Cataract Surgery

Dear Sir

I refer to the above subject that was brought up by Dr John Sandford-Smith in the Community Eye Health Journal (*J Comm Eye Health* 2000; **13**: 62).

The recommendations given for promoting ECCE with IOL implants are good, depending where you are and who is doing the surgery. In Africa, where eye services are poor or almost non-existent, this recommendation seems less appropriate. The recommendations given are more suitable for developed countries outside Africa. One question we should ask ourselves is why couching is so popular in Northern Nigeria. The answer is simple. Couching is a simple procedure, done in a convenient setting, by trusted (traditional) healers, with visual benefits. I am not supporting couching, but trying to point out that intracapsular cataract extraction should still be recommended in underdeveloped countries, especially in rural areas. We can learn from patients' motivation in accepting couching, to educate people in utilizing available eye services in their community. For many in Africa, this will mean getting a safe ICCE done in a rural setting by a non-ophthalmologist, where an operating microscope and a YAG laser are still years away. I feel that ICCE should not be relegated to the history books.

After some years of doing ECCEs at our hospital, we have found that many of those who underwent ECCE have developed blindness again due to the opacification of the posterior capsule; this has damaged the reputation of the Blindness Prevention Programme in the community. Blind people and relatives feel cheated by the outcome a few years after surgery. This is now being dealt with by resuming ICCEs with anterior chamber IOLs.

However, I am not against the recommendation for ECCE with IOL implants, but agree with Dr John Sandford-Smith's suggestion not to condemn ICCE with anterior chamber lens implants until a good audit and a retrospective analysis has shown that the results of ICCE are significantly inferior to ECCE in situations where YAG lasers and top quality microscopes may not be available.

One more point. If ECCE surgery is really the way to go in rural Africa, then my appeal is to the donor agencies to train the available ophthalmic personnel in ECCE techniques with lens implants and the use of the YAG laser, and then equip them with the instruments in question. This will then be a big jump forward in ophthalmology for Africa, one to which I am very much looking forward.

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Dear Sir

The question posed in John Sandford-Smith's letter (*J Comm Eye Health* 2000; **13:** 62), which asks if there is still a place for intracapsular cataract surgery, is pertinent but not new. I wrote two similar letters in 1992 (*Br J Ophthalmol* 1992; **76** : 127-8 and *BMJ* 1992; **304**: 1249) drawing attention to the difficulties to be overcome before changing from intracapsular to extracapsular cataract surgery.

Rural Africa, where I practice, cannot be compared to USA/UK/Europe where those who make policy live and work. There is no YAG laser in Benin for example. What should my patients do when they get opacification of the posterior capsule? If tomorrow a generous donor gave me a YAG laser I would still need to be trained to use it and I would need a reliable supply of electricity and some means of getting the laser serviced and repaired.

What my patients want from me is to regain their vision. What I try to provide is an affordable, accessible and modern eye service that can, in the long term, become sustainable. Surgeons should be encouraged to use whatever techniques gives, in their hands, consistently reliable results for their patients. One of the reasons that so many eye clinics are underused is because patients do not see better after cataract surgery. The surgeons who master one technique and satisfy their patients' desire for restored clear vision are never short of work.

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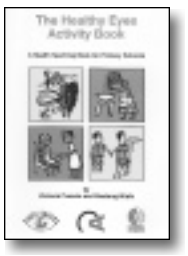
The Healthy Eyes Activity Book



Victoria Francis
&
Boateng Wiafe

This is an activity book for primary school children to teach them how to look after their eyes. It contains a mixture of class activity, home activity and class discussion outlines to encourage the children to learn by doing, not by telling. It includes many stories and drawings written by children. The notes to teachers explain that children are encouraged to be active as they use the book: the book does not tell them all the answers. Children are encouraged to tell their own stories, draw pictures in the empty spaces or colour other drawings in the book.

Children in Ghana, Kenya and Zambia contributed insights and material for the book, which was pre-tested by children in Zambia prior to production. The book itself was devised and developed by Victoria Francis and Boateng Wiafe, with the support of **Sight Savers International** and the **International Centre for Eye Health**. This reprinting is generously funded by **Task Force SIGHT AND LIFE**.

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