

## The Rotary Club Host Project

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A partnership of **Rotary Clubs** and **EyeCare America®**

A public service foundation of the **American Academy of Ophthalmology (AAO)**

The purpose of this partnership is to reduce the rate of avoidable blindness and visual impairment in economically developing nations – by providing international ophthalmologists with opportunities for ophthalmic education that will directly effect the quality of eye care and enhance the training of needed ophthalmic personnel in their country. In addition, the partnership generates the goodwill, learning and lasting relationships among individuals that comes from cross-cultural knowledge and contact.

The success of this partnership is based on the combined strengths of two well-established organizations committed to creating awareness and taking action. Rotary's strength is a worldwide network of individuals committed to the service of others, united in a strong and effective organizational structure. The American Academy of Ophthalmology (AAO) and EyeCare America®'s strengths are in clinical education and the expertise of their members and volunteers. The Host Project provides learning opportunities for carefully selected ophthalmologists from around the world, and strengthens professional and

personal ties between United States' (U.S.) ophthalmologists and their international colleagues.

The guest ophthalmologists are brought to the U.S. for two weeks. The first week is spent in a community, hosted by the sponsoring Rotary Club, where the guest experiences professional, educational, cultural and social activities. Typically, guests learn how ophthalmology is practised in the U.S. by visiting ophthalmology practices, medical centers, or a free clinic. They observe surgeries and engage in discussions with their U.S. colleagues. Some guests have the opportunity to learn how ophthalmology is taught in the U.S. by spending a few days at a university department of ophthalmology and interacting with faculty and students. The guests meet members of the local Rotary Clubs, and talk to them about eye care services in their countries. In addition, many of the guests enjoy home cooked meals around a family dinner table, attend a sporting event, a church service, or cultural and political events.

During the second week, the guests attend the AAO annual meeting. From a wide selection of instruction courses, skill transfer courses and symposia in all areas and sub-specialties of ophthalmology, guests choose the activities that would be of most value to their particular situation and practice. They learn about the latest ophthalmic technology and equipment on the exhibit floor, and make contact with representatives from the ophthalmic indus-

try. In addition, they make contact with their colleagues from around the world and with international eye care service organizations.

A new post-meeting benefit was tried in 2002. Sponsored by Alcon Laboratories, three of the guests were invited to visit Alcon headquarters in Ft. Worth, Texas. Here they participated in an educational program, attended a rodeo and visited a ranch in the company of ophthalmologists from many different nations.

Upon return home, the guest ophthalmologists share what they learned with colleagues. Through participation in the host project, the doctors update their skills, broaden their knowledge and establish relationships. They are enabled to train others for the benefit of patients.

Regional chairpersons of the International Agency for the Prevention of Blindness (IAPB) are contacted and requested to recommend an individual from their region who meets guest selection guidelines. The recommended individuals may then be invited to apply. Occasionally, leaders of other international organizations or national ophthalmic societies may be asked to recommend. Sponsoring Rotary Clubs may select their guest from a small pool of approved candidates from different geographic regions.

Rotary Clubs interested in sponsoring an ophthalmologist may contact Wendy Ovaitt (wovaitt@aao.org). As sponsorship is available for only a few guest ophthalmologists each year, guest application is by invitation only.

## Report

## Intercontinental Medicare Project in Ethiopia

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### Introduction

In 1999, the Rotary Foundation of Rotary International undertook a project which was named the Intercontinental Medicare Project in Ethiopia. Rotary clubs from India, Ethiopia and the USA participated in this unique project which was a resounding success, not just in terms of the number and quality of the operations done, but also in bringing people of India, Ethiopia and the USA closer to each other and so fostering understanding and friendship amongst them.

The matching grant and new opportunities grant project was planned in order to perform 400 introcular lens implant surgeries in Ethiopia (along with polio-corrective and plastic surgeries). In Africa there are about 3 million cataract blind to which

50,000 new cases are added each year. A huge backlog has accumulated in rural areas and low-income urban slums. India faces similar problems. Indian surgeons are trained in performing cataract operations with limited resources and with reasonably good outcome. We are experienced in doing many operations in a short span of time.

### Project Funding and Implementation

Funding for this project included the cost of surgery, transport and food for patients in Ethiopia. Materials required for 400 operations, e.g., lenses, sutures, gloves, drugs, syringes and needles were taken from India. Packets of medicines required for the post-operative period of one month were distributed to all patients. The ophthalmic

team included the authors and Rotary volunteers from the USA and India. Pre-operative examination, necessary investigations and selection of patients were done by the ophthalmic surgeons and residents at Menelik II Hospital (Addis Ababa) and GrarBet Hospital (Butajira). Post-operative follow-up and management were also carried out by them. Menelik II is a Government Hospital in Addis Ababa, while GrarBet is a rehabilitation centre in Butajira, a small village about 160 km south of Addis Ababa. Altogether, 444 operations were performed over seven days.

### The Patients and Surgery

Tables 1 and 2 give the male/female ratio and age groups of patients presenting for care. Most of the patients had been cataract blind in both eyes for years. A few of them had a dislocated hypermature lens. Nine children had bilateral congenital or developmental cataract and 28 patients had traumatic cataract (Table 3). Paediatric patients were operated on under general anaesthesia.

Planned ECCE with a posterior chamber IOL implant was done in most of the cases (Table 4), except those who were aphakic in one eye for whom simple ECCE was done. In occasional cases of posterior capsule tear, an AC IOL implant was done.

**Table 1: Male/Female Ratio (n = 444)**

	No.	%
Males	236	53.2
Females	208	46.8
Total	444	100.0

**Table 2: Age Groups (n = 421)**

Age	< 10 yrs	10-20 yrs	21-40 yrs	41-60 yrs	>60 yrs
No.	11	12	10	162	226
%	2.6	2.9	2.4	38.5	53.7

**Table 3: Type of Cataract (n = 408)**

	No.	%
Congenital/Developmental	9	2.2
Traumatic	28	6.9
Complicated	26	6.4
Age-related	345	84.6

**Table 4: Type of Surgery (n = 427)**

Total	ECCE	AC IOL Implant	PC IOL Implant
427	15	15	397
%	3.5	3.5	93.0

**Table 5: Associated Presenting Complications (n = 444)**

	No.	%
Hypermature cataract	42	9.5
Corneal pathology	37	8.3
Pseudoexfoliation	17	3.8
Dislocated lens	13	2.9
Glaucoma	12	2.7
ARMD (diagnosed)	3	0.7

**Table 6: Pre-operative Visual Acuity (n = 412)**

	PL	>PL-CF 1m	>CF 1m-3m	>CF 3m-6/36	>6/36
No.	202	166	32	12	0
%	49.0	40.1	7.8	2.9	0

**Table 7: Post-operative Visual Acuity ('Unaided') (n = 369)**

	No PL	PL	CF1 m - 3m	>CF3 m- 6/60	>6/60 - 6/18	>6/18
No.	3	4	26	216	108	12
%	0.8	1.1	7.1	58.5	29.3	3.3

**Table 8: IOL Implant Power in Dioptres (n = 412)**

	+ 19	+ 21	+ 22	+ 23	AC IOL Implant + 20
Total	22	200	115	60	15
%	5.3	48.5	27.9	14.6	3.6

**Table 9: Post-operative Complications (n=315)**

	None	Uveitis	Wound gape	Cortical remnants	PCO	Grey reflex	Endophthalmitis	Hypopyon
No.	254	20	7	14	14	4	2	-
%	80.6	6.4	2.2	4.4	4.4	1.3	0.6	-

Manual irrigation/aspiration with a Simcoe cannula was carried out. In suitable cases, non-phaco, small incision sutureless surgery was used.

All operations were done under operating microscopes. Associated presenting complications are given in Table 5.

### Results

Pre-operative and post-operative visual acuities are given in Tables 6 and 7.

The post-operative follow-up examination was done by local ophthalmic surgeons. Immediate post-operative follow-up examination was made for two days and, thereafter, on the 15th and 30th days. Whenever it was necessary, patients were

admitted and monitored closely. The majority of the patients had expected results with a satisfactory visual outcome. Most of the patients had between CF 3 metres and 6/36 vision 'unaided' post-operatively and we expected all of them to improve after correction of residual refraction (Table 7). Most patients, in fact, did not return for refraction. Since A-scan biometry was not done pre-operatively, dioptric power was decided arbitrarily in all cases (Table 8). Basic refractive status was not known either.

Incidences of complications such as uveitis (20 patients), cortical remnants (14), posterior capsule opacity (14), wound gaping with uveal prolapse (7), were within acceptable limits. Four patients had suspected posterior segment pathology and a grey reflex was seen even on the operation table. These patients were advised about the uncertain outcome. All of them turned out to be cases of long standing retinal detachments. One patient had endophthalmitis in the early post-operative period while one more patient had a similar complication after two months (Table 9).

### Conclusion

On the whole, the project proved to be worthwhile and satisfactory. Apart from providing the much needed facility of free IOL implant surgeries of good quality to poor patients, it was a rewarding experience for all the persons involved. Long hours of hard, concentrated work inspired the local ophthalmic surgeons of Ethiopia where camp surgeries on a large scale have not been very common.

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