

**BASSE DISTRICT HOSPITAL  
UPPER RIVER REGION, THE GAMBIA.**

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**REPORT ON CATARACT CAMP**

**Sponsors: Cataracts Are Curable – The Gambian Project**

**July – August 2022**



**Patients about to go to theatre for surgery**

## ACKNOWLEDGEMENTS

I wish to express my sincere thanks and gratitude to **Cataracts Are Curable – The Gambian Project** for sponsoring the cataract operations of 80 patients. These surgeries took place at Basse District Hospital in the Upper River Region at no cost to the patients.

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

I would not do justice if I failed to acknowledge the wonderful contribution of Mr. Alasana Touray of Sheikh Zayed Regional Eye Care Centre and his foresight in establishing a partnership for the control of avoidable blindness especially cataracts.

Finally, I wish to thank the staff of the Diabugu Batapa and Baja Kunda Health Centres, also Mr Ansumana Drammeh and Mr Haruna Jallow respectively for the surgery of patients screen at their catchment areas.

I am grateful to Basse District Hospital Eye Unit staff for their support and the good teamwork displayed during the cataract camp.



Two of the nurses in attendance at Basse District Hospital eye unit holding the banner.....the beauty of team work

## **Introduction**

Cataract is generally defined as the opacification of the crystalline lens of the eye and 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 proportions in future.

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

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

It has therefore become imperative that a programme for control of blindness should include, as an important component, intervention for surgical restoration of vision in persons blind from cataracts. 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.

It is in this vein that the National Eye Health Programme created secondary eye units that take 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 on all patients that are blind due to cataract especially in hard to reach communities. These activities are implemented through radio sensitization and community screening of patients and booking those with mature cataracts for the cataract camp.

Fortunately for us **Cataracts Are Curable - The Gambian Project** responded to our appeal by sponsoring community screening, cataract patients book during the exercise undergone free cataract surgery which includes medication and feeding.

The sensitization started in earnest, we started from Basse District Hospital staff, using slot spots of adverts at Radio Gambia Basse Branch and we use the local structures such as, the CHNs, village health workers targeting the following communities; Sareh Alpha, Diabugu Batapa, Bireff, Keneba, and Miseraba Mariama. The screening was carried out, patients with eye conditions were treated and mature cataract cases were booked for the free cataract surgery.

## CLINICAL REPORT OF THE COMMUNITY SCREENING EXERCISE

|  |  |               |              |
|--|--|---------------|--------------|
| <i>Dates of general screening exercise</i> | <i>10<sup>th</sup> MAY-5<sup>th</sup> JUNE, 2022</i> |               |              |
| <i>Surgeon</i>                             | <i>Mr. Ebrima Dukureh</i>                            |               |              |
| <i>Manager</i>                             | <i>Mr. Ebrima Dukureh</i>                            |               |              |
| <i>Sponsor</i>                             | <i>Cataracts Are Curable The 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 patients screen</i>        | 460  | 715           | 1175         |
| <i>Disease conditions</i>                  |  |               |              |
| <i>Cataract</i>                            | 110  | 185           | 295          |
| <i>Conjunctivitis</i>                      | 200  | 314           | 514          |
| <i>Glaucoma</i>                            | 30   | 60            | 90           |
| <i>Pterygium</i>                           | 60   | 120           | 180          |
| <i>REFRACTIVE ERROR</i>                    | 100  | 70            | 170          |
| <i>OTHERS</i>                              | 130  | 220           | 350          |
| <i>REFERRALS</i>                           | 2  | 1             | 3            |

The total number of eye conditions seen were more than the number patients simply because one patient can have two or three eye diseases at the same time.

The three patients referred are patients that cannot manage at Basse District Hospital, we deemed it fitting to refer them to Sheikh Zayed Regional Eye Care Centre in Kanifing.



## ACHIEVEMENTS

- ❖ The sensitisation was good as the turnout was very impressive, as we are able to identify more than eighty patients with mature cataract.
- ❖ There was a very good team work everybody was focussed and ready to sacrifice their time.
- ❖ Almost all the patients seen got free medications although there were some who were referred to private pharmacy as some of these medications were unavailable to us.
- ❖ All the patients that came forward for the screen got free consultations.



- ❖ All the cataract operated patients had IOL implanted.
- ❖ We were able to meet the target within the time frame given and the camp went smoothly and successfully despite the fact that we are in the rainy season.

All mature cataract cases were assured of free cataract surgery in due course.



OPHTHALMOSCOPE donated by CATARACTS ARE CURABLE so portable being used for screening

## CATARACT CAMP FOR BASSE AND BAJA KUNDA HEALTH CENTRES

The cataract camp was plan in a way that 60 patients would be operated in Basse and 20 patients at Baja Kunda Health Centre. However due the appalling condition of the rooms assessed in Baja Kunda Centre we could not conduct any operations there due to the high risk of infection.



The best available facilities at **Baja Kunda** for cataract surgery as there is no theatre in the facility







This was the beginning of the Cataract surgery in BASSE District Hospital



CATARACT SURGERY IN BASSE DISTRICT HOSPITAL





Patients gowned and getting ready for theatre



Cataract patient ready for surgery





**Removal of eye pad the following day after cataract surgery**

Patients were operated as they came due to rainy season; some of the patients that were booked during screening opted to wait until after the rainy season. 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 schedule dates for the free operations but we told them that we called their contact numbers but to no avail. We also make announcements on GRTS Radio Basse for all those booked for camp to come forwards for the surgery otherwise their places will be given out to people who are interested, to our surprise we saw many new patients with cataracts and we selected some to replace those that didn't make it for one reason or another. However it was successful, we were able to operate 80 patients within the time frame given to us.

The table below shows the outcome of the surgeries;

|    | NAMES               | ADDRESS         | SEX | AGE | DIAGNOSIS  | VISION PRE-OP |      | VISION POST-OP |      |
|----|---------------------|-----------------|-----|-----|------------|---------------|------|----------------|------|
|    |                     |                 |     |     |            | RE            | LE   |                |      |
| 1  | Wuday Camara        | Alluhareh       | F   | 50  | RE Mat-Cat | HM            | 6/18 | 6/24           | 6/18 |
| 2  | Isatou Baldeh       | Kebbeh kunda    | F   | 56  | LE Mat-Cat | 6/12          | HM   | 6/12           | 6/9  |
| 3  | Mariama sira jallow | Mansajang       | F   | 70  | RE Mat-Cat | HM            | 6/9  | 6/18           | 6/9  |
| 4  | Mahamadou telera    | julagel         | M   | 60  | LE Mat-Cat | 6/18          | HM   | 6/18           | 6/12 |
| 5  | Samuyaye Ceesay     | Dampha Kunda    | F   | 70  | RE Mat-Cat | HM            | 6/36 | 6/18           | 6/36 |
| 6  | Mariama Trawally    | Baja Kunda      | F   | 80  | RE Mat-Cat | HM            | 6/24 | 6/12           | 6/24 |
| 7  | Alh Saikou Barrow   | Barrow kunda    | m   | 70  | RE Mat-Cat | HM            | 6/36 | 6/18           | 6/36 |
| 8  | Hujere Camara       | Sabi            | M   | 60  | LE Mat-Cat | 6/60          | HM   | 6/60           | 6/12 |
| 9  | Amadu Kanteh        | Kularie         | M   | 75  | RE Mat-Cat | HM            | 6/24 | 6/18           | 6/24 |
| 10 | Fatoumata Bah       | Sareh Golly     | F   | 75  | RE Mat-Cat | HM            | 6/24 | 6/9            | 6/24 |
| 11 | Buya Sowe           | Sinuchu Alhage  | m   | 72  | LE Mat-Cat | 6/24          | HM   | 6/24           | 6/36 |
| 12 | Mariama Jallow      | Baniko Kekoro   | F   | 45  | LE Mat-Cat | 6/12          | HM   | 6/12           | 6/6  |
| 13 | Arfang Baldeh       | Mansajang Kunda | M   | 70  | RE Mat-Cat | CF            | 6/60 | 6/18           | 6/60 |
| 14 | Aljuma Jawo         | Sareh Jarje     | M   | 60  | RE Mat-Cat | HM            | 6/60 | 6/12           | 6/60 |
| 15 | Kaddijatu Camara    | Mansajang Kunda | F   | 70  | RE Mat-Cat | HM            | 6/12 | 6/9            | 6/12 |
| 16 | Teneng Jawo         | Sareh Jawbeh    | F   | 75  | RE Mat-Cat | HM            | 6/36 | 6/12           | 6/36 |
| 17 | Gundo Sakiliba      | NJien           | F   | 60  | LE Mat-Cat | 6/60          | HM   | 6/60           | 6/24 |
| 18 | Kadijatou Jawo      | Jawo kunda      | F   | 60  | LE Mat-Cat | 6/24          | HM   | 6/24           | 6/12 |
| 19 | Fatou Jabbie        | Hamdallai       | F   | 65  | LE Mat-Cat | 6/12          | HM   | 6/12           | 6/9  |

|    |                  |                |   |    |            |      |      |      |      |
|----|------------------|----------------|---|----|------------|------|------|------|------|
| 20 | Mariama Mballow  | SambaTacko     | f | 70 | RE Mat-Cat | 6/24 | HM   | 6/24 | 6/18 |
| 21 | NYAKO DEM        | Sareh Magal    | M | 60 | RE Mat-Cat | HM   | 6/36 | 6/12 | 6/36 |
| 22 | Fatoumata Jallow | Basse          | F | 50 | RE Mat-Cat | HM   | 6/24 | 6/18 | 6/24 |
| 23 | Aminata Sakiliba | Lamoi          | F | 75 | RE Mat-Cat | PL   | 6/24 | 6/36 | 6/24 |
| 24 | Isatou jawo      | Kanjambu       | F | 65 | RE Mat-Cat | HM   | 6/12 | 6/9  | 6/12 |
| 25 | Sanna Jatta      | Sandu jendeh   | M | 70 | RE Mat-Cat | PL   | 6/36 | 6/12 | 6/36 |
| 26 | Kekuta jawara    | Gunjur kuta    | M | 67 | LE Mat-Cat | 6/36 | PL   | 6/36 | 6/12 |
| 27 | Demba Bah        | Sankabareh     | M | 60 | RE Mat-Cat | HM   | 6/36 | 6/12 | 6/36 |
| 28 | Kaddy Sanneh     | ANGLE FUITA    | M | 60 | RE Mat-Cat | PL   | 6/24 | 6/6  | 6/24 |
| 29 | Gamballa Drammeh | Diabuguba tapa | M | 70 | RE Mat-Cat | CF   | 6/36 | 6/6  | 6/36 |
| 30 | Koi Wally        | Kambelleh      | M | 70 | LE Mat-Cat | 6/60 | HM   | 6/60 | 6/36 |
| 31 | Musa Cham        | Diabuguba tapa | M | 60 | LE Mat-Cat | 6/60 | HM   | 6/60 | 6/9  |
| 32 | Alhagie Sillah   | Basse          | M | 75 | LE Mat-Cat | 6/9  | HM   | 6/9  | 6/18 |

|    |                    |                |   |    |             |      |      |      |      |
|----|--------------------|----------------|---|----|-------------|------|------|------|------|
| 34 | Papa dampha        | Demba Kunda    | M | 60 | LE MAT CAT  | 6/24 | HM   | 6/24 | 6/12 |
| 35 | Juma Jallow        | Giroba kunda   | F | 50 | RE MAT CAT  | HM   | 6/60 | 6/12 | 6/60 |
| 36 | Sheriff Fofana     | Kanucbeh       | M | 60 | RE MAT CAT  | HM   | 5/60 | 6/12 | 5/60 |
| 37 | Alh Papa Sinera    | Numuyel        | M | 70 | LE MAT CAT  | 6/24 | PL   | 6/24 | 6/12 |
| 38 | Muhamed diko       | Gambisara      | M | 65 | LE MAT CAT  | 6/18 | HM   | 6/18 | 6/9  |
| 39 | Jainabou Jallow    | Madina gunas   | F | 68 | RE MAT CAT  | HM   | 6/18 | 6/24 | 6/18 |
| 40 | Manchita juwara    | Koina          | M | 60 | RE MAT CAT  | PL   | 5/60 | 6/36 | 5/60 |
| 41 | Wurry Baldeh       | Vellingara     | M | 67 | LE MAT CAT  | 1/60 | HM   | 1/60 | 6/12 |
| 42 | Mamadu Jallow      | Manda          | M | 70 | LE MAT CAT  | 6/60 | PL   | 6/60 | 6/18 |
| 43 | Mafanta Ceesay     | Dampha kunda   | F | 60 | RE MAT CAT  | HM   | 6/9  | 6/12 | 6/9  |
| 44 | Bucheh Tawru       | Kularie        | M | 74 | LE MAT CAT  | 6/36 | HM   | 6/36 | 6/12 |
| 45 | Sajuma Jallow      | Ceesay Kunda   | M | 75 | LE MAT CAT  | 6/24 | HM   | 6/24 | 6/9  |
| 46 | Sunkary conteh     | Kerewan Badala | M | 60 | MAT CAT LE  | 5/60 | HM   | 5/60 | 6/12 |
| 47 | Mahamadou krubally | Baja Kunda     | M | 75 | RE MAT CAT  | HM   | 6/18 | 6/9  | 6/18 |
| 48 | ISATOU JALLOW      | Alluhareh      | F | 60 | RE MAT CAT  | 6/24 | HM   | 6/24 | 6/12 |
| 49 | Kaddijatou Damba   | Sareh Alpha    | F | 67 | RE MAT CAT  | HM   | 6/36 | 6/24 | 6/36 |
| 50 | Aja jainaba damba  | Sareh Alpha    | F | 76 | LE MAT CAT  | 6/60 | PL   | 6/60 | 6/18 |
|    | Makaba Jabbie      | Sutukoba       | F | 70 | BES MAT CAT | HM   | HM   | HM   | 6/24 |
| 51 | Alh lamin jabbi    | Sutukonding    | M | 60 | RE MAT CAT  | HM   | 6/6  | 6/18 | 6/6  |
| 52 | Mansata Sankareh   | Bireff         | F | 58 | LE MAT CAT  | 6/18 | HM   | 6/18 | 6/12 |
| 53 | Mamasa Cham        | Gambi sara     | F | 50 | RE MAT CAT  | HM   | 6/12 | 6/9  | 6/12 |
| 54 | Bintou fofana      | Bireff         | F | 50 | RE MAT CAT  | HM   | 6/9  | 6/24 | 6/9  |
| 55 | Mamu Telera        | Julagel Munda  | F | 64 | LE MAT CAT  | HM   | 6/36 | 6/18 | 6/36 |

|    |                         |                 |   |    |             |      |          |      |      |
|----|-------------------------|-----------------|---|----|-------------|------|----------|------|------|
| 56 | Seekou Jawo             | Waliba kunda    | M | 67 | RE MAT CAT  | 6/36 | PL       | 6/36 | 6/18 |
| 57 | Lamin camara            | Bantuding       | M | 70 | RE MAT CAT  | HM   | 3/6<br>O | 6/18 | 3/60 |
| 58 | Mansata fatty           | Sutukoba        | F | 62 | RE MAT CAT  | HM   | 6/24     | 6/24 | 6/24 |
| 59 | Fanta touray            | Foday kunda     | F | 68 | RE MAT CAT  | HM   | 6/18     | 6/36 | 8/18 |
| 60 | Kumba Darbo             | Bireff          | F | 58 | LE MAT CAT  | 6/6  | HM       | 6/6  | 6/12 |
| 61 | Mariama Baldeh          | Kundam          | F | 56 | LE MAT CAT  | 6/24 | PL       | 6/24 | 6/12 |
| 62 | Mamadou wally kambelleh | Kanapeh         | M | 70 | RE MAT CAT  | HM   | 6/18     | 6/24 | 5/60 |
| 63 | Foly jagne              | Madina nyatabu  | F | 78 | BIL MAT CAT | HM   | PL       | 6/60 | PL   |
| 64 | Suwaro jaiteh           | Sutukoba        | F | 60 | LE MAT CAT  | 6/12 | HM       | 6/12 | 6/24 |
| 65 | Kumba camara            | Macca masieh    | F | 60 | RE MAT CAT  | HM   | 6/36     | 6/24 | 6/36 |
| 66 | Mariama jawneh          | Sutukoba        | F | 67 | BIL MAT CAT | HM   | HM       | 6/24 | HM   |
| 67 | Kumbayel sanneh         | Sinuchu Alhagie | F | 60 | RE MAT CAT  | HM   | 6/60     | 6/18 | 6/60 |
| 68 | Fily jambang            | Mansajang       | F | 78 | RE MAT CAT  | HM   | 6/60     | 6/12 | 6/60 |
| 68 | Ansata Jawo             | Kanjambou       | F | 60 | RE MAT CAT  | HM   | 6/12     | 6/9  | 6/12 |
| 69 | Lamin Camara            | Bantunding      | M | 70 | IE MAT CAT  | 6/18 | HM       | 6/18 | 6/12 |
| 70 | Musa Bah                | Nawdeh          | M | 70 | RE MAT CAT  | 6/24 | PL       | 6/24 | 6/12 |
| 71 | Mariama camara          | Baragie Kunda   | F | 76 | LE MAT CAT  | HM   | HM       | HM   | 6/18 |
| 72 | Bukarr Danjo            | Alluhareh       | F | 64 | LE MAT CAT  | 6/36 | PL       | 6/36 | 6/12 |
| 73 | Korka dem               | Sareh Ngai      | m | 50 | BE MAT CAT  | HM   | HM       | HM   | 6/24 |
| 74 | Saiba Jabbie            | Sanunding       | m | 60 | RE MAT CAT  | 6/60 | HM       | 6/60 | 6/18 |
| 75 | Fatumata Sanyang        | Korojula Kunda  | F | 60 | LE MAT CAT  | 6/60 | HM       | 6/60 | 6/12 |
| 76 | Yahya Bah               | Sareh Ngai      | M | 50 | BIL MAT CAT | CF   | 2/60     | 6/24 | 2/60 |
| 77 | Ramata bah              | Kundam          | F | 70 | RE MAT CAT  | CF   | 6/18     | 6/12 | 6/18 |
| 78 | Nyuma Sidibeh           | Foday Kunda     | F | 60 | LE MAT CAT  | 6/24 | HM       | 6/24 | 6/18 |
| 79 | Kebili Darbo            | Breef           | M | 50 | LE MAT CAT  | 6/9  | HM       | 6/9  | 6/6  |
| 80 | Juldeh Krubally         | Nyamanarr       | M | 70 | LE MAT CAT  | 6/18 | PL       | 6/18 | 6/12 |



## CONSTRAINTS

Some of the patients find it very difficult to afford fares to come for regular follow-ups (at least a minimum 3 visits to the clinic for review) due to the heavy rains and poverty. One of the patients who got both his eyes operated during the camp told me his house collapse due to the heavy rains and his family was having to sleep with neighbours as they don't have a place to sleep. He said he nearly died as some of the mud blocks fell on him and he sustained injuries.



Lamin Camara's house destroyed by the rains. He lives in the one big house with the family but that house is in too deplorable a condition to live in as heavy rains continues.



Lamin sitting in his compound narrating his ordeal as his reasons of not coming for follow-up. The second eye to be operated is inflamed, I give him eye drops and some money to use as fares to the clinic for review.

## Equipment

Lack of biometry machine (A scan) is a great concern because you can carry out excellent surgery on a patient but not implanting the right intra ocular lens can give a bad visual outcome. Patients with bilateral mature cataracts you can only see the posterior segment of eye; it is only with a B-scan that you can detect retinal problems like detachment. Therefore I still maintain the B-SCAN and BIOMETRY to determine the correct IOL power to be implanted are absolutely necessary as it will definitely add enormous value to the outcome of our surgeries.

## Recommendation

I wish to recommend that **Cataracts Are Curable - The Gambia Project** sponsor more community screening in the Upper River Region particularly remote areas in the Wully and Sandu areas as some people are even now going to the traditional healers to gouge their eyes. This eventually leads to unnecessary blindness caused by two factors: poverty and ignorance .

Secondly some of the bilateral blind patients who got only one eye operated upon need similar assistance to fund the operation on their second eyes. In addition, more than 20 patients who came during the time of the surgery, were asked to wait till next time.

Buying biometry machines and operating microscope are key in getting good surgical outcomes. I-Care tonometry machines for measuring intra ocular pressure is key. However we have received a strong promise from MR KANYI that they have secured a tonometer for BASSE which is waiting to be transported. We are most grateful and thank you.

Ebrima Dukereh

September 2022