STUDY TO COMPARE THE VISUAL OUTCOME AFTER CATARACT SURGERY PERFORMED IN EYE CAMPS & MEDICAL COLLEGE HOSPITAL IN ROUTINE
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HOW TO CITE THIS ARTICLE:

ABSTRACT: The study was carried out in the upgraded department of ophthalmology N.S.C.B. Medical College & Hospital, Jabalpur (M.P.) during academic session of 2005-2006 to correlate the visual outcome after cataract surgery in camps & in routine hospital cases. Two groups of patients were taken for study: Group A - 1540 patients taken from eye camps organized during September 2005-feb 2006. Group B - 260 cases which have been operated as routine patients during February 2006-april 2006. The result suggests that cataract surgery performed in well-organized eye camps is comparable with surgery done in routine hospital cases and the visual outcome was comparable in both groups. This paper will discuss the study in detail.

KEYWORDS: SICS, ECCE, MCH, VA.

INTRODUCTION: Cataract is the leading cause of blindness in India. The management of cataract will remain surgical extraction until preventive methods are developed to reduce the progression of lens opacification. One of the accepted ways to increase uptake of cataract services is by extending ophthalmic case facilities to rural areas through mobile eye units. This study attempts to evaluate the outcome of cataract surgery performed on large scale in eye camps and to compare its results with surgeries performed in routine.

AIM OF STUDY: To correlate the visual outcome after cataract surgery in camps & I routine hospital cases.

MATERIAL & METHODS: The study was carried out in the upgraded department of ophthalmology N.S.C.B. Medical College & Hospital, Jabalpur (M.P.) during academic session of 2005-2006.

Two groups of patients were taken for Study:
Group B: 260 cases which have been operated as routine patients during February 2006-april 2006.

Sample size calculation was performed to decide a considerable sample using –Episcale programme of Epi Info 2003 with consideration of power and 95% confidence interval:
- All patients were of senile mature or advanced immature cataract.
- All patients of camps who underwent surgery were screened at various community based screening camps and transported to base hospital according to system described by Natchair et al.
- All cases were subjected to thorough general, systemic and local examination preoperatively.
All patients underwent small incision cataract surgery by experienced high volume surgeon and PMMA IOL were implanted under microscope. Postoperative exam was done by senior ophthalmologist at day 1, day 7 and after 6 weeks post operatively.

**RESULTS:**

<table>
<thead>
<tr>
<th>Visual outcome</th>
<th>CAMP CASES</th>
<th>ROUTINE CASES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NO. of case</td>
<td>%</td>
</tr>
<tr>
<td>6/6-6/18 (GOOD)</td>
<td>1327</td>
<td>86.41</td>
</tr>
<tr>
<td>6/24-6/60 (BORDERLINE)</td>
<td>155</td>
<td>10.6</td>
</tr>
<tr>
<td>&lt;6/60 (POOR)</td>
<td>58</td>
<td>3.76</td>
</tr>
</tbody>
</table>

**CORRECTED POSTOPERATIVE VISUAL ACUITY AFTER 6TH WEEK (BCVA)**

We observed that good visual outcome in camp patients is very significantly related with routine hospital cases. Relative risk (RR) 1:0.09, (0.86-0.94) 95% confidence interval (CI); P < 0.005; \( x^2 = 8.16 \) in camps similarly results with borderline visual outcome are significantly associated with that of hospital case.

But when comparing poor visual outcome there is no significant difference between two results \( x^2 = 1.36, RR = 1.74 \) (0.76-3.99) 95% CI, \( p > 0.05 \) not significant.

Our results of visual outcome are comparable to other studies conducted with respect to same objective viz. result seen with R. Venkatesh study at Arvind Eye Hospital, Madurai, Tilganga Eye Hospital, Kathmandu, Nepal, 87.1% patients had good visual outcome after 2 months in a community eye hospital based setting In study by PM Gogate good outcome was achieved in 86.7% cases and poor in 1.1 % cases.

**Following conclusion were derived from the Study:**

1. Good visual outcome in camp case was comparable to hospital cases. Though difference between two groups was little bit significant but it was expected.
2. Study results shows that high quality cataract surgery (96% without intra operative complications, 87% BCVA > 6/18, < 4% poor visual outcome) can be attended in a high volume setting.
3. The results suggest that cataract surgery performed in well-organized eye camps is comparable with surgery done in routine hospital cases and the incidence of complication is within acceptable limits. The aim remains to reach more blind peoples and to provide an improved standard of visual rehabilitation.
4. Visual rehabilitation after IOL, implantation was gratifying. Good results obtained after SICS with PCIOL surgery suggest that a procedure can be performed by experienced eye surgeon in well- organized eye camps on patient with giving good results. So high volume surgery using appropriate technique and standardized protocol does not compromise quality of outcome in camp scenario.
REFERENCES:

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