July at LVPEI

The "Centre of Excellence" at the top of our pyramidal model is where cutting edge and innovative solutions are offered to complex eye problems, in addition to education, research and innovation. Appropriate equipment, physical structure and space, and a world-class eye care team make this a reality at our Hyderabad’s Kallam Anji Reddy campus. Not only is new knowledge implemented here but we also work to contribute to advancing knowledge from here. “Translational Research” is a major focus for us. Two teams have demonstrated this during July. One was where two partial thickness corneal transplants (lamellar keratoplasty) were performed using bio-engineered corneas. This is the second such attempt anywhere in the world. A reinforced, improved version of the material used in the first clinical trial in Sweden by the group of May Griffith four years ago, was employed for these procedures using a femtosecond laser. If proven successful, this will pave the path for providing an alternate source for the currently scarce donor corneas for corneal transplantation. These efforts complement our work in this area as one of the leading corneal centres in the world offering an entire range of treatment modalities for corneal problems. Congratulations to our team led by Virender Sangwan!

Equally impressive was our young ophthalmic plastic surgeon Tarjani Dave's contribution to advance our care by inserting an "Inflatable Orbital Tissue Expander" in an individual, born with an absent eye ball, a condition termed as "Congenital Anophthalmia". This technique developed by the team at Bascom Palmer Eye Institute in Miami (with whom we have an active collaboration), prevents a significant cosmetic deformity in the adult life of this affected individual. Tarjani teamed up with her collaborator in maxillo-facial surgery to perform this complex procedure. My compliments to this group! These two interventions are outstanding examples of translational research being used to benefit people through active international multi-institutional collaboration.

One of the most active and the longest collaboration we have is with the Brien Holden Vision Institute of Sydney, Australia. A three-day long review meeting was held to review our collaboration and plan future strategies. This collaboration that started nearly twenty five years ago initiated our clinical research and clinical trials activity that has blossomed into many other areas during this period.

In the area of research again, we hosted the annual meeting of the "Indian Eye Research Group - ARVO India Chapter” where researchers from all over India participated. Calvin Pang from Hong Kong and Jayanti Pande from Albany, New York delivered the eponymous Professors Balasubramanian and Bireswar Chakrabarti lectures respectively. It is heartwarming to see the evolution of this group from an informal "Hyderabad Eye Research Group" comprising LVPEI, Centre for Cellular and Molecular Biology (CCMB) and National Institute of Nutrition (NIN), about two decades ago.
A nascent addition to LVPEI is the "Innovation Centre". Another week-long workshop titled "ReDX: Engineering the Eye Workshop" was held with about 120 students of engineering, technology and design from across India, mentored by the groups from MIT Media Lab, Tata Centre for Technology and Design at MIT, and LVPEI, to develop several prototypes that have the potential to make a paradigm shift in diagnostic technologies. This centre is funded by one of Hyderabad’s leading technology corporations - Cyient (formerly Infotech Enterprises). Prof. Mashelkar, Chairman of the National Innovation Foundation was the guest of honour at the inaugural session. We are optimistic that this new dimension to our work will lead to some exciting products in the not too distant future.

Our tertiary care campuses at Bhubaneswar and Visakhapatnam celebrated their anniversary and so did our secondary centre in Venkatachalam near Nellore in Andhra Pradesh. All these centres continued to grow during this period with both the tertiary campuses adding significantly to their education infrastructure. The centres cover geographic areas that have a diversity of people of various socio-economic and ethnic groups from the most advantaged to the most disadvantaged, and providing equitable care to all of them is what we are all about.

Two of our tertiary care campuses (Hyderabad and Vijayawada) and our secondary centre network recorded the highest ever patient care revenues, while performing a high percentage of non-paying surgical procedures. In fact, the secondary centre network had the highest ever surgical volume. Our “Opticals” group achieved this distinction too. My compliments to everyone who contributed to this growth.

Rohit Khanna, Ramesh Kekunnaya and Taraprasad Das were honoured with appointments to important committees of international organizations and my congratulations to each of them.

The story of Master Sai Kumar Daravath illustrates what can be accomplished with comprehensive eye care services in remote rural areas. This student of seventh grade in a school close to our first secondary centre in remote Mudhole, had visual impairment due to delayed surgery for his congenital cataract. When he sought help at our Centre, not only was he provided appropriate optical devices for his low vision but our vision technician went that extra mile to sensitive the school Headmaster and fellow students and paved the path for his successful integration into the school system. Today Sai Kumar is not only a happy student but also doing well scholastically and in sports. This emphasis on a COMPREHENSIVE approach to care, even in the far flung areas, to neglected populations, make these happy stories possible. High quality, comprehensive eye care to all people is the concept with which we had inaugurated our first secondary centre about twenty years ago.

- Gullapalli N Rao