

EDITORIAL

PROBLEMS ASSOCIATED WITH TREATING VISUAL IMPAIRMENT IN RESOURCE-POOR SETTINGS

Blindness is a common health problem globally and a majority is as a result of cataracts.¹ Cataract is common in the elderly and may be corrected by surgical extraction of the cloudy lens and replacement with artificial lens. In ancient times surgical removal of cataract was done by couching. Couching is a procedure that dislocates the affected lens into the vitreous cavity. This technique has several complications including loss of vision and ocular infections. This archaic method is still practiced in parts of the world despite the availability of modern methods of cataract surgery.

In this issue we publish a report on the practice of couching and its outcome from Southern Nigeria (page 64). An important message is the need to introduce educational programmes to highlight the risks of couching and the availability of safer methods of treating cataract to the public, especially in rural communities where access to eye care is limited.

We also publish a cautionary case report on the use retrobulbar injection of xylocaine and adrenaline in performing cataract extraction; and the potential contribution to blindness from the use of aminoglycosides as chemoprophylaxis after cataract surgery (page 96).

In Ghana, in 2010, about 18,500 cataract surgeries were performed.² Considering the extensive use of xylocaine-adrenaline mixture for anaesthesia in cataract surgery and the large numbers of cataract surgery performed in Ghana, one should expect more of similar events reported. Performance of cataract surgery is not restricted to ophthalmologists alone; trained eye nurses also participate in the surgery. There is the need for formal studies on the use and outcome of xylocaine and adrenaline anaesthesia and also of aminoglycosides for post-operative chemoprophylaxis. The recommendation to avoid the routine use of aminoglycoside chemoprophylaxis after cataract surgery is worth considering.³

The final article related to vision is on the attitude and beliefs of Nigerian undergraduates to spectacle wear. Spectacles are used to correct refractive errors. WHO estimates that 153 million people worldwide live with visual impairment due to uncorrected refractive errors.⁴ The study reported in this issue (page 70) provides

insight into the attitude and beliefs of undergraduates on wearing spectacles.

The findings indicate that more than half the study population was not aware of refractive errors. There were also misconceptions and misunderstanding on the use of spectacles to correct refractive errors. These findings call for better education at the primary and secondary as well as the tertiary educational levels on the subject of eye health.

REFERENCES

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