



# Eyes for East Africa (UK)

Supporting Dr Helen Roberts  
and the Kwale District Eye Centre (KDEC) in Kenya



Registered Charity No: 1053222

Honorary Ophthalmic Consultant: Mr Roger C Humphry MD FRCS FRCophth

## Spring 2009 Newsletter

### What happens at KDEC?

Friends may have asked you about what work is done at KDEC? I wonder what you tell them? Perhaps you have replied that the Centre works to help eradicate blindness, and support those with impaired vision in Kwale District and other parts of Kenya. But do you really know what goes on at KDEC?

In this edition of the newsletter we focus on the different aspects of work undertaken at KDEC.

### Cataracts...

When KDEC started in 1993 the vast majority of the work done was to relieve blindness due to cataract. There are a number of types of cataract, the most common type being senile cataract, occurring in patients over the age of 50. Trauma, prolonged use of certain medications (i.e. steroid use for asthma), and some eye diseases can also cause cataracts. In children, cataracts are most commonly congenital. Whatever its aetiology, the cataract causes the lens of the eye to become cloudy and opaque. This causes difficulty in seeing, misting of colours and reduced sensitivity to light.

Unfortunately, it is not possible to cure cataracts with spectacles or medical treatment. Surgical removal of the clouded lens is the only effective treatment.

Phacoemulsification (Phaco), is the method of choice in performing cataract removal at KDEC. It has several advantages over standard cataract removal surgery. Phaco can be performed at an earlier stage of cataract development, so patients do not have to wait for their eyesight to deteriorate before surgery becomes possible.



Phaco uses ultrasonic waves to break up the cataract before removal with a needle. This allows a much smaller incision to be made in the eye (2.5mm compared with 10mm in standard surgery). This smaller incision

does not need suturing after surgery, but is still large enough to allow a specially folded intraocular lens (IOL) to be inserted. The IOL is an important aspect of cataract surgery as unlike a contact lens it stays permanently in the eye with no irritation. The artificial lens can restore the patient's sight to a state better than before the cataract developed

In 2008, 1477 cataract operations were performed, restoring sight to over 1,000 patients, and more importantly 421 patients were treated for bilateral blindness.

### Community...

The effectiveness of the community programme is apparent in a number of ways. The number of cases of cataract treated at KDEC has begun to diminish. Why? Although, new cases of cataract continue to occur, the backlog of people in Kwale District who are blind through cataract and willing to undergo surgical treatment appears to be reducing. Blindness due to Vitamin A deficiency in children is now rarely seen in Kwale district thanks to the community education programme informing people of the need for a balanced diet. There are now also community-based programmes to identify and assist patients with low vision, albinism and those who are both deaf and blind. Glaucoma testing in the community is now also possible thanks to a new piece of equipment.

### Glaucoma...

Glaucoma is a disease with few symptoms in the early stages. As it is painless, people are unaware they have the disease until they have already lost most of their sight. Often patients are first seen when they have already lost the sight in one eye, and have lost much of the sight in the remaining eye.

Glaucoma tends to run in families and so all first degree relatives are invited for screening. However, the cost of travelling to KDEC for screening means that few family members are able to attend for assessment.

All glaucoma testing involves measuring the intraocular pressure. Until recently, the usual method of assessing glaucoma at KDEC has involved applanation tonometry – a technique that requires the patient to have first anaesthetic, and then fluorescein dye eye drops inserted before the pressure test can be performed. The assessment for each patient takes about 20 minutes.



In 2008 the way in which glaucoma is managed at KDEC changed significantly when Dr Vogel, a regular visitor from Germany, brought with him a rebound tonometer. This portable, handheld device does not

require the patient to have eye drops, and is the only method of tonometry that does not require anaesthesia. The technique is easy to learn and can be performed by anyone after only a few hours training, and can easily be used both at the clinic and in the field.

The introduction of this new machine has meant that all 10,000 patients seen in the field per year can now be screened for glaucoma, and the assessment of all 3,500 new patients seen per year at KDEC can now be performed more quickly. A direct result of this is that the number of operations performed for glaucoma increased in from 41 in 2007 to 122 in 2008.

## How KDEC changes lives...

Mwanasha is a 61-year-old lady who was initially identified with sight problems by the KDEC Community Support team during door-to-door visits to her village. She lost her sight aged 52, and assessment at KDEC found her to be irreversibly blind due to retinal disease. Being irreversibly blind, Mwanasha was enrolled onto the rehabilitation programme at KDEC where she learnt a number of daily living skills to enable her to cook and do household chores independently. Mwanasha was also able to walk around her village with confidence after receiving training in how to use a white cane. She was also able to earn some money, selling mats she had made.

After learning to cope with being blind, and live independently, Mwanasha unfortunately became deaf. This was very difficult for Mwanasha as she could no longer communicate with friends, family and her customers. The loss of conversation in particular was hard to bear.

KDEC, working in partnership with SENSE International (the charity to help deafblind people in the developing world) took Mwanasha for an assessment of her hearing impairment. It was discovered that Mwanasha would benefit from a hearing aid, which has now been fitted.

Mwanasha's hearing has been restored and she can once again talk with the customers who come to buy her mats, participate in village functions such as weddings, and talk with her grandchildren.



"I am thankful to Kwale District Eye Centre and its sponsors" said Mwanasha. "You trained me in rehabilitation skills, which enable me to lead an independent, productive and dignified life."

## A Few Fundraising Updates

### Eye Give



Thank you to those who supported EFEA in the run-up to Christmas by buying 'alternative' gifts for your friends and families.

Over £700 of gifts were purchased, with goats proving a very popular choice again this year.

### Donation from Eton College

The world famous school close to Windsor Castle has raised almost £300 to support the Poor Patients Fund at KDEC. The money was collected after Evening Service at the College Chapel one Sunday.

This money will enable 10 patients to undergo sight restoring cataract surgery. The 15-minute operation costs £30, and as no patient is refused treatment at KDEC, contributions such as this to the Poor Patients Fund are vital.

### Portsmouth University Business School



Portsmouth University Business School continue to support EFEA and have raised another £155 for the Poor Patients Fund at a recent charity day and book sale. Here you can see EFEA Trustee Jane Dean with the 'Eye Read' bookstall.

Many thanks to all who continue to support EFEA.

## Making Donations & How to Contact EFEA

**Donations:** If you would like to make a donation to EFEA by cheque, standing order or direct debit please ask Jim Crow (address below), for the necessary details.

Eyes for East Africa (UK)  
19 Dunmow Hill, Fleet, Hants  
GU51 3AN, UK  
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**On-Line Donations:** On-line donations can be made securely via our website using a credit card or PayPal. Donations can also be made via the Charity Aid Foundation Eye website at [www.cafonline.org](http://www.cafonline.org)

**Eye Give:** We offer a range of 'virtual gifts' perfect for birthdays, Christmas and other special occasions. For more visit the website or contact Abigail Dodds, 15 Barnard Road, Sutton Coldfield, West Midlands, B75 6AP

**Wills:** Have you thought about leaving EFEA (UK) a legacy in your will? At present less than 5% of the adult population include a charity in their will.

**The Payroll-Giving Scheme:** The Payroll-Giving Scheme is being adopted by many employers. Not only do donors receive tax benefit at source for such payments, but the charity also gains an additional 10% benefit from the Government

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Gift Aid allows charities to reclaim the basic rate tax you have already paid on the money you donate. It can increase the value of your gift by up to 25p on every pound.

These benefits are of great value to the Charity. If you are a British taxpayer, please remember to complete a gift aid form with your donation. Gift Aid forms can be downloaded from the website or are available from Jim Crow (address above)