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Letters

Monitoring Cataract Surgical Outcomes

Moses C Chirambo (J Comm Eye Health 2002; 15: 58–59)

Dear Editor

Dr Chirambo paints a realistic picture of African cataract surgery where the result of the average cataract operation is not reaching the WHO recommended visual outcome.

Suppose I am a cataract surgeon working

in an isolated hospital. Suppose I have the intellectual honesty and humility to begin the process of auditing my results. Suppose I find that 50% or more of my post-operative cataract patients fail to attain 6/18 or better vision. Who will help me to improve?

Suppose my surgical skills need to be

updated. Suppose my selection of patients needs to be bettered. Where do I turn for help? Improvement is not going to happen simply by doing an audit. If my results are mediocre then I need a non-threatening helping hand. But from where and from whom?

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Monitoring Cataract Surgical Outcomes

Hans Limburg (J Comm Eye Health 2002; 15: 56–57)

Monitoring Cataract Surgical Outcomes: Computerised Systems

David Yorston (J Comm Eye Health 2002; 15: 51–53)

Dear Editor

I read with interest the articles by Hans Limburg and David Yorston. Both mention using software to help with monitoring and the production of reports. David Yorston goes on to say ‘... the design of the database and the reports do need input from someone with the necessary expertise.’ This expertise was obviously available at Kikuyu (Kenya) but will not necessarily be available to everyone.

I would therefore like to suggest that,

if possible, the relevant files are made available to others who perhaps already have the hardware and software necessary, but lack the technical expertise to adapt the software for this purpose. This would also have the advantage that information could be readily shared between Eye Units and that, at a National, or Regional level, reports could be easily produced. Perhaps one means of disseminating these files would be by making them available to download from the JCEH website. In the future, perhaps other resources (power-

point presentations, photographs from the teaching slide sets, leaflets, etc.) might be made available in this way. This would help to avoid already hard pressed personnel ‘re-inventing the wheel’ on a regular basis.

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