

New developments for eye care in Sumba



Cover Story

Eye care improves in Sumba with the teaching of a new generation

The commitment and determination of an Australian Ophthalmology and Optometry team to reduce avoidable blindness and improve eye health care for the people of Sumba has shaped exciting developments for eye care services on the island.

The Sumba Eye Program, led by Ophthalmologist Dr Mark Ellis FRACS AM and optometrists Mr Peter Lewis and Mr Peter Stewart, has delivered annual outreach clinics in West Sumba in Nusa Tenggara Timur, the eastern province of Indonesia since 2008. The volunteer teams of ophthalmologists, optometrists and nurses conduct screening clinics to test vision and provide corrective spectacles, and referrals to the ophthalmologists for surgery, including small incision cataract surgery.

With the endorsement of the Indonesian Ophthalmology Association and the Indonesian College of Ophthalmology, two Indonesian ophthalmologists and one Trainee from Hassanudin University in Makassar, Sulawesi, were invited to work alongside the Australian team in September, 2012. This was the start of a collaboration effort between the program and the Faculty of Ophthalmology, Hassanudin University (UNHAS).

In June this year, Dr Habibah Muhiddin, Head of the Department of Ophthalmology at UNHAS participated in the program accompanied by one of her younger faculty, ophthalmologist Dr Hasnah Eka and final year resident, Dr Abrar Ismail. Both Dr Hasnah and Dr Abrar worked closely with the optometry and ophthalmology team for the full week.

The Indonesian team members are experienced in small incision cataract surgery, and on top of their regular workload, they undertake monthly outreach clinics in Sulawesi and West Papua, so they were well versed in the obstacles of outreach work and were able to hit the ground running with the Australian team on the first day.

The Australian team had high praise for the young Indonesian doctors' skills and attitude. Reflecting on their involvement, Dr Ellis commended Dr Habibah: "If Dr Abrar and Dr Hasnah represent the calibre of your Trainees and young ophthalmologists, then your training program has a bright future."

Dr Habibah has confirmed that her university is enthusiastic to continue the partnership.



Left: Dr Habibah Muhiddin, Head of Ophthalmology at Hassanudin University with one of the patients.

Top to bottom: The Indonesian team providing post-operative care to a cataract patient; Optometrists Peter Lewis and Peter Stewart with the eye care trainees; Dr Hasnah Eka looks on as Dr David Workman attends a patient.

“If Dr Abrar and Dr Hasnah represent the calibre of your Trainees and young ophthalmologists, then your training program has a bright future”

“Reducing blindness in Indonesia, especially in the eastern part is our responsibility. And having friends to do it together with is really wonderful.

“I am really happy that we are involved in the program, because the collaboration also widens education, knowledge sharing, skills and experiences. See Hasnah and Abrar learn from the Australian team was amazing.”

Having two operating tables meant that the surgical team was able to provide training and support for the young Indonesian doctors, while achieving a good throughput of patients over the course of the week. The benefit of the collaboration was significant.

The involvement of the Indonesian ophthalmologists is a significant step for the Program, which has been seeking opportunities to engage regional doctors and develop its training component, with the aim of eventually transferring the program to local ownership.

The program successfully recruited two Sumbanese (with the assistance of the Sumba Foundation a local NGO) and sponsored their training as eye care workers in order to set up a permanent eye care service in the main town of West Sumba.

Nefry Radenna and Serly Yiwangnana, who have qualifications in public and environmental health and general nursing respectively, completed a basic eye care training program at the John Fawcett Foundation in Bali earlier this year. Shortly after completing the training program, they joined the Sumba Eye Program's optometry clinic for intensive one to one training with the Australian optometry team in June.

The Program received a grant from Optometry Giving Sight (OGS) to fund the initial training program and purchase motorcycles for the eye care Trainees to enable them to travel out to the districts to screen and inform the more remote communities about eye health care, which might otherwise not be reached.

OGS is also sponsoring the travel for the Australian optometry team members for the next three years, so they can continue to conduct their annual visits to the island to provide ongoing training and reinforce the skills learnt.

With the majority of Sumbanese unable to afford treatment in Bali or overseas, the delivery of ophthalmic and optometry services through the Sumba Eye Program has been one of the only

Royal Australasian College of Surgeons Nominations invited for the SURGEONS INTERNATIONAL AWARD

The Surgeons International Award provides for doctors, nurses or other health professionals from developing communities to undertake short term visits to one or more Australian or New Zealand hospitals to acquire the knowledge, skills and contacts needed for the promotion of improved health services in the recipient's country.

The Award may cover a return economy class airfare, necessary accommodation costs and living expenses for the recipient. The value of the award varies up to a total amount of AU \$12,000, depending on the requirements of the candidate's program.

Fellows participating in the RACS International Development Program or international outreach work are encouraged to nominate worthy individuals they have identified while undertaking outreach work.

Fellows who nominate worthy individuals with whom they have had contact must be willing to accept the responsibility for arranging a suitable program and acting as a personal host to the award recipient.

NOMINATIONS MUST INCLUDE

- > Personal and professional information concerning the nominee;
- > Objectives of the proposed visit;
- > Anticipated benefits to the nominee and their home country;
- > Names of the International Development Program team members responsible for organising the visit (including accommodation, training program and travel within Australia);
- > An outline of the proposed training program and activities; and
- > Letters of recommendation from the nominee's hospital and/or Health Department with an indication of the local importance of any upskilling resulting from the Award.



Dr Malemo Luc Kalisya from the Democratic Republic of Congo was supported to participate at the RACS ASC 2013 in Auckland, and undertook a four week hospital attachment at Princess Alexandra Hospital under the mentorship of Dr Neil Wetzig. Dr Wetzig has been working with Dr Luc and his colleagues during annual visits to the D.R. Congo for over 10 years.

CONTACT INFORMATION

For further information or to submit an application

International Scholarships Officer
Royal Australasian College of Surgeons
College of Surgeons' Gardens
250 – 290 Spring St, East Melbourne VIC 3002, Australia

Or by fax or email to:

Telephone: +61 3 9249 1211 Fax: +61 3 9276 7431
Email: international.scholarships@surgeons.org

International Development



Dr Abrar (UNHAS trainee) with a post-op cataract patient.

options for treatment for the majority of the population of West Sumba. Now with the local eye care workers on board, they will be able to conduct regular clinics to provide screening and basic treatment, as well as provide follow-up care to patients after the team's departure.

The Sumba Foundation plans to set up a permanent eye care clinic within the malaria training centre in the town centre, where the eye care workers will provide a full time service for the community. The team left behind all of the necessary optometry equipment including trial sets, eye charts, drops and a large supply of spectacles for the eye care workers to continue to conduct eye clinics on the island throughout the year.

Fellows of the College have been delivering volunteer specialist medical and surgical services and training support to communities in Indonesia since the 1960s. The College's work has recently been formalised, with the Indonesian Government accrediting the College to work as a registered development agency in the country. The next decade will see the Indonesia Program continue in its much needed service delivery component, but also concentrate on expanding its training and capacity building initiatives.

Although the lack of infrastructure on Sumba means that the establishment of a local specialist ophthalmology service is not likely in the short-term, the vision of the program is a situation where regional Indonesian institutions take ownership and promulgate the program, to encourage local ownership and sustainability.

Ideally, the regional ophthalmologists would provide regular outreach services on the island, with the Australian component visiting intermittently for teaching and to consult on specific cases when required.

The Sumba Eye Program is supported by Glenferrie and Kew Rotary Clubs (in Victoria, Australia), the Sumba Foundation and Sumba Foundation Australia, Optometry Giving Sight, Mondottica and private donors with logistics support from the Royal Australasian College of Surgeons.

Phil Carson

Chair, International Development

If you would like to donate to the Sumba Eye Program, please contact Stephanie Korin on stephanie.korin@surgeons.org or phone + 61 3 9249 1211.

Red-faced or Rouge?

Be sceptical about the ingredients of the skin care you use

A fit and energetic surgeon consulted me some months ago due to persistent, red, itchy lines above and around the eyes and down the nasolabial fold. Nothing applied seemed to relieve them, not even hydrocortisone.

Was it due to sweating a lot in the gym or an infection acquired from a towel? Was it some partial butterfly lupus type rash or were they cutaneous manifestations of an underlying connective tissue disorder?

So many of my medically qualified patients self medicate *in extremis* and never consult until they are desperate. This surgeon was no exception. But the advantage of being a GP is that we do have experience of common medical conditions.

"It looks like MI," I stated, eliciting a startled response – "but not the MI you're thinking of," I hastened to add. After a detailed history, including generalised inflammatory conditions, and failing to find any other reddening on the rest of the skin surface, I asked about face creams, lotions and cosmetics.

This evoked an admission to using 'healthy ozone oil mist', a face cream discovered late last year, during an overseas trip. The said cream/moisturiser advertised its efficacy was based on Vitamin E, other anti-oxidants, and lavender plus an antibacterial action with a long shelf-life. Its other contents hadn't been scrutinised, but suddenly it became apparent that use of this cream preceded the red tramlines, though not immediately.

"You are suffering from contact dermatitis; you are allergic to something in the cream or some other product you are applying. It is likely to be MI or Methyl iso-thiazolone, if you'd rather hear its full name. We googled 'healthy ozone oil mist' – and yes, lo and behold, it contained the culprit MI.

It's not surprising a surgeon would never have heard of it (those of you who read this column who are offended by

this are welcome to write and tell me off, even if you only read the article in the Australian on July 8).

The isothiazolones are a chemical family of biocides (i.e. they kill things) and so lengthen the shelf life of cosmetic products through their antibacterial and thus preservative action. They are present in low concentrations in rinse-off products like shampoos and conditioners, body washes, laundry detergents and liquid hand soaps and also in leave-on products like cosmetics and face creams. In addition to *methyl iso* there are also *chloro*, *benzyl*, *octyl* and *dichloro* versions of the iso-thiazolinones.

The European Scientific Committee on Cosmetic Products and Non-Food Products intended for Consumers (SCCNFP) unwittingly recommended companies limit the maximum concentration to 100 parts per million (ppm) or 0.01 per cent.

However, this may be far too high for MI on its own. Formerly when used in combination with chloro methyl iso [MCI] in concentrations of 1:3, only 75 ppm was permitted for leave-on products and 15 ppm for rinse off. Thus MI exposure has greatly increased in recent years.

MI is the Allergen of the Year, 2013, as announced by the American Contact Dermatitis Society. An allergic reaction can be confirmed by patch testing providing MI is specifically included in the range of potential allergens. An article published in the Journal of Dermatitis early in 2013 reported that, "in Europe, several groups have documented the frequency of allergy to this preservative to be approximately 1.5 per cent (in those tested)."

The Information Network of Departments of Dermatology (IVDK) reported a consistent figure for MCI/MI sensitivity of around 2.1 per cent from 1998 to 2009, but this increased to 3.9 per cent



“ This evoked an admission to using 'healthy ozone oil mist', a face cream discovered late last year, during an overseas trip ”

in 2011, paralleled by an increase in the frequency of allergic reactions to MI from 1.9 per cent in 2009 to 4.4 per cent in 2011.

In July 2013, the president of the British Society for Cutaneous Allergy put wind to the sails of adverse publicity, announcing rates of MI sensitivity to have increased to almost 10 per cent (of those tested). These are only the "tip of the iceberg," he claimed.

The *BMJ* published a Danish study (*BMJ* 2012; 345:e8221) showing airborne exposure to MI may also cause sensitivity resulting in allergic skin reactions, particularly in those with eczema. MI is in paints so painters are also affected. An Australian study highlighted contact dermatitis in the hands due to moist nappy wipes. *In vitro* studies on rat brain cell cultures showed MI is highly toxic, raising concerns about long term exposure in humans.

Contact dermatitis can be due, not only to preservatives, but also fragrance components, antioxidants, natural ingredients (herbs) as well as excipients, emulsifiers, and surfactants.

I am pleased to report that this surgeon's dermatitis soon resolved – the red lines were not rouge, but an allergic reaction to MI! And there's a special mention for anyone who can make one word out of healthy ozone oil mist.

Dr BB G-loved