

Ophthalmology in Bangladesh

BY HAYLEY COATES

Imaging Specialist **Hayley Coates** steps outside her comfort zone to experience ophthalmology in a resource-poor setting.

As one of the most densely populated countries in the world, Bangladesh also has one of the highest rates of preventable blindness, worldwide. It is estimated that Bangladesh currently has 800,000 people living with blindness, and sadly 40,000 of these are children [1]. Most of those living with blindness have cataracts, due to poor nutrition and lack of vitamin A, and surgical intervention is essential to prevent irreversible loss of sight, especially in children. The rural areas of Bangladesh are some of the most beautiful, however, the infrastructure in these areas is poor and for the 80% of the national population living in rural areas, access to healthcare is extremely difficult, especially as most are also incredibly poor and lack basic education.

Blindness in Bangladesh is a social problem. Blind people are often unable to work and become a burden to their family. Women who are visually impaired are not socially accepted and struggle to marry, this puts extra pressure on families to care for them [2]. Those children who receive cataract surgery will be better equipped to survive in such an impoverished country.

Moulvibazar BNSB Eye Hospital, in the Sylhet region of north east Bangladesh, is one of the few dedicated ophthalmology hospitals in the country. In 2006, Orbis sponsored three members of the ophthalmology team at West Suffolk Hospital to visit and provide training within the new paediatric unit set up by Orbis. Rachel Andrews, who was part of the original team, has returned many times over the last 13 years and when she retired as a senior paediatric ophthalmic sister, she set up the charity 'Vision for Bangladesh' (www.visionforbangladesh.org). The idea was to continue the work that was started originally with Orbis and her many visits over the years, and to help those who cannot afford treatment, but also to support and train staff. In November 2018, I was very privileged to be invited to Moulvibazar BNSB Eye Hospital in Bangladesh along with Rachel to photograph and video the staff, hospital, patients and local area for the charity's launch and website.

The staff in the hospital were very welcoming, friendly and very knowledgeable. Their expertise and skills were astounding because of the huge variety of cases they must deal with on a day to day basis, with little or no resources. The hospital was a busy bustling environment, with conditions that I had never seen at that level of severity. As patients cannot afford treatment they do not present to the hospital until they are in severe pain or have already lost their sight. Some patients left the hospital without treatment as they just couldn't afford to pay the costs. We met an elderly lady with dense cataracts, whose daughter lifted her head up for the photograph. I've rarely seen patients with such dense cataracts, but this was commonplace. Some patients could afford treatment, but without general anaesthesia, as this would be too costly for the patient's family. In comparison to clinic in the UK there were no appointment times, patients pushed to be seen, and patient confidentiality did not exist. You also had the added problem of the intermittent electricity.

BSNB Eye Hospital performs around 400 cataract surgeries a month. Unfortunately, due to lack of an anaesthetist, paediatric surgeries are performed less often, as an anaesthetist has to travel from afar. Paediatric cataract surgery was a swift procedure, with a second child anaesthetised in the operating procedure, while another lay in recovery, all within the same operating theatre. We were fortunate enough to meet Sultana Begum before her surgery, aged just 10, who had travelled with her mother





and brother to the hospital to assess her worsening vision. Her visual acuity was recorded as 6/60. Unfortunately, her mother was unable to afford surgery, but luckily the charity was able to step in. Surgery was performed later that day, under local anaesthetic, and we were lucky enough to see the bandages removed the following day, where even one day post op her vision was recorded as 6/9. The smile on her face said it all and her mother could not thank us enough. In comparison to the NHS the whole experience was eye opening.

This was my first real experience of extreme poverty, I was exposed to a different way of life, and a very real problem that people face, especially when it comes to blindness and visual impairment. It was a physically and emotionally draining week, the trip was completely out of my comfort zone, however, I wouldn't change a thing. I not only learned about the people and the country, but I also learned a lot about myself. I found the whole experience very humbling and it gave me a deep sense of appreciation, especially for the NHS. We are so lucky to have the most up to date technology and treatment within ophthalmology, an experience like this reminds you how privileged our patients really are. On a personal level I really engaged with the staff and made lasting friendships. I left with a real sense of gratitude for my own life, family and health, something that sometimes we all take for granted.

I will travel back in the future to help with the training of new equipment. There is a hope that the charity will be able to fund a fundus camera, and I would be delighted to help in its installation and training. I encourage others to volunteer and do something that makes a real difference, even if it is just something small. Something small can have a lasting impact.

References

1. Vision for Bangladesh: <http://vfb.org.uk>
2. Alech A. Bangladesh fights to end blindness. *Guardian* (online) 2010: www.theguardian.com/world/2010/sep/28/bangladesh-volunteers-childhood-blindness-treatment (Links last accessed June 2020).

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