September at LVPEI

Eye cancer, in its various manifestations, can cause significant ocular morbidity and if neglected, mortality. There are no focused treatment centers which offer comprehensive care to this problem in India. Our programme, initiated several years ago, has evolved into an “Institute for Eye Cancer”, which was inaugurated during this month. We are grateful for the support of "Operation Eyesight International" of Canada and the munificence of Killam family of Vancouver, Canada. Childhood cancer, Retinoblastoma, is the major culprit in India, and this nascent Institute has the potential to save the sight, eyes and lives of thousands of children. All advanced forms of therapy are made available. The combination of expertise and infrastructure make it very effective. Brian Foster, Executive Director, Operation Eyesight, inaugurated this new addition to our Institute.

While on the subject of additions, the number of primary care vision centers climbed to 125 this month. We have also expanded facilities in our GMR Varalakshmi campus in Visakhapatnam and began the expansion of our hub for rural and community eye health, the Gullapalli Pratibha Rao International Centre for Advancement of Rural Eye Care (GPR ICARE).

As we reached the final stages of completing our new patient care facility on our main campus, the news of a substantial grant from LDS charities of Salt Lake City, for the expansion of our "Children's Eye Care Centre" specifically to enhance cataract care for children was a welcome news. Thanks to Mr. Dean Walker and Dr. Ike Ferguson, for all their effort and support in this process.

Glaucoma is one of the major causes of blindness in the world. This gets even more complicated in India and other developing countries as the current system of care for glaucoma is not amenable to easy diagnosis and care. We end up with a heavy burden of late stage and refractory forms. To make glaucoma specialists in the country more conversant with surgical techniques which are more effective, a focused workshop for a limited number on “Implant surgery for glaucoma control” was organised. The response was overwhelming and the workshop was outstanding. We are grateful to the entire visiting faculty for their contributions. The Head of our Glaucoma Centre, Sirisha Senthil deserves our compliments for this success. The significance of this is its national impact because of the geographic spread of the participants.

Even today, the potential of low vision and rehabilitation services for people with irreversible forms of low vision and blindness remain very distant; and these services are not on the professional radar of both ophthalmology and optometry groups. It is for this reason that we have been conducting “Low vision awareness programmes” for these groups. While the initial response was lukewarm, it is attracting more numbers now. This month we had one such session with a record 225 professionals from across India attending. Since these represent a wide geographic area, the likely impact will be widespread. We are grateful to the “India Vision Institute” for their partnership.
This month has its usual share of honours, awards and grants to our colleagues to all of whom I offer my congratulations.

The story of Venkatesh Potluri is an inspiring one. He completed his MS by research following his B.Tech (Hons). But what made this a worthy story to share is that he completed this through audio rendering because he was born blind. Popularly known as “drummer boy” for his remarkable skills with drums, Venkatesh first came to our Dr. PRK Prasad Centre for Visual Rehabilitation when he was a tiny two year old. His remarkable journey is marked by grit and determination, committed parents to make him realize his full potential and our rehabilitation group giving its best. This formula of individual, family and professionals working together has made this possible. While our Institute’s logo has a by line, “so that all may see”, it also encompasses “so that all may realize their full potential”. Integrating vision rehabilitation with our Institute's work, which no other Eye Institute did at that time, made us feel complete - a true comprehensive eye care. It helped not only our clients but also broadened the horizons of our ophthalmology and optometry teams and in true sense, made them feel “complete”. That we can actually do "something" to help lot more people through our work is a bonus.

- Gullapalli N. Rao