

OPHTHAALMOLOGY

Elective Report

My elective was set in the town of Dhuri, Punjab and was primarily undertaken with an ophthalmologist in a specialist eye hospital (Sharma Eye Hospital). I chose to organise this elective in a third world country, as I felt it would give me a unique insight and be able to experience first-hand the trial and tribulations met by the health-care team.

The eye hospital specifically deals with a wide range of eye diseases and carries out surgery on problems such as cataracts and glaucoma, whilst also providing the facility for laser eye correction. Having had an ophthalmology placement in London, I was particularly interested to see how the local community viewed and dealt with eye care. Other objectives I had set included;

- (i) comparison of the common eye conditions that are prevalent in Punjab as oppose to the United Kingdom
- (ii) examining the health provisions available to the people of Dhuri/Punjab in regards to eye disease and undergoing surgery
- (iii) evaluating the health promotion strategies present in Northern India with regards to eye care.

There were daily clinics at the eye hospital, which allowed me to observe the interaction between the doctors and patients. I felt the patients were much more inclined to take the advice of the doctor and compared to the UK did not necessarily want to believe internet websites ahead of what they were being told. The way payments were made was also different, as the clinics were private and patients paid a small fee for a consultation and prescription if the need arose. This was extremely interesting to see, as it was not something I had seen before in the UK. The patients and doctors generally seemed to know each well, and this was down to the community being relatively small, but also continuity of care with the same doctor.

The common eye conditions I encountered in Punjab were very similar to those seen in the United Kingdom. This included retinopathies, macular degeneration and glaucoma. Surgical procedures are also carried out in the hospital. I was lucky enough to see a range of conditions being treated in this manner. Cataract surgery took place on a daily basis, with many different team members involved in the care of the patient, including the surgeon, anaesthetist and nurses. Cataract surgery was undertaken by means of phaco- emulsification technique. This is where the energy from an ultrasound is utilised to break down the cataract-affected lens, followed by a suction of the central nucleus, all carried out with a phaco-emulsification machine. The procedure is the most common for cataracts and has proven to be beneficial to patients ahead of other cataract- based surgery, as it significantly reduces in-patient stay and recovery time. A type of surgery I haven't previously seen was to correct a squint. A squint was corrected by tightening or loosening certain extra- ocular muscles, depending on the squint.

Whilst speaking to doctors in the hospital, some clear and important differences regarding eye disease between India and the United Kingdom became evident. This was primarily centred around the way patients viewed eye disease themselves. In the United Kingdom, many people will aim to seek advice and help almost instantaneously if they feel they are having issues with their eyes, which can help in catching eye disease early and improving outcomes for the patient. However, the general consensus from the doctors in India was that people hold off in seeing the doctor, as they hope the issue will improve itself over time or by using home remedies, they may also have a lack of awareness of how severe the situation may potentially be. This can be dangerous, as the home remedies have not necessarily been tested for safety or for the intended use. A key reason for patients not wanting to see the doctor may be the cost. As it is not free for them to do so, whereas in the United Kingdom it is on the NHS for patients.

There are certain initiatives being put into place by the government and the local health authorities in an attempt to combat the issue regarding seeing a doctor about eye problems as soon as possible. The initiatives include patient information sheets and leaflets, posters and advertisements, principally around different hospitals or clinics. There has also been a push for education programmes in schools to be implemented, in order to educate children on the value of good eye care. This program is being put into practice throughout India, but is targeted at those who are most vulnerable, which is usually the poorest regions and elderly patients.

By the conclusion of this placement, I felt I had gained an important insight into the management of eye conditions in a developing country. I feel extremely fortunate to have seen both the medical and surgical management of various eye conditions in Dhuri, which were in fact very similar to those used in the United Kingdom. I was also delighted to see the awareness and prevention strategies that have begun to come about as a result of patients presenting later than they should with certain eye conditions. I believe strongly in the importance of prevention, as it gives you the opportunity to cure a potentially worse issue later. I am thankful to the hospital for allowing me to work closely with various teams and also to all the staff who were tremendously supportive and welcoming.