Fast-track training in manual cataract surgery, management of ophthalmology - trauma and tropical ophthalmology (Nigeria)

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Introduction
The implementation of the European Working time Directive has improved certain aspects of ophthalmology training but has also led to reduced opportunities in gaining a wide breadth of experience. In the UK, routine cataract surgery requires phacoemulsification. Complex cataract surgery often requires non-phacoemulsification methods. Opportunities for experience in manual methods have become sparse in today’s training.

The overall aim of the travel Fellowship was to investigate the potential of an intensive training program in advanced surgical and non-surgical ophthalmology for a moderately experienced UK based ophthalmology trainee over a period of 4 weeks at a tertiary ophthalmology unit in a developing country. The surgical training was aimed at gaining hands on experience in complex intra-ocular and extra-ocular surgery with a special focus placed on manual small incision cataract surgery as phacoemulsification methods are not commonly utilized in developing countries such as Nigeria due to cost.

I embarked on the clinical ophthalmology attachment at a tertiary unit - University teaching College Hospital (UCH) and an affiliated Catholic hospital- The Eleta Eye Institute both located in Ibadan, Oyo State Nigeria for a period of 4 weeks in May to June 2014. The units provide eye care services encompassing all subspecialties and have a well-structured postgraduate ophthalmic training program which I was easily able to blend into. As there is a lack of universal healthcare in Nigeria, eye conditions tend to present late. This complex case-mix was key to training opportunities and this reflected in the actual experience I was able to gain during the placement.

I was able to assist with 10 Small incision cataract extraction surgery at UCH and Eleta Eye Institute and I completed 14 full cases at the Eleta Eye Institute. I performed 6 excision of pterygium procedures and assisted/did part of 8 paediatric cases, 6 complex oculoplastics cases, 3 trauma cases and 2 orbital cases one of which involved retrieving a large piece of glass from the medial orbit of a 21-year old man who had been assaulted during a robbery.

The case mix at UCH and the Eleta Eye Institute was thought-provoking. I was able take histories, assess patients, request investigations and reach diagnosis for a vast number of patients on a daily basis. I was fortuitous enough to examine many complex patients. To mention a few, I saw several cases of retinoblastoma most of which were metastatic at the time of presentation, patients with poorly controlled diabetes presenting with advanced and blinding proliferative diabetic retinopathy and congenital glaucoma with several siblings form a single family presenting with bilateral and unilateral blindness. Furthermore, I examined cases of advanced primary angle glaucoma in relatively young adults, ocular lymphoma, pituitary adenoma, presumed hydroxychloroquine retinopathy, severe atopy with corneal scaring in children, toxoplasmosis, Neurofibromatosis type 1 cases and a few cases of sickle cell retinopathy.

Sadly, I was faced with several incidents of suspected and confirmed cases of non-accidental injury in children with final diagnoses including ruptured globe, penetrating eye injury, complete hyphaema and traumatic retinal detachments. But on the other hand these clinical encounters were educationally very useful.

Impact on returning to the UK
1. On a personal level, I am more confident in the acute setting with supervising junior trainees on the ophthalmology rotation in the west of Scotland and also when assessing cases of suspected non accidental injury.
2. Presented the findings locally and have managed to generate some interest among other trainees to embark on a similar training placement in the near future.
3. A link has been created between the UK and the west of Scotland within ophthalmology at the UCH in Nigeria.
4. This project and its findings will be hopefully presented to the trainee group of the Royal society of medicine as well as the Scottish ophthalmological Club later in this year.
5. The overall experience has helped to fine tune my current clinical and surgical practice since I returned to the UK and I have received some positive feedback from both my colleagues, patients and their respective families.

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