

## Support for patients losing sight

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This overview on support of patients losing sight is based on a literature survey regarding reading disabilities and orientation and on results of experience trials performed at the University Eye Clinic Tübingen. In reading disorders, the main goal of rehabilitation is to regain or maintain the ability to read newspaper print. The fundament of rehabilitation is the use of optical and elec-

tronical devices and the application of specially designed training programs. The ability of a person with low vision to achieve successful orientation and mobility rehabilitation depends on residual vision, posture and balance, body image, auditory and tactile abilities, intelligence and personality. Rehabilitation efforts focus on the enhancement of residual vision applying magnifying contrast-enhancing and photomultiplying devices. The main pillar of orientation and mobility rehabilitation is a training especially designed for the patient's needs. Rehabilitation efforts must be tailored to the

type of vision loss and to specific functional implications—the success rate is high. An optimal fitting of the required spectrum of low vision aids should be provided to the patient, and importantly, professional teaching and training is recommended. Activities of daily living, orientation and mobility, and psychological concerns must be addressed. Close cooperation with other branches of rehabilitation is essential.

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### Tanzanian Distribution of the Journal

Tanzanian readers have received this issue of the Journal from the Kilimanjaro Centre for Community Ophthalmology (KCCO). KCCO will continue to distribute *Community Eye Health* to Tanzanian readers.

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## Modification of the no-stitch technique in extracapsular cataract extraction by a single radial suture. Effect on postoperative astigmatism

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Self-sealing intrascleral wound construction with a trapezoidal 12-mm incision for extracapsular cataract extraction and implantation of a standard PMMA IOL with a 6.5-mm optical diameter using the no-stitch technique has been well established at our clinic since 1991. This technique allows cataract surgery in a nearly closed system. In consideration of our earlier results, the no-stitch technique was modified by a single perpendicular suture in the middle of the 12-mm incision to

reduce postoperative induced astigmatism further. We examined 200 consecutive patients 6 months after surgery (no-stitch vs one-stitch wound closure). The preoperative average astigmatism was 0.86 +/- 0.68 D (1.01 +/- 0.95 D). Preoperatively 37% (47%) of the eyes had With the Rule Astigmatism and 47% (39%) Against the Rule Astigmatism. Six months after surgery 10% (8%) of the cases showed With the Rule Astigmatism and 72% (65%) Against the Rule Astigmatism. Induced astigmatism was stabilized to 1.43 +/- 0.87 D (2.11 +/- 1.43 D). Compared with sutureless wound closure, the one-stitch technique had no long-term effect on the axes of astigmatism but significantly diminished induced astigmatism about 0.5 D.

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[Article in German]

### SICS correspondence

Thank you to all readers who sent letters in response to the last issue on Small Incision Cataract Surgery. Unfortunately, it is not possible to publish all letters. We have also been notified of additional centres which offer training in SICS. Sue Stevens will continue to add to the list of training centres and resources and we hope to publish this on our website.

## Community Eye Health

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