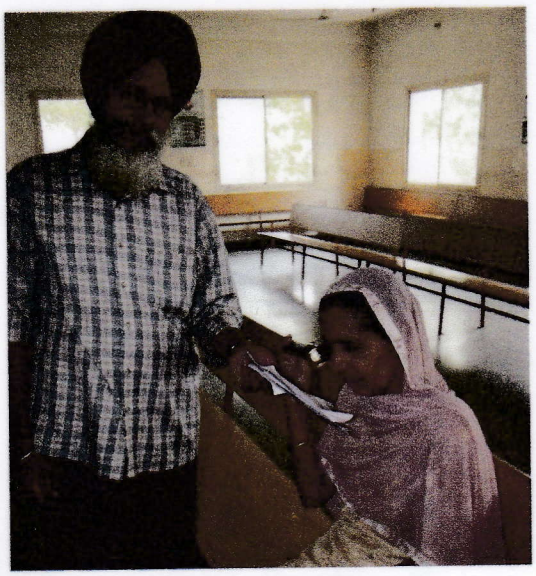
"The sense of achievement discussed on the return flight home highlighted the need today, more than ever, for an inclusive society to provide aid to our fellow humans irrespective of race or creed."



Patient with RP being dispensed an LVA

disease. Refraction revealed the son had associated high myopia and reduced vision RE -11.00 LE -11.00 BVA BE 6/12. A new pair of spectacles were prescribed using a new frame and a glazing facility that had been set up for children. The daughter, however, had complete subluxation of the lens in both eyes causing effective aphakia and refraction revealed RE +4.00 LE +4.00 BVA BE 6/18. Again, new spectacles were dispensed as she was not wearing any previous prescription.

There were many other examples of dispensing which enabled patients to have a much better visual quality of life including congenital cataract requiring post correction of high myopia and astigmatism where there was a refractive surprise; patients given high positive spectacles to act as LVAs such as +12.00. However gladly the most prevalent prescription was +2.00 BE for presbyopia and the joy this gave to so many patients was evident to the optical assistants who received sincere thank you gestures from their patients. This included dispensing a pair of rimless spectacles with an MAR coating for distance to a patient who staff informed us came from the East of India from an area where most people live below the WHO poverty line.

Knowledge transfer was evidenced in two forms of education. The EyeIdentity programme was delivered to nursing, optometry and ophthalmology undergraduate students. This consisted of lectures and workshops in basic refraction from Mr Sean O'Brien and Dr Roisin Mackie; pathology from Dr Scott Mackie; and binocular vision from Prof Brendan Barrett.

The masterclass programme was delivered one evening to the Jalandhar Cataract and Refractive Surgery Club. This consisted of six lectures to ophthalmologists ranging from trainees to a large cohort of consultants. Prof Pawan Prasher, Sri Guru Ram Das Institute of Medical Science, Amritsar, presented a lecture on unusual forms of eyelid infection. This highlighted the difference in tropical eye disease from those in the UK as it discussed cases of beetle lice and ant infestation and removal of stingers from a bee.

Prof Brendan Barrett University of Bradford presented a lecture on whether improved sports performance can be achieved through vision training. This was even more pertinent with cricket dominating the conversation with India just beating Pakistan in the World Cup. The consensus was that bias in most previous studies could not be ruled out and a current study involving the English cricket team will reveal if this link can be evidence based.

Dr Sanjay Mantry, Tennent Institute of Ophthalmology, gave a lecture on cataract update and discussed new protocols including measuring endothelial cell count to avoid subtle cell loss and potential corneal decompensation, femtosecond laser to perform capsulorhexis, multifocal lens after careful patient counselling of distance defocus and intermediate to near transitions using the correct design.

Dr Scott Mackie presented on the role of nutritional supplements in eye disease. He discussed TFOS DEWS 2 and the Dream study and the awaited use of omega-3 though he stressed the need for real world advice in only recommending therapies you would use yourself as he uses omega-3 with 1/3 DPA and 2/3 EPA ratio for low grade dry eye disease which allows control of symptoms without using tear supplements.

Dr Shibal Bhartiya (from the Fortis Memorial Research Institute in Gurugram) travelled from Delhi to discuss the importance of nocturnal elevation in IOP and why this is a contributing factor to the static success rate of treating IOP through medication. She suggested that beta-blockers should not be the first line of therapy due to their inability to prevent spikes in IOP during sleep with prostaglandin analogues being better.

Brother and sister with Marfans Syndrome

The final lecture was again Dr Mantry who gave a corneal update which highlighted the exponential rise in collagen cross-linking (CXL) for keratoconus which is now available in most of the NHS and has reduced the number of penetrating keratoplasties (PKs) already in the UK over the past few years. In contrast, the success rate of PK in India is low and CXL is restricted to a few centres. The use of Pentacam was also recommended to rule out posterior keratoconus when those based on Placido disc cannot measure this parameter. This was followed by presentations of certificates to all of the Right for Sight Group.

With the clinics and knowledge transfer completed the group could then relax into a less hectic holiday mode which included visits to the Golden Temple in Amritsar, the Taj Mahal in Agra, Border Crossing in Wag and the Red Fort and Choki Chock by Rickshaw in Delhi.

The sense of achievement discussed on the return flight home highlighted the need today, more than ever, for an inclusive society to provide aid to our fellow humans irrespective of race or creed.

• Dr Scott Mackie runs Right for Sight in the UK which relies on voluntary donations of spectacles from UK optical retailers. Our sponsors for this year's camp included Gill Smith for LVAs and Keeler for pocket LED opthalmoscopes. The team is self-funded for travel but would like to acknowledge the support of its host Dr Jasdeep Singh and Dr Jaswant Singh and their sons Aditdeep and Adapdeep for accommodation and entertainment.