Tertiary Eye Care Centre Model for Development of Paediatric Cataract Surgery Services in Developing Countries

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ABSTRACT

It is estimated that every minute a child becomes bilaterally blind in developing nations. Paediatric cataract blindness presents an enormous problem to developing countries in terms of the human social burden, economic loss, and morbidity. The management of the paediatric cataract is lens aspiration with intra ocular lens implantation with anterior vitrectomy. The surgery should be performed by paediatric ophthalmologist in tertiary eye care centres. Facilities of general anaesthesia should be available in these centres and the operating theatres should be well-equipped with vitrectomy machine, biometry and portable keratometer.

Keywords: Blindness, paediatric cataract, tertiary eye care centre

Of the 1.5 million blind children in the world, 1.3 million live in Asia and Africa, and 75% of all the causes of this blindness are preventable or curable. The prevalence of blindness varies according to the socioeconomic development of the country and the under-five mortality rate. In developing countries the rate of blindness can be as high as 1.5 per 1000 population. Compared to industrialised countries, this figure is 10 times higher. About 0.5 million children become blind each year. For those who survive childhood, the burden of disability in terms of "blind years" is huge. The child who goes blind today is likely to remain so till 2050.

The avoidable causes of childhood blindness according to Vision 2020 are corneal scarring, refractive error, congenital cataract, congenital glaucoma and retinopathy of prematurity. Accounting for 8% to 39% of all cases, cataract is one of the most treatable causes of blindness in children.* The prevalence of blindness from cataracts in children of developing countries is probably one to four per 10,000 compared with approximately less than one per 10,000 children in the industrialized world.*

Managing cataracts in children remains a challenge as treatment is often difficult, tedious, and requires a dedicated team effort. To assure the best long term outcome for cataract blind children, appropriate paediatric sungical techniques need to be defined and adopted by ophthalmic surgeons of developing countries. The high cost of operative equipment and the uneven distribution of ophthalmologists and anaesthetists create unique challenges. The future of any society are children. Hence the management of paediatric cataract blindness needs to be addressed in developing countries like Nepal. This will help to achieve one of the goals of Vision 2020.

Most of the eye hospitals in Nepal are competent to provide high quality eye services. An adult can undergo cataract surgery at the nearest eye hospitals or in microsurgical eye camps. However, in case of paediatric cataract, this is not always practical. Parents and

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Table of Contents Eye Care In Developing Countries

- 1. Understanding the eBook Eye Care In Developing Countries
 - The Rise of Digital Reading Eye Care In Developing Countries
 - Advantages of eBooks Over Traditional Books
- 2. Identifying Eye Care In Developing Countries
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
- 3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Eye Care In Developing Countries
 - User-Friendly Interface
- 4. Exploring eBook Recommendations from Eye Care In Developing Countries
 - Personalized Recommendations

- Eye Care In Developing Countries User Reviews and Ratings
- Eye Care In Developing Countries and Bestseller Lists
- 5. Accessing Eye Care In Developing Countries Free and Paid eBooks
 - Eye Care In Developing Countries Public Domain eBooks
 - Eye Care In Developing Countries eBook Subscription Services
 - Eye Care In Developing Countries Budget-Friendly Options
- 6. Navigating Eye Care In Developing Countries eBook Formats
 - ∘ ePub, PDF, MOBI, and More
 - Eye Care In Developing Countries Compatibility with Devices
 - Eye Care In Developing Countries Enhanced eBook Features
- 7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Eye Care In Developing Countries
 - Highlighting and Note-Taking Eye Care In Developing Countries
 - Interactive Elements Eye Care In Developing Countries
- 8. Staying Engaged with Eye Care In Developing Countries
 - o Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Eye Care In Developing Countries
- 9. Balancing eBooks and Physical Books Eye Care In Developing Countries
 - ∘ Benefits of a Digital Library
 - Creating a Diverse Reading Collection Eye Care In Developing Countries
- 10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
- 11. Cultivating a Reading Routine Eye Care In Developing Countries
 - Setting Reading Goals Eye Care In Developing Countries
 - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Eye Care In Developing Countries
 - Fact-Checking eBook Content of Eye Care In Developing Countries

- Distinguishing Credible Sources
- 13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development
 - Exploring Educational eBooks
- 14. Embracing eBook Trends
 - Integration of Multimedia Elements
 - Interactive and Gamified eBooks

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