

Friends of the Tarabai Desai Eye Hospital - Jodhpur

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Report by Visiting Surgeon Joseph Keenan, FRCSEd, FRCOphth, Consultant Ophthalmic Surgeon Jodhpur March 2008

I left London on Saturday March 22nd in the morning, and arrived in Jodhpur on Sunday afternoon the following day, after an overnight stop in Mumbai. I was met by Dr Sanjeev Desai and after a brief visit to the hospital, and a brief stop to buy a hat, I was brought to the Hotel Tulsi, a small hotel which was to be my overnight accommodation. That evening I attended a meeting of the Jodhpur Ophthalmic Society and presented a paper termed "Membranes in Vitreoretinal Surgery".

The following morning we made our way from the hospital to the camp in Pali, where we were met by an arrival ceremony including loud drums. After that the work started in what was to be a pattern that continued throughout the week. That is clinic in the morning, a time of rest in the late afternoon, and surgery commencing in the evening time until the cases booked were completed. The morning surgery consisted of a queue of patients, a seat for them to sit on for examination, a torch in my right hand, a bottle of drops in my left upper pocket, and an interpreter sitting behind me for times when the communications were difficult. Those patients that were suitable for surgery had a tape with a number marked on it placed over the relevant eye and went onto undergo biometry in preparation for the evening list. The patients that needed further examination were dilated and examined with a direct ophthalmoscope, and some of these I would discuss with either Dr Sanjeev or Dr Rajeev Desai so that we could determine the best treatment. The patients with more minor ailments were reassured and let go. The evening surgery commenced at approximately 7 – 8pm. There were six tables for patients and each of us worked off two tables, although initially the team were kind to me and gave me one table and best microscope. The surgery was small incision of cataract surgery with can opener capsulotomy, nucleus expression, and placement of a posterior chamber intraocular lens implant. This was not the most predictable surgery as the pupils became small after expression of the lens nucleus, the soft lens matter was sticky, and it was difficult to differentiate between the tags of soft lens matter and tags of remaining anterior capsule. This improved with practice but there is no doubt that there is a learning curve with this technique.

The following morning was an outpatient clinic followed by the first dressings for the patients operated on the evening before. Next followed a very simple and sensible ceremony where the patients and their relatives, in a communal manner, received a talk on their post-operative eye care including their medication and where any questions could be asked and

answered. The patients were told how well they had all done, they and the doctors were fed, and all left feeling better. It is one of my abiding memories to see before my eyes a grandfather, his son, and his grandson all sitting down to share their lunch before returning to their village.

That Tuesday evening we returned to the hospital at Jodhpur. The patients that we had seen that morning were brought by bus to Jodhpur as there were not large numbers from the morning clinic and it was possible to transport them. There was planned to be a second clinic in an outlying village but this has to be cancelled because cows, which are deemed as holy, were killed after drinking chemicals from one of the shops cleaning their tin utensils. This caused a riot with ensuing cancellation of the clinic! The evening surgery was mainly temporal phakoemulsification with vision blue and foldable lenses. We had the opportunity to discuss techniques for the phakoemulsification and for the small incision cataract surgery during this time.

Wednesday morning was due to be a similar experience but the hospital car instead of bringing me to the hospital was kindly directed to bring me to the market, Jodhpur Fort and the Palace to do some sightseeing! I rejoined the clinic in the later afternoon and again joined for evening surgery. This consisted of cataract surgery and also a case of suspected endophthalmitis which we again discussed and treated with intravitreal antibiotics and steroids.

Thursday morning again followed the pattern on outpatients in the morning, with surgery beginning in the early afternoon. A power cut halted progress during the afternoon and brought up the question as to how long does one hold a foldable lens in one's right hand before deciding that either the power was not going to come on when it could be left down, or it was going to come on when it could be implanted into the eye! Luckily the power returned, the lens was implanted, and all continued. There was an evening break in the surgery when Dr Ranjeev Desai went to attend an ophthalmic conference in Delhi, and Sanjeev took over after finishing the outpatient clinic.

Friday morning heralded the retinal clinic which had been advertised in the paper. This presented a variety of different conditions and also brought up the question as to how quickly one should examine patients. These patients in effect needed relatively in depth examination which took longer than normal but produced great results in terms of diagnosis and discussion. During this time Dr Desai senior undertook a further camp visit, and the patients were again repatriated to Jodhpur Hospital for their surgery that evening. The evening surgery consisted of an

examination under Ketamine anaesthesia for a child with a large eye that we had examined that morning, twenty-seven cataract cases, a repositioning of an intraocular lens, and a retinal detachment case with cryotherapy and insertion of intraocular gas. The surgery finished at 4am and after another wonderful late supper I left for my hotel to be collected again at 9am with the usual telephone call to let me know that the car had arrived! We discussed the cases on Saturday morning, administration was undertaken, casualty continued, and I sadly took my leave at approximately 13.15 for the 14.00 plane!

I was impressed by how hard Dr Sanjeev Desai and Dr Ranjeev Desai, worked in order to keep the charitable and ongoing work side of their hospital in action. The commitment was large and ongoing. The patients were well cared for.

During the surgery I had no issues with sterility. We were all capped, masked, gowned, and gloved appropriately with a sterile mitten for use as necessary with the microscope. There were issues concerning the reuse of instruments, and this could well be helped in the future by the provision of single custom packs for each surgery which could be open, closed and moved away, with a new pack for the next surgery. This will require financial commitment and planning, but will allow the surgery to continue in an expedient manner. It will also help to reduce the power needed with the phakoemulsification machines, and make the surgery safer and more efficient.

The camps that I either attended or assisted with the surgery for were Pali on March 24th, with thirty

patients requiring cataract surgery, Teh on March 26th and 27th with thirty patients requiring cataract surgery, and Doli on March 28th with twenty-nine patients requiring cataract surgery. In addition to these eighty-nine patients we treated the patient with endophthalmitis, examined under anaesthetic a child, repositioned an intraocular lens, and undertook retinal detachment surgery.

In summary, there is no doubt that there is a learning curve in the commencement of undertaking surgery in these eyes of mature or relatively mature cataracts, but that this can be overcome relatively quickly with experience and discussion. The need is great in treating numbers in a competent manner, in order to gain good results, which helps both the patients and doctors confidence! There is no doubt as to the skill, professionalism and dedication of the working team which helps to make these goals a possibility. Further assistance would however be of benefit in terms of the provision of single use packs, including phakoemulsification accessories, which would help the steady throughput needed while addressing any issues of reusable instrument issues.

In short, this was a great experience and a privilege to become part of the working team even for a short while. There is however a lot that can be done with outside support. I hope to be able to return again to work, and that we can progress with some of these ideas. There is no doubt that there is a continued an ever increasing challenge, and with it an opportunity to improve the vision and lives of the local Jodhpur people.
