

GLOBAL EYE CARE

Project Punjab

Globally, at least 2.2 billion people have a near or distance vision impairment through uncorrected refractive error and, as such, a team from the UK set out to the Punjab in India for a Right to Sight project.

We recycled 8,000 pairs of spectacles from the UK that were sorted by prisoners in HMP Barlinnie and taken to India through humanitarian donations from British Airways and Vistara.

The spectacles have to be in good condition with any cyls and anisometropia over 0.75 rejected hence having the nearest or similar best vision sphere in each eye.

The rejected spectacles are sent to Bird Eyewear where they melt metal, recycle acetate or send these spectacles to other charities throughout the world, so no spectacles go to landfill.

Although the team agrees with the World Health Organization's opinion on trying to encourage the host nation to provide its own spectacles in the first instance, this is not realistic in the poorest regions of the world. The team do however provide knowledge transfer in the form of lectures.

IMPROVED QUALITY OF LIFE

The multidisciplinary team consisted of eight optometrists: Professor Kathryn Saunders, Patrick Richardson, Professor Brendan Barrett, Ann Barrett, Tony McCabe, Mary McCabe, Dr Roisin Mackie and Dr Scott Mackie; and two optical assistants Brian Conway and Siobhan Whelan.

We flew to Amritsar and visited the Golden Temple and the planet's largest community kitchen (langar), which provides up to 100,000 free meals per day, and then travelled by bus to Jalandhar.

The clinics started with presentations of certificates to all the Right to Sight group from the hospital. They then worked over three days with 1,025 patients seen over that time.

The majority were given spectacles with others listed for surgery and some treated for minor ailments and only a minority where no intervention of spectacles or surgery would provide a better outcome.

From previous visits, we knew that illiteracy was high, myopia was low, and presbyopia occurred up to one decade before that seen in the western hemisphere. As such, test charts for distance and near used both E charts and Punjabi

Dr Scott Mackie reflects on an educational trip to India



The Right to Sight team at a community kitchen

charts being the most popular dialect.

A range of pathology was encountered including the big three – glaucoma, cataract and diabetes – as well as other common pathologies, such as trachoma, amblyopia, nystagmus, trauma, incomitant deviation, vernal conjunctivitis and various types of corneal opacity.

There were many other examples of dispensing that 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.

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.

CLINICAL PRESENTATIONS

Knowledge transfer was evidenced in two forms of education. The ophthalmology update programme at Lyallpur Khalsa College in Jalandhar was delivered to medical and physiotherapy undergraduate students.

This consisted of a lecture in basic refraction from Dr Roisin Mackie, glaucoma from Ann Barrett Mackie, and contact lenses from Patrick Richardson.

The masterclass programme was delivered one evening to the Jalandhar Cataract and Refractive Surgery Club. This con-

sisted of four lectures to ophthalmologists ranging from trainees to a large cohort of consultants.

Dr Saurabh Mittal from Thind Eye Hospital in Jalandhar discussed the hidden epidemic of dry eye, which has a high prevalence in India. We experienced one in three patients complaining of this and were able to give bottles of Thea Hyabak drops to them that we brought over.

Prof Saunders from Ulster University discussed Hoya Miyosmart myopia control spectacles and how well they work in the real world. Her presentation highlighted that although the effect found in a Caucasian population was similar to that found in the Chinese population, for a minority of patients there was little or no effect.

Interestingly, a parameter measured was pupil size and this had a significant effect on the ability of these lenses to control myopia with the suggestion that more of the Dims lens is being used.

Prof Barrett from the University of Bradford then gave two presentations. Firstly, an update from vision screening in UK schoolchildren, which highlighted the sporadic arrangement of screening in schools in England.

His second presentation provided an update on approaches to amblyopia treatment in the UK comparing traditional methods (occlusion) vs newer high tech methods (computer games, specifically Tetris).

I delivered the final lecture, which discussed clinical case studies where the disease process or outcomes were rare but with an interdisciplinary approach, the best patient outcomes were realised.

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 your fellow human irrespective of race or creed.

Our sponsors for this year's camp included the Hakim Group and Thea Pharmaceuticals and we would like to acknowledge the support of our ophthalmology host family Dr Jasdeep Singh Sandhu and Dr Jaswant Singh Sandhu for accommodation and entertainment. Special mention also goes to the entire UK team who give up their own time freely and self-funded all travel. ●

Dr Scott Mackie is a practice owner and runs Right to Sight in the UK.