• Trichiasis will be assessed through a series of simple questions, followed by the identification by the community members of persons likely to suffer from ‘in-turned’ eyelids with lashes rubbing against the cornea. An eye examination should be carried out in every ‘suspected’ case, in order to confirm the diagnosis of trichiasis.

• At least fifty children (1-9 years old) should be examined from the households at higher risk to assess active infection in the community reservoir, using the WHO simplified trachoma grading system. The selection of households should be ‘optimally biased’ towards the least privileged ones, in order to increase the likelihood of diagnosing trachoma patients, if there are any in the community.

• Facial cleanliness should be recorded for each child examined.

• Other hygiene-related risk factors may be assessed at the household or community levels, such as availability of latrines, availability of water, etc.

3. The findings are summarised in a table, which shows the existence of blinding trachoma and active trachoma in the different districts/communities investigated, in order of priority.

Reminders
• Involve the community.
• Do not collect too much data or data that you may not use!

What Can be Expected from RA
Using RA data:
• The trachoma control co-ordinator will be able to provide more accurate figures on the number of communities concerned and on population sizes which will require active public health interventions.

• S/He is in a better position to rank the districts/communities and take immediate action within the framework of the SAFE strategy.

• Finally, the distribution pattern of trachoma for each province/district/community will become more evident and the need for additional (scientifically sound) epidemiological data will become obvious.

What RA is Not
• RA is not a detailed household survey which quantifies the size of the trachoma problem in the community. RA is not based on an accurate epidemiological methodology; it can only give a rough picture of the provinces/districts/communities where blinding trachoma exists. After a problem has been identified and given priorities by planners, a detailed survey may be necessary in certain circumstances, to provide sound baseline data.

• RA does not and should never replace proper surveys to assess the magnitude of the trachoma problem. It is not suitable for monitoring, nor does it provide a baseline for evaluation of interventions; more accurate methods are needed for that purpose.

• RA indicates only what the trachoma-related problems are in a given community, at a specific point in time.

• RA is, and should remain, the beginning of a process for collecting information in order to prepare a plan of action against trachoma.

Conclusions
The procedures of RA are not completely finalised. This paper shows the progress achieved so far. The procedures described above have not been fully endorsed by the WHO Alliance. Further field work and validation will need to be undertaken and reviewed. Extensive field work is presently being conducted using a ‘draft manual’ and technical support from WHO. It is expected that a more ‘polished product’ will be presented at the next Alliance meeting in December 1999.

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**Trichiasis Surgery**

Richard J C Bowman
MA FRCOphth
International Centre for Eye Health
Institute of Ophthalmology
11-43 Bath Street
London EC1V 9EL
UK

Introduction

Trichiasis involves eyelashes rubbing against the eyeball. Repeated infection with Chlamydia trachomatis causes scarring and shrinking of the conjunctiva lining the inside of the eyelid (tarsal conjunctiva), which has the effect of pulling the lid margin towards the eye (entropion) and with it the lashes. If the lashes are in prolonged contact with the cornea, then permanent corneal scarring and visual impairment may result. In addition, since the cornea is one of the most sensitive parts of the body, trichiasis can be a very painful condition.

**Surgical Principles and Management**

The principle of surgical management of trichiasis involves removing the marginal part of the eyelid outwards, away from the globe, so that the lashes are no longer in contact with the eye. To achieve this, a horizontal incision is made approximately 3mm from the lid margin (through tarsal conjunctiva and tarsal plate for the Trabut type operation or ‘tarsal plate rotation’) and, additionally, through orbicularis oculi muscle and skin for the bilamellar tarsal rotation). This is followed by outward rotation of the distal fragment which is effected by ‘verting’ mattress sutures. The bilamellar tarsal rotation is the procedure recom-
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In practice, patients are often lost to follow up after only a week which may act as a further barrier to acceptance. Further research is needed into the disability and economic consequences resulting from non-compliance, or poor accessibility to surgery for trichiasis. This will provide more effective arguments for funding this component of the SAFE strategy. In the meantime, existing resources must be channelled into delivering accessible surgical services, strong community cooperation, careful surgical training and community monitoring of post-operative cases. These steps will maximise both uptake and successful outcomes of trichiasis surgery.

References

Footnote: The bilamellar tarsal rotation procedure is described in more detail in the earlier publication on Trachoma. Journal of Community Eye Health 1994; 7: 21-26 (see box). Editor

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11-43 Bath Street, London, EC1V 9EL, UK.
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