With age-related cataracts now the greatest contributor to blindness in East Timor, the College sponsored East Timor Eye Program (ETEP) has designed and implemented a study to assess the impact of its ophthalmic surgery service upon both individual patients and the broader community. Having now conducted more than 3,300 cataract surgeries and as the only major organisation providing surgical eye care services in East Timor, ETEP surgeons both there and in Australia have designed the study to allow them to see beyond the clinical effects of the surgery to the wider social and economic impact of the program.

The study is being conducted as a joint initiative of ETEP, the AusAid-funded Australia Timor Leste Program of Assistance for Specialist Services (ATLASS) and the Prasad Eye Institute in India. Throughout 2010, the study aims to recruit more than 250 age-related cataract operated patients through the ETEP programmes at Dili, Maliana, Baucau and Oecussi to not only determine the success of the surgery in relation to sight restoration, but also to determine quality-of-life improvements related to the surgery.

As such, patients will not only undergo follow-up examinations to determine visual acuity after cataract surgery, but will be asked to respond to a detailed questionnaire to determine if the quality of their lives have improved since the surgery. Participants will complete the survey questions both before and after surgery to determine the severity of cataract blindness and the degree of improvement following surgery in relation to everyday life matters such as, among other things, handling money, being able to conduct their usual work, to differentiate colours or to see sufficiently to walk safely.

Patients will be selected based on such criteria as being aged over 40 years, having an age-related and operable cataract and having had no previous cataract surgery. At the outset of their involvement in the study, each patient will be seen by a qualified Australian optometrist or eye care nurse who will conduct an examination to determine visual acuity, how to best correct visual acuity (spectacles or surgery) and to determine the extent and type of lens opacity (cataract) and operability as well as the presence of ocular co-morbidities. Then locally-recruited interviewers will lead the chosen study participants through the questionnaire.

Ophthalmologist Dr Nitin Verma, who started the program with a group of volunteers shortly after the country's hard-won independence in 2000, said the study was vital in determining if the program was achieving the best outcomes for the most people.

“When you first go into a country in need you sort out the problems as best you can as they present, you do the cases, you help as many people as possible as quickly as possible. Then after a few years you hopefully get into a position where you can analyse the delivery of the service,” he said.

“This is a Beneficiary Study to look at the extent of the impact in the community of the East Timor Eye Program, to ask if there are ways we can improve the service, to find out if there are groups of people who need a different approach or are missing out.”

Dr Verma, who is based in Hobart, but who visits East Timor up to three times a year, said that the study could show a need for more information to be given to patients or more follow-up provided. For example, some people believed the surgery to have failed if they suffered a deterioration in their eyesight over following years due to other eye diseases without understanding the fact that the deterioration could again be treated.

He said that the personal impact of age-related cataract surgery went beyond the ability to recognise more numbers on a chart following that surgery and that the study, the first...
of its kind in East Timor, would measure that broader impact. In particular, the study could measure the emotional and functional effect of the surgery both on patients and their families.

“Quite obviously the blind can become depressed which is obvious in the change brought about in them when they get their vision back. And while elders are honoured in East Timor, many can be left alone all day simply because everyone is so busy working to sustain the family which makes them feel a burden because they cannot contribute,” Dr Verma said.

“At the same time this surgery has broader implications outside a clinical setting in that some patients work outside and others do close work, some may need glasses while others may not. There is little point, for example, giving someone back long vision if they need to sew or they are a fishermen who needs to thread hooks so the questions we are asking seek to answer whether the patient is able post surgery to do what they need to do.

“Cataract surgery is not much good to older people if they can see more numbers on a chart, but they are still unable to make a living or contribute to their families in the way they would wish.”

Dr Verma said such studies as this were rarely done giving it great value and said program co-ordinators and surgeons hoped to have it completed later this year with results published in a medical journal.

“We have conducted so many cataract operations that we have enough information to look back on what we have done and this survey will help us know what more can be done. We have conducted clinical analyses over past years so that while we know all about the spectacular successes and the failures we don’t know how the program affects the average patient, but this study will give us that crucial information,” he said.

Ophthalmic surgeon Dr Girish Naidu, one of three eye surgeons based at the Hospital Nacional Guido Valadares in Dili, will be supervising the study as it rolls out over the course of this year, working alongside Dr Marcelino, the national ophthalmic surgeon whose training was supported by the College, Foresight Australia and Royal Australian and New Zealand Ophthalmologists at the University of Sydney.

They plan to recruit patients not only in Dili, but through their outreach services located in the four other districts of East Timor. He said 65 patients had already been recruited with age-related cataract patients showing great enthusiasm to become involved.

Dr Naidu, who has worked for the College’s East Timor Eye Program since January last year said he was delighted that funding had been made available, not just for the vital cataract surgery, but for the study to allow improved understanding of the impact of the surgery on the people of East Timor.

“There is still a huge backlog of cataract patients needing surgeries in East Timor especially in the subdistricts and surrounding villages. We still see patients with mature cataracts with very poor vision restricting their routine activities, but while we work to get through that backlog we still want to know if we could improve how we offer the service,” he said.

“The study should throw some light, for example, on the difficulties faced by local people in accessing our services – whether there are transport or economic difficulties or social hindrances that we are not aware of, but that could be addressed. It will also help us to know exactly what the patients feel about our services.

“The College supports (along with other supporters) the East Timor Eye Program which is the principal organisation which provides surgical eye care services in East Timor and I am very pleased the College is funding both the program and this current study which is the first of its kind here and I am proud to be working for such a program.”