Ophthalmic medical missions: How to engage and serve effectively.

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Relevance: Ophthalmic medical missions occur worldwide among many types of organizations and populations. Many attendees participate or would like to participate in missions but find it difficult to evaluate possible projects and ensure that they are serving in the most effective manner. Learning from the successes and failures of those who have participated in many missions endeavors can equip attendees to be more fulfilled and successful as they serve others.

Delivery Format(s): This workshop will consist of a panel discussion by representatives who have participated in short and long term ophthalmic medical missions with a variety of different organizations as well as a question and answer session.

Content: Panel members will talk about their personal experiences including the challenges and successes encountered in serving with different mission organizations in many countries. They will discuss how to assess different mission opportunities, how to engage patients and local physicians in different cultures, and how to serve in a manner that is both beneficial for the recipients and fulfilling for the participating doctors.

Learning Objective(s): At the conclusion of the symposium, the attendees will have the knowledge to evaluate different models of medical missions engagement and be encouraged to participate in a manner that is helpful for those they serve and rewarding for them.
Ethics and Preparation for Overseas Medical Missions
Alan A. Norman, MD

I. Goals
A. Help Others - Primum non nocere
B. Prepare
   1. Change perspective
   2. Education
   3. Logistics
C. Edify

II. Primum Non-nocere
A. Who could be harmed? Risk is inherent.
   1. Me
   2. Patient
   3. US Organization
   4. Local Physicians/Organization
B. Versus doing good (James 4:17)
   1. Growing grass instead of killing weeds
   2. Do I tolerate the bad with the good?

III. Prepare – Change Perspective
A. What do I want to accomplish?
   1. Ask yourself why you want to do this?
      a. Is this my calling?
      b. Secondary gain
      c. Adventure/Excitement
      d. Great commission
   2. Legacy
      a. Teach the teachers - The way to continue the work
      b. Improve livelihood of others - Quality of life/Economically
      c. Lead by example - Inspire others (children, staff, etc)
      d. Change local perspective on what can and cannot be done
IV. **Prepare – Education**

A. **Research the Country and Region**
   1. **Before leaving**
      a. What is needed by the people?
      b. Cultural Differences (language, customs, food)
      c. Advertise the trip
      d. To locals through community organizers - to avoid disappointment
      e. To your friends – they want to help you pay for it
   2. **Upon arrival in country**
      a. Locals - Ask their opinion of previous mission physicians / US
      b. Non-governmental organization workers

V. **Prepare – Logistics**

A. **Work the Plan**
   1. Push the Easy Button
   2. Plan to change
   3. Plan to rest
   4. Plan to not get frustrated

B. **Research the WHO follow-up recommendations**
   1. Plan to study your results
   2. Are you doing good work?

C. **Check license requirements for the area**
D. **Check equipment and personnel lists**
   - Bring anesthesia docs

VI. **Edify**

A. **We are our own best resource**
B. **Establish friendships**
C. **Build up the local doctors (primum non nocere)**
   - Establish telemedicine links
D. **Build up the patients**
   - Don’t get lost in the work
E. **Avoid the appearance of evil**
   - Follow-up on the trip afterward

VII. **Summary**

A. **Consider a trip for yourself**
B. **Put some thought into it before leaving**
C. **Know that “our” way is not the only way**
D. **Primum non nocere**
Assessing a medical missions opportunity

Michael G. Hunt, MD

I. What - Goals, Objectives, and Expectations

A. Know yourself
   1. Strengths/Passions/Abilities
   2. Weaknesses/Limitations
B. Is this the first trip to this area or the continuation of work that has been done?
   1. Talk with others who have been to this area
   2. Talk with others who have done similar work
C. Will there be opportunities to teach, observe, or leave equipment or medicines behind?
D. Will you or others return to work there again?
E. How long will the trip be?

II. Where - Location of Trip

A. Foreign/Overseas vs within US
B. Passport, Visas, Immunizations, Governmental approval issue
C. Cultural, culinary, and language difference
D. Travel to and from trip destinations
E. Accomodations for lodging and working

III. With Whom - Organizations and those that serve with you

A. US organization vs International vs In-Country NGO
   1. Faith-based, humanitarian, governmental
   2. Ophthalmic only, multi-specialty, multi-domain
   3. Who will handle logistical issues and itinerary
B. Doctors and Providers
   1. Will other US doctors be on the trip?
   2. Will you work with doctors from the organization or local doctors?
C. Support staff
   1. Will there be anesthesia personnel? Local or with trip?
   2. Technicians
   3. Lay people
   4. Interpreters
   5. In-country staff
Surgical and Logistic Issues
For Overseas Medical Missions

Sandy Roberts, MD

I. Scope of Mission – must define prior to mission (types of surgery, anesthesia support, teaching, and refractions)

A. Site Survey Is Critical

B. Know your surgical limitations
   1. Austere conditions
   2. Stay in your “comfort zone”

C. Triage – Know the number of OR slots in advance
   3. Separate all the kids and adults with strabismus
   4. Who gets priority?
   5.Supply limitations

II. Surgical Preoperative Evaluation on the Mission Field

A. “Language barriers”
   1. Interpreters are key
   2. High illiteracy rates – be careful with preop questionnaires

B. Age and weight standards
   1. Beware of syndromic kids
   2. Beware of young infants
   3. Beware of malnourished/”sick “ appearing children

C. Surgical screening:
   1. Medical problems (cerebral palsy)
   2. Prior eye surgery
   3. Trauma
   4. Family history

III. Anesthesia Support on the Mission Field

A. Local anesthesia docs vs bringing anesthesia docs?
   2. Critical – Must maintain highest standards
   2. Confirm experience level
   3. Confirm safe machine/equipment

B. Be prepared for the worse
   1. Malignant hyperthermia
   2. Laryngospasm
   3. Oculocardiac reflex
C. Retrobulbar/Peribulbar Anesthesia (One eye only!)
   1. IV Sedation requires monitoring  (nurse or doc)
   2. Retrobulbar block – can cause tight orbit/poor exposure
   3. Be careful using local anesthesia on “young” patients (<30 year olds)

D. Post-operative Monitoring
   1. No “true” ICU – limited recovery capability
   2. Bring equipment (monitors/portable suction/ pulse ox)
   3. Manpower

IV. Strabismus Pearls

A. Equipment/Ergonomics
   1. Supplemental Lighting
   2. Loupes
   3. Padding for stools

B. Lessons Learned
   1. Consider 3-4 muscles for large deviations
   2. Amblyopia/Sensory loss – High prevalence
   3. Operate on nonfixating eye
      a. Aim for small postoperative esotropia
      b. High risk of consecutive deviations – counsel

V. Pediatric Cataract Issues

A. Scope of mission determination in advance
   1. Equipment/Vitrectomy capability
   2. Age cut off
      a. Unilateral
      b. Bilateral
      c. Pre-op nystagmus

B. Postoperative care plan
   1. Visual rehab issues
   2. Amblyopia
   3. Spectacles/Contacts/IOL/PCO
   4. EUA capability

**Pediatric cataract surgery NOT recommended without local postoperative care plan – preferably with a local ophthalmologist.**
VI. Teaching Issues

A. Combined cases with local ophthalmologists
   1. Determine primary surgeon in advance
   2. Approach/technique reviewed preoperatively

B. Residency teaching on the mission field
   1. Transparency
   2. Supervised cases
   3. “Best Residency Experience”

VII. Refraction Clinics

A. High Volume/ High Yield

B. Visual Acuity Training
   1. Standardize approach
   2. Tumbling E charts

C. Establish visual acuity cut off for refraction
   1. Refraction techniques (Dry vs Wet)
   2. Skiascopy bars
   3. Chargers/Adapters/Extra batteries
Long-term Missions
Paul G. Steinkuller MD

I. How to do it - Full career model

A. 5-10-20 year model
   -5 years initial tour
   -10 years back home (get the kids through school, set up retirement, etc.)
   -20 (+) years in the field

B. Variable time model (e.g. my personal plan)
   -3-5 years at home; establish base of operations, support
   -Intermittent 3-5 years in the field, ad infinitum

II. Mandatory Practical Considerations

A. Support – how to get it, how to maintain it

B. Family
   1. Security / safety
   2. Schooling: local, boarding, timing
   3. Separations
   4. Health
   5. Medical facilities available
   6. Insurance: health, life
   7. Medical & security evacuation arrangements

C. Language(s)

D. CME, licenses

E. Retirement planning
Suggested Resources – a Partial List

1. **Christoffel Bindenmission Intl. e.V. (CBMI) – Germany** *
2. Committee on International Ophthalmology, AAO – San Francisco
3. International Agency for the Prevention of Blindness – West Sussex, UK
4. Helen Keller Intl. (HKI) - NYC
5. International Centre for Eye Health (ICEH) – London
6. **International Eye Foundation (IEF) – Kensington, MD** *
7. Oeil sur les Tropiques – Antwerp
8. **Old Boys Network (OBN)** *
9. Operation Eyesight Universal (OEU) – Calgary
10. ORBIS Intl. – NYC
11. Organization por la Prevention de la Cecite – Lyon
12. Organization Nacional de Ciegos de Espana – Madrid
13. Royal National Institute for the Blind (RNIB) - London
14. Seva Foundation – Berkely
15. Sight Savers Intl. – West Sussex, UK
16. Surgical Eye Expeditions International, Inc. (SEE) – Santa Barbara
17. Vision International – Sebatopol, CA
18. Volunteer Eye Surgeons Intl. LTD – Bay Shore, NY
19. World Health Organization (WHO)
20. **Your own church** *
How to Start a Humanitarian Service Organization

In Pediatric Ophthalmology

David Stager, Jr. MD FACS

I. Why?

A. Define purpose
B. Is there a need?
C. Is it logistically possible?
D. Who will be involved?
E. Non-profit? What will (and won’t) money be used for?
F. Location(s)?
G. Is it already being done? Does it matter? Partnerships?

II. Forming the Entity

A. Choosing a name, logo, etc
B. Website, brochures, other media, and marketing
C. Non-profit status and filing 501c 3
D. Personnel
E. Fund-raising
F. Liability issues

III. Case study: One World One Vision

Pediatric Ophthalmology Center at
The Lighthouse for Christ Mission
Mombasa, Kenya

David Stager, Jr. MD FACS

I. History of the Lighthouse

II. Why a Pediatric Ophthalmology Center in Kenya?

A. The Need—African blindness
B. Lack of care
C. Making a difference

III. Progress
HUMANITARIAN SERVICE ORGANIZATIONS
IN PEDIATRIC OPHTHALMOLOGY

AAPOS FELLOWSHIP PROGRAM IN CHINA

CBM INTERNATIONAL
CONTACT: cbm.org

CENTRAL AMERICAN RELIEF
CONTACT: Carelief.org

INTERNATIONAL EYE FOUNDATION
CONTACT: iefusa.org

KAUSAY WASI CLINIC IN PERU
CONTACT: kausaywasi.org

LIGHTHOUSE FOR CHRIST MISSION MOMBASSA KENYA
CONTACT: lighthouseforchrist.org

ONE WORLD ONE VISION
CONTACT: OneWorldOneVision.org

ORBIS INTERNATIONAL

PROJECT VIETNAM
CONTACT: qkieu@projectvietnam.net

SEE INTERNATIONAL
CONTACT: seeintl.org

SIGHTSAVERS (GREAT BRITAIN)
CONTACT: sightsavers.org

WORLD BLINDNESS OUTREACH
CONTACT: Al Alley M.D., Hershey, Pennsylvania
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BURMA VISION
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