



June 2020 at LVPEI

The month of June started with the celebration of the Institute's THIRTY-THIRD Anniversary. Our mission which started with care of four patients on June 1, 1987 has touched the lives of millions directly and indirectly, and the Institute is now one of the most respected eye care organisations in the world. On this occasion, I place on record our gratitude to the thousands who believed in our cause and supported us to make this possible. The good fortune of having a dedicated and talented team added to this success. The celebration had to be virtual and muted considering the challenging time we are going through.

There was increased activity with a rise in the number of people seeking care during the month. Both the out-patient and surgical volumes have increased. The increase was more pronounced in our secondary and primary care vision centres in rural areas. This may be an indication that people now prefer to seek care in their proximity. We continued to be rigorous about all safety standards both for patients and the staff. Tele-consultations continued with our new "ConnectCare" tool that links all the elements needed to make this type of care more effective.

One of the strengths of our Institute has always been the quality of our team members. The Institute offers several incentives to staff including career advancement for different cadres. One example is that nearly twenty-five of our staff members from optometry, public health, basic sciences, rehabilitation etc, have completed their Ph.Ds. Most of these are from the University of New South Wales (UNSW), Australia, made possible by the tradition created by our dear friend, late Prof. Brien Holden. This month yet another of our bright colleagues, Deepak Bagga, from our Institute for Vision Rehabilitation, received his Ph.D. from UNSW. Deepak, an optometrist by training, is an expert in low vision care and very passionate about his work. Congratulations to Deepak on this well-deserved achievement.

The Academy continued its hectic activity. Thirty-three webinars covering diverse topics for different cadres of professionals were organised. The response was extremely positive. In addition, over 1000 teaching videos were produced. Over 600 dedicated quality hours per month were invested for continuing professional development of our staff. This well utilised opportunity will help us when we return to much higher levels of activity.

In research, the increased publication activity of the lockdown period continued with 36 publications this month (we had 35 in April and 49 in May). While there is some concern about the release of approved grant money, funds continued to flow.

Eye Banking is one of the worst affected areas during this COVID crisis. There was some progress in this area however, with 100 corneas harvested during this month. We hope that this trend will continue.

Shrikant Bharadwaj, a vision scientist and Head of our 'Brien Holden Institute for Optometry and Vision Sciences' was nominated to the WHO Development group for Refractive Errors. Prashant Garg, cornea specialist and Director of our Hyderabad and Vijayawada campuses was invited to the Editorial Board of the journal, "Eye and Contact Lens". Our compliments to both of them for these honours.

Through all the gloom around, we had reasons to smile. Dr. Ajay Reddy is a radiologist from a small town in the state of Telangana. When his wife delivered preterm twins, he was concerned about the possibility of Retinopathy of Prematurity (ROP) and wanted them screened. He approached our secondary centre in Mudhole. Our ophthalmologists did not wish to expose them to the risk of COVID, and visited them at their home and screened these twins. It was a huge relief to both the parents and the doctor when no signs of ROP were detected in either of the babies. The parents were full of praise for the service and expressed their appreciation. This was a simple gesture of practicing our value of "Patient First" that brought smiles to these young parents and to all of us. While this looks simple enough on the surface, this wouldn't have been possible if we didn't have rural secondary centres in these remote locations and equip them appropriately and place well trained ophthalmologists in these centres.

- Gullapalli N Rao