



## **REPORT ON FREE EYECARE OUTREACH PROGRAM BY JOJ MEMORIAL FOUNDATION AT JOJ MEMORIAL MEDICAL CENTRE ELEKENOWASI, OBOHIA, AHIAZU-MBAISE IMO STATE NIGERIA**

### **INTRODUCTION:**

A 2-day outreach program targeted at carrying out general eye examination and providing free medication to the people of Obohia and its environs. The eye has always been referred to as the window of the body, it is not just the window but more to that. According to WHO, visual impairment is defined as a best corrected visual acuity of worse than 6/12 or 6/18 while blindness is more of complete or nearly complete vision loss. There are about 285 million visually impaired persons in the world, 39 million blind and 246 million having low vision and the most common causes of visual impairment globally include uncorrected refractive errors (43%), cataract (33%), glaucoma (2%) and the remaining 22% is related to conditions such as age-related macular degeneration, diabetic retinopathy, corneal clouding and congenital blindness and infections. Refractive errors include near-sightedness, far-sightedness, presbyopia, and astigmatism.



**Dr Mgbeahuru Conducting Eye examination and Consultation**

## MAIN WORK:

### SECTION 1:

The outreach had about 140 patients in attendance whom were all examined, diagnosis was done and medication was given. Following Data-analysis the following conditions were diagnosed, they include: REFRACTIVE ERROR, ANTERIOR SEGMENT ANOMALY (which include allergic conjunctivitis, bacterial conjunctivitis, pterygium, blepharospasm), GLAUCOMA, CATARACT AND RETINOPATHIES ( which include hypertensive retinopathies, retinitis pigmentosa, atrophied disc anomaly, maculopathy and age- related macular degeneration).

### SECTION 2:

The management strategy set out on the outreach days depended solely on the diagnosis reached. Medications ranging from ocular drops such as antiglaucoma drugs, anti-allergic drugs, steroids, antibiotics, anticholinergics, etc were given, while systemic medications such acetazolamide, slow-k (potassium), neuroforte, antioxidants, steroids, antihistamines, yeast, etc were also given. Aside medication some prescription glasses were also given.

### SECTION3:

Summary of statistical result of cases obtained from an average of 92 cases at random were documented in comparison with WHO report.

REFRACTIVE ERROR: 28.26%

GLAUCOMA: 20.65%

CATARACT: 16.30%

RETINOPATHIES:11.95%

ANTERIOR SEGMENT ANOMALY: 22.82%

RECALL: According to WHO report, global visual impairment is classified thus;

REFRACTIVE ERROR: 43%

CATARACT:33%

GLAUCOMA: 2%

OTHERS AND RETINOPATHIES: 22%

In conducting a comparative analysis, the following conclusion were made:

- i) Refractive error maintained Its main position according to WHO report, thus adequate measures should be in place to conduct both subjective and objective refraction in clinic hours.
- ii) Glaucoma in our report ranked 20.65% which is on the very high side compared to WHO 2%, thus Glaucoma Emergency needs to be declared.
- iii) Cataract is fair on the average side compared to WHO report, thus continuous monitoring of this case is required to note when it is matured, so that arrangement could be made for their extraction.
- iv) Retinopathies and other anterior segment disorders were all on the average side as compared to WHO report. Thus, supply of ocular drops and tablets such as antihistamines, antibiotics and steroids be encouraged. Antioxidants for cases of retinopathies also need to be encouraged and pterygium excision surgery would also be looked into.

#### LIMITATIONS AND RECOMMENDATION:

**LIMITATION 1: REFRACTIVE ERROR:** The major challenges usually encountered in managing patients with refractive error include; time factor, inadequate instrumentation and the cost of prescription spectacles. It is important to note that other cases of refractive errors such as hyperopia, myopia and astigmatism are usually ignored during outreach programs due to time factor and only presbyopic cases are only seen, thus limiting the other visually impaired persons from benefitting from the eyecare services. Instrumentation involves provision of modern autorefractometer, which helps to give a good refractive result especially in cases where patient happen not to be co-operating due to other health challenges or paediatric cases, while cost of spectacle prescription revolves around prescription type (high powered prescription are usually expensive) and quality frames.

RECOMMENDATION 1: Adequate clinical hours can be given, so that proper refraction can be done not just for presbyopic patients. Modern autofractometer can be considered especially for incapacitated patients and those with high refractive anomaly could be isolated for special intervention.

LIMITATION 2: GLAUCOMA: Early diagnosis and constant monitoring is the key to effective glaucoma management, certain instrument such as tonometer (non-contact or contact tonometer), perimeter and funduscope are the three cardinal instrument required for diagnosis, while a constant tonometry is required to assess the intraocular pressure even as medication is given.

RECOMMENDATION 2: Glaucoma emergency be declared and every individual be asked to come for glaucoma screening and clinic hours be fixed for constant monitoring of diagnosed cases. Adequate Glaucoma medication be provided.

LIMITATION 3: CATARACT: cataract requires constant monitoring to know when it due for extraction, having eliminated or adequately managed other systemic conditions that might impair its extraction. But the major challenge revolves around the cost of instrument (cataract microscope) and inviting a cataract specialist for the procedure.

RECOMMENDATION 3: constant cataract screening should be carried out on clinic hours to rule-out cataract cases. Cataract microscope can either be purchased or hired from hospitals that have it and cataract specialist be invited.

LIMITATION 4 :ANTERIOR SEGMENT ANOMALY AND RETINOPATHIES: Inadequate drug provision and constant assessment of conjunctiva and cornea after pterygium excision or foreign body removal.

RECOMMENDATION 4: Provision of adequate drugs, simple forcep for foreign body removal and pterygium excision (under special arrangement). And if possible, provision of slit lamp biomicroscope.

CONCLUSION: Provision of adequate eye care involves a whole lot of process and as stated REFRACTIVE ERROR, GLAUCOMA, CATARACT. ANTERIOR SEGMENT ANOMALY AND RETINOPATHIES remains our major target in line with WHO standard, although eye disorders not duely captured such as ocular trauma (accident and emergency) and other cases will be managed as the case may arise when hospital commences operation.

Thus, running a constant clinic hours and provision of adequate equipment with drugs will be the key to alleviating the people of Obohia and environs problem of eyesight.

Note: The 2-day Free Eyecare was Part of the 3 Day International Medical Outreach of the JOJ-MF that held between from the 5<sup>th</sup> to 7<sup>th</sup> of January 2020