



August at LVPEI

“Children with Learning Disabilities” is another group that needs the attention of eye care professionals. A better understanding of their overall situation would prepare us to provide that needed care. This involves a multidisciplinary approach and includes multiple stakeholders. The workshop, that we had this month at our newest tertiary care campus was focused on this topic. All the stakeholders - parents, children, teachers, school administrators, ophthalmologists, optometrists and rehabilitation specialists - participated enthusiastically, in what turned out to be a very successful exercise. We are now working to add this area to our service activities and it will fit well in our vision of offering a comprehensive approach to children's eye care.

Our three-year old Vijayawada campus had a new service added in response to an increasing demand – a Refractive Surgical Centre, making this service more accessible to the people in the five districts around this campus (about 15 million people). With the size of the population to be served and the growth of the area anticipated because of the new status of this city as the capital of the new state, we expect significant demand for this service. My compliments to Aravind Roy for championing this and to Pravin Krishna for planning and getting it implemented. Extension of screening for Retinopathy of Prematurity (ROP) in premature babies in neonatal ICUs by adding another children’s hospital to our collaboration is yet another development on this campus. The idea is to eventually replicate the model we developed in Hyderabad, of complete surveillance of all neonatal ICUs, in this geographic region. Thanks to Niranjana Pehera for leading this effort and the team of retinal specialists Sameera Nayak and Vishal Ramesh Raval for their extra efforts to provide this coverage.

In the last monthly communication, I have mentioned about our comprehensive cornea service in our Hyderabad campus (Kallam Anji Reddy campus) and the great success with keratoprosthesis for end stage corneal disease. This has now been introduced this month in another of our tertiary care campuses in the port city of Visakhapatnam and this happens to be the first such procedure in the new state of Andhra Pradesh, enhancing the reach for people with this problem. The magnitude of end stage corneal disease is quite high all across India.

Ladakh is located in the Himalayas at an altitude of 5,000 – 5,500 m and is on the Tibetan border of India. Health care services are very meager, excepting the services offered by the Armed Forces hospital services located there. An American businessman, with interests in this area, has built a health centre and is trying to bring in all services to the people of this region as a philanthropic gesture. On his urging, we have conducted our first screening exercise with two of our optometrists, Uday and Veerendranath, which attracted a large number of people. We are now planning to develop a vision centre there by the middle of next year and three individuals from this local community were already admitted into our "Vision Technician Training Programme", who will eventually staff this centre. We are delighted that the population of this far flung area will have access to good quality primary eye care. A broader plan for higher levels of service is being developed.



Our Bhubaneswar campus recorded its highest ever income this month. Congratulations to Sujata Das and her team. Indeed this magnificent campus of ours, in the capital city of the state of Odisha, has become a major resource centre not only for this state of around 40 million people but also for many other states of Eastern India. The campus offers services in all subspecialties and low vision rehabilitation services, to which education and research components have been added over the past three years.

The story of helping an 18 year old with congenital eye disorders that severely restricted vision, living in a remote rural area is very gratifying. Identified during a community based rehabilitation (CBR) programme in his village by our field staff, he was referred to our secondary centre in Mudhole. He was then evaluated and provided with appropriate low vision devices and rehabilitation training. With his new improved vision, he could pursue a vocal training programme in crop production management and was able to support his mother (he lost his father earlier). This story exemplifies how our CBR programmes are making a difference to locate the otherwise unidentified victims of visual impairment. This is how we started our foray into rural eye health nearly two decades ago when we helped develop two rural secondary centres for our partners. The entire 500,000 population around each of the centres was covered by the CBR programme through door-to-door survey and this is replicated around our other secondary centres.