



Manjari Sankurathri Memorial Foundation

(A Registered Canadian Charity – BN 89002 4995 RR0001)

Spring Issue

MSMF Newsletter

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Greetings from MSMF

MSMF is committed to improving the quality of life of rural poor with education and eye care programs.

The academic year 2002 – 03 is almost coming to an end for 91 students enrolled at Sarada Vidyalayam. The eight, grade seven students, who wrote their entrance exams, all passed with Grade As. They now can enter prestigious high schools for girls and boys.

The 2002 statistics of Srikan Institute of Ophthalmology are very impressive: # of out-reach camps 277, # of outpatients 137,383, # of cataract surgeries 16,548, # of glaucoma surgeries 164 and # of other surgeries 794.

With the presently available additional facilities in the new hospital building, in a few years Srikan will become a very much needed tertiary care hospital for a population of 20 million.

The CIDA funded projects of Help the Aged Canada and MSMF are responsible for the steady growth. The projects' Canadian volunteer program is developing linkages with institutions such as the University of Ottawa Eye Institute.

Chandra Sankurathri is arriving on June 18 for an eight week North American visit.

MSMF, which depends entirely on volunteers, is fortunate to have dedicated volunteers and donors from coast to coast. We thank you all.

St. Gregory Catholic School

Last December, Deepti Gupta, a faithful MSMF artist supporter, trained a group of 20 students at St. Gregory School to present a dance and dramatization on a poem written by the famous Indian poet Rabindranath Tagore.

These boys and girls spent every lunch hour during the first week of December practicing for the presentation to their parents, friends and co-students.

Congratulations on a very enjoyable and well done production. Thank you, Deepti, for your generous involvement with the children.

For 11 consecutive years St. Gregory School has been directing their Lenten collection to MSMF to support Sarada Vidyalayam. There is a mutual communication that has been created between the two schools through the years. We are grateful for their great friendship and for the support to the project in India.

Michelle Danis, Member, MSMF Board of Directors.

Uma Parameswaran reads for MSMF

Dr. Uma Parameswaran, Professor of English, University of Winnipeg, is well known for her contribution to the emerging field of South Asian Canadian Literature – SACLIT – the name she coined for the genre. Her writings include *What Was Always Hers* (winner of the 1999 New Muse Award for the best short fiction collection and the Canadian Authors' Association 2000 Jubilee Award for Best Short Stories), *Sisters at the Wheel*, *Rootless but Green are the Boulevard Trees*, *Sons Must Die and Other Plays*, *Trishanku and Other Writings*, *The Sweet Smell of Mother's Milk-Wet Bodice*, *Mangoes on the Maple Tree*, *SACLIT: An Introduction to South-Asian-Canadian Literature*, and *Five or Six Characters in Search of Toronto*.

Uma's most endearing qualities are her dedication to encouraging South-Asian-Canadian writers, artists, and performers and her commitment to bringing the "Ganga to Assiniboine". The following verses from *Kanishka Poems for June 23, 2000, 15th anniversary of the crash of Air India Flight 182* sum up the essence of the SACLIT tradition that she is continuing to forge:

“Long a celebrant
Of this lovely land of endless skies,
Whose earth I've walked into horizons,
Whose skies I've flown from sea to sea,
In whose rivers I've seen my own –
The singing waters of my native Narmada,
Kaveri whose rapids feed ancestral fields –
I come, bearing votive incense and a pledge.
I, who have brought Ganga to our Assiniboine,
And built my temples where it flows into the Red,
And seen the flute player dancing
On the waters of La Salle,
Now stand on the oceans' shore
And know
I must walk farther,
Fly higher, dive deeper
To find the fire
That is now but ember
In empty pyres
That smolder ever
Waiting for the hopes,
The bodies, that lie strewn
On ocean floor.

Nilambri Ghai, Member, MSMF Board of Directors.

Taking a step towards preventing blindness from Glaucoma in Kakinada

I was fortunate to visit this superb center, Srikan Institute of Ophthalmology, from February 4-10, 2003. My visit was focused on providing continuing education to ophthalmologists at Srikan regarding glaucoma. Glaucoma is the second leading cause of blindness worldwide, and in India about 12 million individuals may be affected with glaucoma. The most common form of glaucoma in India, primary open angle glaucoma, arises when there is a blockage in the drainage system. This, in turn, leads to elevation of pressure inside the eye, which damages the nerve at the back of the eye, resulting in gradual loss of peripheral and then central vision. Once vision loss occurs, it is not reversible. The goal, therefore, is to detect disease early through regular eye exams after age 40, and to begin treatment to lower eye pressure and thus prevent blindness.

I visited the center on the heels of its tenth anniversary, and was very impressed at the progress that has been made. I believe it is a very special place and offers a real model of high quality care for rural populations. Among the things that impressed me most about the center were:

- the total commitment of all staff to work as an integrated team in the best interest of the patient
- that access to the facilities were on an equitable basis regardless of the socioeconomic background of the patient
- the 'camp' program that reaches out to villages
- the competence of the surgeons and support staff including technicians, administrators etc.
- the availability of good diagnostic equipment for glaucoma including applanation tonometry (to measure eye pressure with accuracy) and Humphrey visual field machines (to map out areas of blindness in the peripheral vision).

On a typical day, I would rise at 7am and be treated to a wonderful breakfast. There would be an interactive discussion on a glaucoma related topic from 8-9am followed by a patient clinic from 9-12pm. Here we saw many interesting glaucoma cases and had the opportunity to learn from each other and share 'best practice' approaches. There were a number of junior consultants as well as a senior consultant, Dr. Madhavi, at the clinic. After lunch I usually attended the operating room where Dr. Madhavi and I performed numerous surgeries that included some complex glaucoma and cataract cases as well as congenital glaucoma. The day would end with another discussion on glaucoma or an interesting case. Throughout, Dr. Chandra's hospitality was remarkable, and I was treated to wonderful vegetarian meals.

Congenital glaucoma is not very common in the Western world, but is unfortunately quite common in Kakinada.



It is an inherited disease whereby babies are born with high eye pressure and develop enlarged eyes and usually go blind if they are not treated. The treatment involves performing surgery, to improve drainage of fluid out of the eye, at an early age and sometimes multiple surgeries. While I was there we operated on a 4 month old baby with congenital glaucoma and I implanted an 'Ahmed valve', which is a drainage device that is used in difficult cases. Dr. Madhavi also performed this surgery with ease and she now has the capability of dealing with congenital glaucoma cases to help prevent blindness in these unfortunate patients. Our surgery, the first case of 'Ahmed valve' implantation at Srikan, and experience with this case, was documented by a local TV station.

During my stay I attended a day camp in Pitapuram and was extremely impressed by the professional manner in which villagers were seen. The goal is to enable villagers who cannot directly access the main facility to receive free eye exams and then be scheduled for free cataract and/or glaucoma surgery. The camps are usually held in schools but this time it was in a newly constructed (incredibly beautiful) temple. The services offered to patients in terms of a very comprehensive history and eye examination as well as the preoperative work-up is just superb and I have not seen this streamlined and effective a setup anywhere. I was particularly impressed that all individuals had their eye pressure taken by applanation tonometry, their blood pressure and urine sugar checked (if preoperative), and that a slit lamp was available and utilized for more detailed eye examinations. In trying to understand what was driving the high quality work, I was struck by Chandra's philosophy that every individual from the village who comes to the eye camp should receive an eye examination that is of the same standard as what they would receive if they had gone to Srikan itself. Dr. Chandra also explained to me that 'There are many people trying to do eye camps and offer mediocre eye care. If we can't do something better than what's out there,

why should we exist?'

One highlight of the trip was a major symposium on glaucoma that was delivered at Srikan for about 30 ophthalmologists (and residents in training) from the surrounding area. I was pleased to see that women play an active role in delivering eye care and that over half of those attending were female. I delivered a talk on detection and management of glaucoma that included setting and achieving 'target IOP' and Dr. Madhavi delivered a talk on the challenges involved when dealing with a patient who has both glaucoma and cataract.



For the next ten years there is a real opportunity to consolidate glaucoma service and offer subspecialty care within the context of the new building facilities. I have made some recommendations to Dr. Chandra and MSMF in this regard. . In my view, key elements to build strength for the future include:

- the acquisition of some additional glaucoma diagnostic equipment such as an additional Humphrey visual field analyzer, a pachymeter (to measure corneal thickness which can influence accuracy of pressure measurement), and an imaging instrument to document the nerve fiber layer of the retina (which is the layer affected in glaucoma).
- to consider developing a technologist training program. The University of Ottawa Eye Institute has such a program, and it may be possible to have one or more individuals from the program come and assist in establishing a similar program at Srikan.
- to consider a professional development center concept which would serve as a focal point for the entire community from a CME standpoint. This should incorporate the latest in technological advances for distance sharing/learning. I would suggest consultation with an individual who has a medical education background to help plan this.
- developing research opportunities in the areas of outcomes, quality of care, specialized surgical techniques, patient case reports etc.

- glaucoma, medical, laser and surgical treatment. At present many patients do not seem to understand the seriousness of the disease or present very late.

Once again, I am grateful for the opportunity to participate in a small way in this wonderful institution.

I feel that I have come away from the visit much richer in many ways. I have been exposed to a superb model of rendering eye care in a rural area, examples of teamwork and creativity that I will always remember. I am truly impressed by the dedication of the founders and staff of the institute and the constant focus on what is best for the patient as well as the relentless pursuit of high standards of care.

Attempts at patient education and reaching out to the community are to be commended. I also learned much from Dr. Madhavi about how one can perform high quality rapid small incision cataract surgery and two site combined cataract and glaucoma surgery.

Finally, the smiles and warm embracing culture of the people at Srikan and the surrounding villages have left an indelible impression.

I wish all those at Srikan only the best as they get ready to move into their new facilities.

I hope to continue to keep in touch with Srikan via email, and visit again in the not too distant future. Hardly a day goes by without my remembering this unique center and all the love and dedication of the staff as well as smiling faces of grateful patients.

Karim F. Damji, MD, FRCSC, FAAO
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- Amy Bovell for assistance in preparing this article

A Real Eye Opener in Owen Sound, Canada

George Czerny sheds some light on cataract surgery. It's an operation many will face. He says you have nothing to fear and everything to gain from better eyesight.

I have worn eyeglasses since the mid-1970s and in recent years my eyeglass prescription has involved bifocals. But prescription glasses cannot correct a cataract condition and Dr. Richard Orr scheduled me for surgery.

I believe my cataract condition was brought on by the type-two diabetes that I have lived with for the past three of the 57 years that I have been using my eyes, often without sunglasses.

On the day of my surgery I was double teamed by two nurses. One started instilling eye-drops into my left eye. The other nurse slipped an identification bracelet onto my right wrist and took my blood pressure. My body reflected my nervousness with a very high blood-pressure reading.

The eye-drops were flowing from my left eye as I was asked to lay down, face-up, on a gurney, a pillow under my knees and the back of my head on black headrest. A nurse seemed to hover about at every step and then an anesthetist, Dr. David Bell, introduced himself and went into action.

He was politely apologetic as he put eye-drops into my left eye and one into my right eye. He was comforting and quick. After the first flood of eye-drops into my left eye, he placed a jelly on my left eyeball. The jelly, I was told, would freeze the eyeball. I did not feel any discomfort with the jelly in my left eye. But looking through that eye was as if I was looking through a thick pane of blurry glass.

Minutes later they wheeled me into the operating room. I stared up. A masked face stared down. Behind that mask was Dr. Orr, the surgeon. A brilliant light shone downwards from above Dr. Orr as he prepared me for his work. He worked, or so it seemed, quite quickly with his surgical teammates at his side. There was very little noise and very little talking.

I felt nothing during my cataract surgery. It was painless. There was a point when I saw something change. It was as if I was looking at an amoeba under a microscope. "Did you just put in the artificial lens?" I asked Dr. Orr. He said, he did. Minutes later it was clear that the surgery was finished. It had taken about 15 minutes, that's 900 seconds if you are counting. I was wheeled, still on the gurney, into an adjacent cubicle and a nurse hovered nearby.

In the past 12 hours, I had nothing to eat, or drink. This is not a good thing for a diabetic, like me, to do. But it's part of the pre-surgery protocol. Post-surgery

I got some tea and toast from a nurse.

Not even an hour had passed since before I went into surgery and here I was seeing the world again through my left eye.

That evening, as I administered the necessary eye-drops, my left pupil was still 50 per cent to 60 per cent larger than the right-eye pupil. That would change back to normal overnight. At this point in my life my right eye was my bad eye and my left eye was my good eye; exactly the opposite from before surgery.

The next day post-surgery examination also just took minutes for Dr. Orr, now without his surgical mask, to examine my left eye and declare that all was well.

The next day I went back to work, seeing the world much more clearly through my left eye, and knowing what to expect when I took my right eye to see Dr. Orr.

Two weeks later, Dr. Orr did a clear lens extraction in my right eye. Even though I did not have cataracts in my right eye, I chose to preclude that possibility by having the surgery done on my right eye.

The operation on my right eye was a repeat surgical performance of what was done to my left eye.

The evening after that right-eye surgery, I stood on a deck at my house at Craigeleith and looked toward the lights on the ski slopes of nearby Blue Mountain Resort. I could see at a distance quite well without glasses – a first in about 30 years.

I have always supported a number of charities. One that does a lot for people who have vision problems is the Foundation Fighting Blindness (1-800-461-3331). If you would like to help an overseas organization, which helps restore vision for cataract sufferers young and old, I suggest Manjari Sankurathri Memorial Foundation, which was established by former Ottawa, Ont., resident Dr. Chandra Sankurathri.

I am extremely thankful for what Dr. Orr did for me, and I am sure I speak for many, many other patients.

George Czerny,
Business Development Manager,
Sensor Technology Limited,
Collingwood, ON.

Appeal for your support ...

We urge you to support generously our education, eye care and disaster relief programs. Donations to MSMF qualify for tax credits in Canada. Donations to our partner organization, Eye Foundation of America (1460 Anderson Avenue, Morgantown, WV, 26505), qualify for tax exemption in the USA.

Thank You.

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