRY MACHINES use in kanifing eye hospital

**Biometer AL-100**

100-120V/220-240V ~ 50/60Hz 35/42VA

SN

**301706**



**TOMEY CORPORATION**  
2-11-33 Noritakeshinmachi,  
Nishi-ku, Nagoya 451-0051 Japan  
**MADE IN JAPAN**







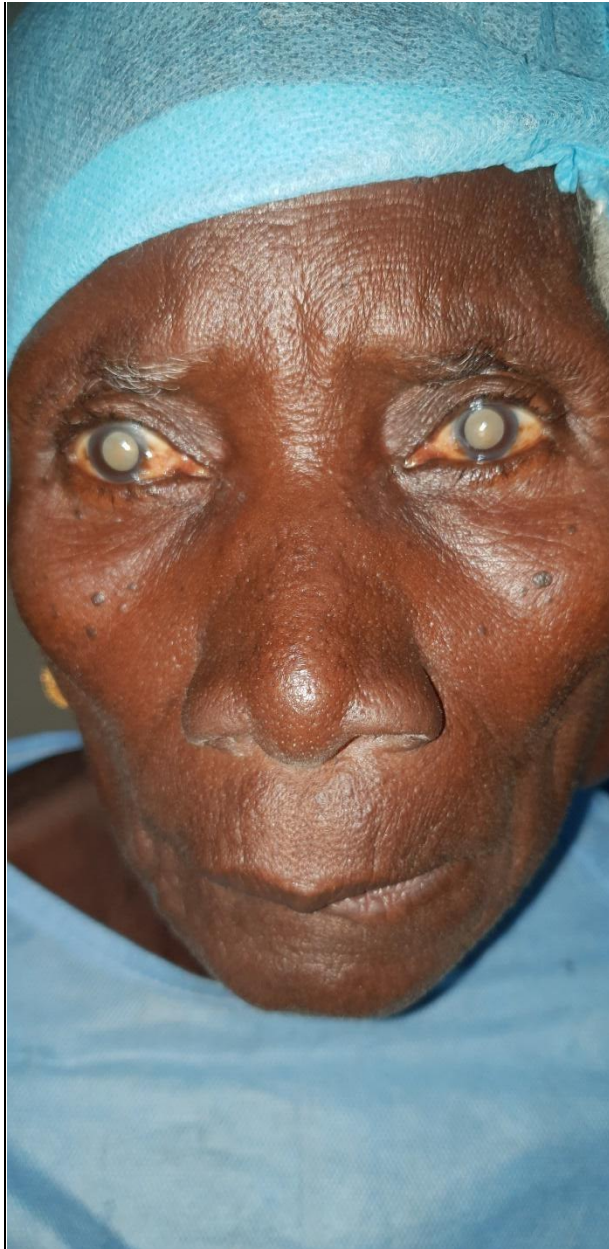


The free cataract camp is just done on one area of my catchment area that is part of Upper River Region; the other area where we need another Free Cataract Camp is Baja kunda and Diabuguba tapa health centers respectively in order to bring the services closer to the people. The main constraint is transport all the vehicles bought by the sight savers project are off the road except one at Bansang hospital.

The microscope we are using are very old and are not very bright. I am therefore recommending for new or a good second hand equipment to be bought to improve on the quality of the surgery.

I am also appealing if provisions can be made for second eye patients example when you made your announcement for a free surgery for the first time, you expect a good turnout example more 50 patients when some are bilateral cataract you end up doing one eye for each because you have 50 IOLs, so that each patient will have one eye operated. Therefore additional IOLs of ten example can help operate second eyes that can remain admitted in the ward till the following to do the second eye. I observe one thing very old patients and non-Gambians that are coming from a far place will not want to come for surgery in the other eyes as far as the operated eye is seeing very well.





**This old woman of eight years refused surgery, she was later convinced by telling her we were going to wash her eyes instead of surgery, the family agreed because she said she is too old to be operated. Thank GOD both eyes were successfully operated, however, she is admitted on medication for ten days to prevent infection which may cause her to lose her eyes. On discharge, she was seeing 6/18 and 6/24 in the right and left eyes respectively. Cases like this, the moment they see with one, they will tell you ok. She is very happy seeing, when I ask, did you see me, she said I can even see your beard, we all laugh.**

## **Recommendation**

I wish to recommend to Cataracts Are Curable The Gambia Project to sponsor another Cataract Camp in the Upper River Region particularly remote areas in the wulis and sandus ares as some even goes to the traditional healers to cough their eyes which eventually leads to blindness due to two factors poverty and ignorance .

Buying biometry machines and operating microscope are key in getting good surgical outcome. Icare tonometry machines for measuring intra ocular pressure is key.

A good car that can be use for community screening and out reach surgery is crucial in reducing the cataract backlog.

Sorry for the delay in the report am the only eye specialist in the facility supported by two auxiliary nurses and one optometrist technician so the work load on me is too much on me, in 2019, (333)three hundred and thirty three cataracts operated out of which you sponsored 82 out of the lot we are great full to your NGO. We screed over seven thousand people in the clinic in 2019.

I hope in the near future you will support in training more eye specialist.