

A PATIENT WITH SEVERE SCOLIOSIS WHO WAS HAVING CATARACT IN HIS BOTH EYES WHICH WAS OPERATED AND GOT HIS VISION BACK.

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Abstract

Vision restoring intraocular surgery in severe Scoliosis patient, a practical approach to make the procedure easy by arranging a comfortable OT table..

Keywords: 1 Scoliosis 2 Cataract 3 Local anesthesia

In Ophthalmology so many vision threatening conditions are there worldwide and avoidable blindness is a serious concern in developing countries in Asia region. In most of the cases blindness is avoidable and after treatment functional vision can be restored. At present roughly 285 million in which 39 million blind and 245 million having low vision. Around 82% blind population is above 50 years of age. India is also having a large population of blind people. The burden of visual impairment in India is estimated 62 million.

We face many challenges to eliminate blindness in India like poor socio-economic condition, Illiteracy and lack of health care facilities in rural areas.

People usually don't go to health care facilities until their vision drops to the counting fingers and as a result cataract becomes advance or reaches to hyper maturity which causes permanent visual loss if left untreated.

The lack of awareness about the Eye health people believe that vision is diminishing due to old age and it may not be corrected by any mean.

Many NGOs from all over the world and local government agencies involved in Eye Health care to eliminate avoidable blindness and in this context community Eye health screening camp are being organized in rural part of India. While examining the patients at screening site, Eye health care team assess the visual out come and then plan a roadmap for further treatment or surgical intervention.

Some time patients also have systemic illness which again a cumbersome for Eye health workers because if that patient requires surgical cataract extraction with Intra ocular lens implantation, patient should be medically fit to avoid any post surgery complication. In some condition patients are not able to stand or lie down properly for Eye examination and operating room procedures. Scoliosis is also a condition and may be due cerebral palsy or muscular dystrophy resulting bend in the body posture.

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Here I would like to share my experience about a severe Scoliosis patient under the topic '*Case Report*' who has been having senile mature cataract in his both eyes for more than six months. He has been visited many community Eye health care centres for cataract surgery but he was denied because he could not lie down on the OT table due to Scoliosis. Then our surgeon and OT team decide to prepare a temporary couch for him to make him lie down comfortably on OT table (Photographs attached)

Purpose : As we all know that India is a developing country and in rural parts health care facilities are not as good as in urban area, therefore Community health services Cataract screening camps are being organized for underserved population.



A 70 year old male presented to us with complaint of diminishing of vision in both eyes, on examination he was diagnosed mature senile cataract in right eye and nearly mature cataract in left eye. VA recorded PL+ with PR full in right eye and finger counting close to face in left eye. He was then advised to have cataract surgery with IOL implantation, but due to severe Scoliosis posture it was a difficult task to make him lying down for Local anesthesia and surgery.

We gave him Local anesthesia in sitting position because our anesthesia team could not approach for peribulbar block



Then our OT team arranged some support to make him comfortable on OT table.

Method : We arrange a high platform to put his legs with the help of chair and a cushion with pillows under his shoulder to make him in supine position for surgery. Surgeon performed the surgery in standing position.

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Although it took some time to make the patient comfortable and relax before starting the procedure but patient cooperated very well during the surgery.



Surgery went uneventful and patient was comfortable all along.



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Result : Post operative results was uneventful and patient got very good vision and a bright smile on patient's face.

Conclusion : With little patience and modifications in the OT table we are able to perform the surgery with no complication. This gave us a greater sense of satisfaction and we can spread the message to the Ophthalmologist fraternity in the rural community that patient with such a condition can very well go under cataract surgery and get his vision back.

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