

The consumables offered included 8–0 silk sutures, surgical knives (using non-breakable razor blades) and cryo-extractors.

## Lessons Learned

### *Visiting separate clinics versus workshop in a central place*

At the start of the project it was decided to visit the separate clinics instead of performing one workshop at a central location, although this had a major time implication. It was possible to set up the project in this way, since volunteers performed all the projects. With the experience in Lao PDR and Vietnam, both ways could be compared. In the authors' view the visit to clinics had better results because there was time to give the trainees enough 'hands on' training and enough instruments were available for practice under guidance. During the workshop approach there were too many participants to give appropriate supervision during the practical sessions. Further, most clinics visited had specific problems which we were able to address during the visit.

One of the technicians who was trained had already received training in repair of instruments abroad. This technician complained that upon return it was not as easy as was shown during the training session.

### *Training of hospital technicians versus training of theatre nurses*

In clinics where technicians were avail-

able, both technicians and theatre nurses were trained. Some clinics, with rotation of the nurses between theatre, OPD and the wards, wanted to have all nurses included. For these groups more general sessions were held with in-depth training for a few nurses - to become the experts in the clinic. In some of the teaching hospitals it was found that the technicians were too busy with work in the other departments to find free time to assist in the eye department. The most successful was the training of technicians in specialised eye hospitals like the National Eye Centre in Kaduna and the ECWA Eye Hospital in Kano, both in Nigeria.

### *Training versus donation of tools with training guides*

Several of the clinics visited had received sharpening devices. Most of these came with instruction manuals and/or videos. However, the techniques were still found to be complicated and not fully understood and the sharpening devices were not utilised.

## Conclusion

In the opinion of the authors it is very important to provide training for technicians and/or nurses in the maintenance and repair of microsurgical instruments in theatre and OPD. All clinics visited had a large number of instruments which were either blunt or broken. During training it is



*Using newly made instruments in the operating theatre*

Photo: Danny Haddad

important that the participants receive enough experience through practical training. Providing training in their own clinic gives the participants the possibility of performing repair on their own instruments and in their own setting. Donating repair sets without the appropriate training gives poor results, since most training manuals and videos are still too complex.

The importance of regular maintenance should be stressed as this will often prevent the development of defects in equipment or instruments. A record of maintenance and of items repaired should be kept. This is particularly appropriate for larger items of equipment and, for example, surgical cataract sets.

It will be helpful if each clinic has a person recognised as responsible for maintenance, who will also keep maintenance records and make sure that regular maintenance is carried out.

☆ ☆ ☆

## Letter

### **Comparison of Cataract Surgery in a Base Hospital and in Peripheral Eye Camps**

Dear Editor

**Parakshit Gogate & Anil N Kulkarni**  
*J Comm Eye Health 2002; 15: 26–27*

Probably no-one will question the advantages of affordable good quality IOL surgery through satellite hospitals, near to where the patients live. The article by Gogate and Kulkarni illustrates the differences in results between hospital based surgery (ECCE/IOL and ECCE) and eye camp surgery (ICCE), in a large series.

The article states that final corrected visual acuities were much better in the Base Hospital (82.7% >6/18), compared to the Peripheral Eye Camps (43.7% > 6/18). This statement, although clearly accurate in itself, does not seem to me to reflect possibly better results and conclusions – if some of the following comments had been considered and implemented.

In the Camps, visual acuity was assessed with standard +10D aphakic correction. It

is reported that 99.1% of the patients received standard +10D aphakic spectacles after 6 weeks.

At the Base Hospital, retinoscopic refraction was done in 63.9% of the patients. This does not necessarily mean that patients also bought the spectacles according to prescription! Visual acuity is not known in the remaining 36.1%.

For comparison, it would have been better to either present visual acuity at the Base Hospital with IOL implant, without additional refraction (real life situation), or with standard +10D in aphakics, or to present retinoscopic refraction in both Camp and Base hospital for all patients. With additional retinoscopic refraction, the Camp group might well have had equally good visual results.

Poor visual results between both groups are about equal: 6/60 or worse at Camps in 5.1% and at Base Hospital in 6.1%. Vitreous loss was more often a complica-

tion in the Hospital, but the Hospital operated on more difficult cases.

In addition, 58.2% of the patients at the Base Hospital received an IOL. Thus, 41.8% were left aphakic. In combination with the poor follow-up, some of the aphakic patients may not have received any correction at all, resulting in a VA < 3/60, but no details are given of this group.

IOLs have become much cheaper since the study was done, but it should be noted that, at the time of the study, the main reason (80%) for not receiving IOLs, was inability to pay.

Another interesting point is that Camps were especially suitable for women, who often cannot travel far. This is an important factor that has to be taken into account.

The above study shows that Camps still have a role to play in remote rural areas and that results can actually be quite satisfactory.

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