

Eye Camp Surgery

Ahmad Zeeshan Jamil¹, Muhammad Luqman Ali Bahoo²

¹Sahiwal Medical College, Sahiwal, ²CMH Institute of Medical Sciences, Bahawalpur

Cataract surgery is the most frequently performed operative procedure in the human body.¹ In Pakistan, we have very meagre trained Human Resources and equipment.² At onetime, eye-camp surgery was promoted by the government to tackle the growing burden of cataract-related blindness. As time passed on, we developed public and private health care delivery services. Now we have ample resources to deal with an ever-growing number of cataracts. In the current scenario, eye camp surgery is not justified. But it seems as if government and regulatory bodies have no intentions to focus on this point.

We researched eye camps in our region. Majority of eye camp surgeries were organized by notables of the area. Influential person usually has political or religious affiliation and eye camp surgeries are usually a way of brand publicity. In most cases, organizers know nothing about Health care. They hire semi-trained health care workers who have some experience of work, but they have no formal training or education. These health care workers contract with notables to do a certain number of surgeries in a minimum number of days. Doctors who are usually novices in their field are invited to do surgeries in these camps. Sometimes these doctors are given a small amount of money.

As everyone wants numbers so each person walking across the front street is a potential surgery. Surgeries are planned and then performed without proper preoperative evaluation. Operation theatre can be any place including kitchen, laundry, cattle shed, a tent erected in the Centre of the village, etc.³ Low-quality smuggled medicines are used. The same instruments are used in multiple surgeries. To reduce the time per surgery, the surgeon tends to be reckless. Per operative complication rate is high, and no one is accountable. Patients never know the type of surgery, surgeon's name and follow-up schedule. After achieving desired numbers, the eye camp is closed until the next season. Patients are left at no one's care. In case of any serious complication, the grave prognosis is the patients' fate.

In Pakistan, we have health care delivery facilities ranging from basic health units up to medical universities. We have enough resources to do all cataract surgeries in these facilities. It is the responsibility of health bureaucracy, health care commission (HCC) and Pakistan medical commission (PMC) to take strict measures to stop eye camps that do not meet the minimal service delivery standards.

Meanwhile, ophthalmological society of Pakistan (OSP) that is the representative society of ophthalmologists should come forward to raise awareness amongst the masses about having standard health care services. OSP should prepare preferred practice patterns for doctors as to the minimal standard of eye surgeries. These standards may be utilized by HCC, PMC, and Health bureaucracy as a steering wheel to drive the eye care services. If eye camp surgery is to be done at all there must be some minimal standards that encompass the provision of dedicated infrastructure, equipment, trained staff, and doctors along with proper follow-up of patients. In that way, a dream of health for all can be fulfilled with a healthy nation and a prosperous Pakistan.

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Correspondence: Ahmad Zeeshan Jamil
Sahiwal Medical College, Sahiwal
Email: ahmadzeeshandr@gmail.com

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