

Restoring sight and embracing culture: A voluntary cataract surgery experience in Morocco

BY LOREDANA SMARANDACHE



It all came from networking

Doing volunteer work is an integral part of being a doctor. Helping and treating those in need without financial recognition embodies righteousness and a pure spirit. As healthcare providers, we have an unwritten duty to give back to communities that require our expertise whenever the opportunity arises.

I still remember the day I received a message from an old colleague, Doctor El Jirari, whom I met during his ophthalmology residency in Romania. He asked if I would be interested in performing pro-bono cataract surgery as part of a Caravan Campaign he was organising in Morocco.

I was thrilled by the opportunity and immediately discussed it with my colleague. Knowing one's limitations in cataract surgery is crucial to ensuring patient safety. After reviewing the details and expressing my intention to select surgical cases within my level of expertise carefully, we both agreed to move forward with the initiative.

Arriving in Morocco

Upon arriving in Chichaoua, I met Doctor Chakri, the manager of Hospital Mohamed VI. He is a wonderful gentleman who arranged a personal room for me and ensured our comfort throughout our stay. Along with Miriam, the hospital's chef, he made sure that we were well-fed and cared for during the entire experience. I also met

the nursing staff – Laila, Salma, and Najat – three hardworking nurses who were always alert and supportive during our time there.

The operating team included several surgeons, mostly based in Morocco, with whom I exchanged ideas and learned about the available technology and region-specific techniques.

Cataract surgery settings

But what does cataract surgery mean in a different setting? For starters, it involved working with different types of equipment! I operated using an R-Evo Smart Phaco System, which featured a dual pump (peristaltic and venturi) and a Leica microscope. It was my first experience with this type of phaco machine, but I enjoyed it and found it very reliable. On a

personal note, I think the main differences were performing retrobulbar anaesthesia, using a 2.7mm corneal incision knife, and performing irrigation and aspiration with a coaxial probe that did not have the silicone tip I was used to.

Intraoperative image

Apart from these specifics, which initially made me a bit uncomfortable, everything else was available and familiar. The fact that we were operating in teams of two to three surgeons in the same operating theatre made it extremely comfortable. It provided a sense of mental security, knowing that if I needed help or encountered any difficulties, my Moroccan colleagues would be more than willing to offer advice and assistance.





Patient selection is extremely important. Since the population benefiting from this programme did not have access to early surgical treatment, most of the cases were advanced cataracts. In my observation, there appeared to be an increased incidence of pseudoexfoliative syndrome, which sometimes made the surgery more challenging. Fortunately, I was able to select the cases I considered most suitable for my level of expertise.

Communicating effectively with the patients was challenging, as most of them spoke Arabic. However, the nursing staff was incredibly adaptable, and despite my rusty French, they did their best to assist me, occasionally speaking in English. I also managed to learn a few Arabic phrases, mainly for greeting, giving instructions, and thanking the patients for their cooperation during the procedure.

Our daily programme consisted of early morning consultations and patient selection, followed by cataract surgeries in the afternoon. During our breaks, we would all gather to discuss case details, challenges and unique aspects, making the entire experience even more meaningful. We were able to exchange information from our previous experiences – some technical, some related to preoperative and postoperative care and management – which ultimately led to creating a harmonious setting.

Multidisciplinary healthcare caravan

I also had the incredible opportunity to participate in a one-day multidisciplinary healthcare caravan in Lalla Aziza, a rural commune in Chichaoua Province, where doctors specialising in ophthalmology, internal medicine, and gynaecology came together to offer pro-bono consultations to patients in this remote region. This was a truly unique experience for me, as I had the chance to meet and network with various healthcare professionals from Morocco. We conducted eye consultations that provided patients with optical corrections, and medical treatments or scheduled them for further cataract surgery as needed.

Living the Moroccan cultural experience

During my one week stay, thanks to the staff's hospitality, Miriam cooked various Moroccan dishes for us, always taking the time to explain each one. I must admit, Moroccan cuisine is incredibly tasty! Miriam was also kind enough to invite me into the heart of her family, where I had the opportunity to dress in a Moroccan gown, enjoy their incredible food, get henna tattoos and participate in the tea-making process – one of my favourite experiences. The host used a specific teapot and poured the tea from a particular

height, typically pouring it three times with the oldest guest being served first. I truly enjoyed this cultural custom, as it is an important social tradition in Moroccan culture.

An experience for the soul and the profession

Operating in a different setting was challenging at first, as it took time to familiarise myself with the technical differences, overcome language barriers and adjust to a new environment. However, I received full support from my Moroccan colleagues, which made the experience all the more rewarding. I managed to perform 85 cataract surgeries and returned home with significantly increased confidence and knowledge.

This experience also highlighted the importance of networking and staying connected with peers. If not for my colleague extending the invitation and handling the formalities, I would not have known about this opportunity. Also, this experience expanded my professional network, allowing me to connect with more international ophthalmologists and maintain relationships for future opportunities.

In just one week, I learned and grew tremendously – both as an ophthalmologist and as a person. Knowing that I helped restore sight to patients who might otherwise have waited much longer for cataract surgery deeply nourished my passion for healthcare.



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