

# Report on Chabcha Eye Camp

20-30 August 2008

By Kunga Tashi

Seva Tibet Sight Program Manager

## Overview

Chabcha occupies the exposed basin between Lake Kokonor and the yellow river. It includes the south shore of Lake Kokonor and the plain through which national Highway 214 cuts its way southwest towards Golok and Yushu.

Tsolho Tibetan Autonomous Prefecture is located in Chabcha town, 143 kilometers from Ziling, Qinghai province. There are five counties under the jurisdiction of Tsolho prefecture at average elevation of 3000 meters. Farming and animal husbandry are main source of income. The area is consisted of a diversified ethnic group including Tibetan, Han, Hui, Mongolian, Sarah and Kazakhstan. The population is 420,000, of which 52% is Tibetan. The annual income per capita is \$380 (2006).

## Supporters' Introduction

**Planeterra:** After attending Seva's fundraising event in Vancouver in November 2007, I was informed by Mrs. Penny Lyons, the Executive Director of Seva Canada, that Planeterra (a Canadian adventure travel company that offers environmentally, culturally and socially responsible tours worldwide) would fund an eye camp for Tibet.

**Renji Wangmu:** Ms. Renji Wangmu, the daughter of the late 10<sup>th</sup> Panchen Lama asked Seva Tibet to conduct an eye camp in Amdo earlier. I visited her in Beijing on my way back from Canada and discussed with her regarding Chabcha eye camp. In February 9<sup>th</sup>, 2008, in the occasion of the 70<sup>th</sup> anniversary of the great 10<sup>th</sup> Panchen Lama, Renji la paid a special visit to Wendu monastery, a home to her father. She visited Tsolho hospital during that trip and discussed about the detailed plan for organizing a sight restoring surgery in Chabcha.

## Highlights:

- 432 individuals with eye conditions were examined and treated
- 212 cataract blind patients received sight restoring operations
- 2 pteryguim patients were operated on using limbal stem cell transplantation.
- Every post-operative patient received a pair of sun glasses.
- Eye doctors from Tsolho Hospital performed 29 Cataract Extraction with Posterior Chamber Intraocular Lens implantation under the supervision

- of Seva instructor ophthalmologist.
- A simple form for data entry for the purpose of outcome assessment was introduced
  - Local physicians gained a better understanding of the spectrum of eye diseases diagnosed and treated which are otherwise referred to facilities where best practices are available.
  - Costs were less than anticipated. The \$4500 remaining funds were used to purchase cataract surgical instruments for the eye unit at the Chabcha Hospital as their existing equipment was of very poor quality.

**Seva Tibet Team:**

Dr. Sonam Dupdul, medical officer

Mr. Kunga Tashi, manager

Mr. Nima Tsering, hired driver

**Kham Eye Center Team:**

Dr. Dorjee, chief ophthalmologist and director of Kandze Prefecture People's Hospital

Dr. Songgang, ophthalmologist Kandze Prefecture People's Hospital

Mr. Wu sar, driver

**Tsolho Hospital Team:**

Dr. Tie Jing Fen, head of Five Senses (Eye, ear, nose, throat and dental) Department

Dr. Wang Yuan Chun, senior doctor

Dr. Dong Lei, junior doctor

Dr. Palkyi, junior doctor

Dr. Zhang Jian Rong, junior doctor

Mrs. Xin Chun Lan, ward nurse

Mrs. Song Ji Xiang, ward nurse

Ms. Sangmo Tso, OT nurse

Mrs. Bumo Tso, OT nurse

Mrs. Dondri Pa, runner nurse

Ms. Lhamo Tserang, Autoclaving nurse

Mrs. Shoe Qing, scrub nurse

Mrs. Tashi Tso, scrub nurse

Mr. Jan Tsekyi, patient education

**Travel:**

The first team comprised of Sonam and myself left Lhasa the morning of August 20th, 2008 for Nakchu along with the Lhasa Menzikhang team led by Ms. Dolma Chugi, deputy manager of Seva Tibet, who would coordinate the forthcoming eye camps in Nakchu, Tibet Autonomous Region. After a quick lunch in Nakchu

we moved to Nakchu People's Hospital and had a brief discussion regarding our routine procedures. The directors of the hospital were present and offered all the support we needed to make the eye camp a success. The team spent the rest of the afternoon preparing for surgery the next day. Sonam and I visited Nakchu Tibetan Hospital and settled the rooms for the upcoming eye clinic supported by Gary Hahn.

21 August, 7am Sonam and I left Nakchu for Golmud with all the medical supplies we needed for Chabcha eye camp. The car speed was strictly controlled within Tibet Autonomous Region so we had to wait for half an hour before passing through the checkpoint in Ando where Dolma la's team would conduct an eye camp a week later. After having soup and momo for breakfast we continued our trip. The Qinghai-Tibet railway passes along with the highway and the traffic flow was low on both sides. I enjoyed the breathtaking landscape and the sporadic wildlife that appeared every now and then. My colleague Sonam was struggling with his TECSUN short wave radio to check if the eye camp dates were announced on air but he ended up with no success. We arrived in deserted town of Golmud after 9pm.

22 August, we left Golmud at 8am and stopped at a nomadic place near Tso Ngonpo (Lake Kokonor). We tried to understand from the local people if they had heard about the Chabcha eye camp. The answer was "no" as they had no access to any modern means of communication. The distance was not long (180km) so we asked them to tell everyone in their community to come for the eye camp if they have an eye condition. It was quite some effort to understand each others' dialect since there was very little exchange among people from Amdo and Lhasa. We reached Chabcha at 5pm and the eye doctors and administrators from Tsolho Hospital welcomed us by offering blue Khadas and Chang (Tibetan barley beer). Following the welcoming rite we unloaded the supplies from the car and I visited the Outpatient and Operation Theater Room. We saw 153 patients selected for surgery and we were told more patients would come. We discussed the preparation work for the next two days over a meal. We stayed in the Govt. Guesthouse in Chabcha.

The second team led by Dr. Dorjee left Dartsedo on 22 August with a land cruiser loaded with a portable microscope and other instruments. He arrived in Chabcha via Yushu on 24 August, 2008. Taking a train or flight was not possible for both teams since we were carrying ophthalmic devices, liquids and sharp knives for the eye camp.

### **Eye Camp:**

23 August, preparation work

We handed over all the medical supplies and instrument sets to the chief eye doctor and introduced the Cataract Surgical Form and the Protocol for the Eye

Camp Procedure. We set up two operation tables in the Operation Room, three beds in the Block Room and a separate room for instrument sterilization. Extra benches were added in the waiting halls so the patients can rest.

24 August, preparation work

46 patients were selected for surgery. Half of them had bilateral cataracts and we scheduled them on the first day so they could also receive an operation on the second eye. Sonam measured Intra Ocular Lens (IOL) power for the surgical patients with Dr. Dong Lei's help. Dr. Dong Lei, a fast learner, operated the A-Scan and Keratometer for the remaining days.

It was the first time high volume cataract surgery was conducted (>50 surgeries a day) in Tsolho Hospital and everyone is both excited and nervous about it as they had no idea how the thing would work in a rigid hospital setting. Unlike in central Tibet and parts of Kham (eastern Tibet) where day care is practiced for high volume eye surgery, in Tsolho Hospital all patients should be hospitalized for surgery, although there were only 15 beds available for the eye patients. Dr. Dorjee got only ten days permission for this trip (from the Chinese authorities) including six days for back and forth travelling. He instructed us to schedule 50- 60 surgeries a day so that he could leave on time. The hospital had to increase the number of beds so they could accommodate around 100 patients daily and the patients would stay for two days. The hospital management team felt challenged to create more spaces for the eye patients. The workload at hospital admission, routine lab test and generating patient record equally increased. The doctors and nurses worked 12 - 16 hours a day.

After three days travel Dr. Dorjee's team arrived in Chabcha around 5pm. The travel was quite exhaustive because unusual rainfall created difficult road conditions. Security inspections were required constantly both for people and vehicles within Kandze prefecture. Dr. Dorjee and Dr. Song Gang visited the operating room and adjusted the operating microscopes. Dr. Dorjee examined a dozen patients referred for appointment and more patients were selected for surgery.

Tsolho Prefecture Hospital has always invited eye care teams from outside to conduct cataract surgeries for the past three years. These teams would operate on 5 patients a day and each operation took about an hour. The local doctors were only permitted to observe or assist in the surgery, but they could not touch the eye. The local doctors were hesitant to operate on patients when we asked them. Eventually we convinced them as Dr. Dorjee could supervise their surgery.

25 August, surgery day

The surgical work started at 9am. Two operating tables were used

simultaneously. Dr. Dorjee and Dr. Wang Yuan Chun operated on the first day. Dr. Dorjee used an advanced method of surgery known as Manual Small Incision Cataract Surgery (MSICS provides quick visual restoration to the patient after surgery, removes discomfort due to irritation caused by sutures. It's faster to perform and it takes about 5-7 minutes). Dr. Wang's surgery took about an hour and suturing was required for her technique. Dr. Dorjee supervised her surgery on site. Dr. Song Gang gave block (anesthesia). Sonam supervised the operating room, block room and instrument sterilization. I was helping the assistants with dilation and paying special attention to signs of external and lachrymal sac infection as well as determining the number of surgeries to be scheduled for the next day. Dr. Tie Jing Fen was screening patients in the OPD and Dr. Dong Lei took care of the ward. Every patient was accompanied by four or five family members so the entire hospital was flooded with people. To save time, lunch boxes (fast food) were served for all participants in the eye camp. The first day concluded with 46 surgeries, Dr. Wang Yuan Chun conducted 5 ECCE +IOL implant surgery and the rest were performed by Dr. Dorjee. Dr. Wang had 1 capsular rupture case and could not insert lens and Dr. Dorjee helped her with it.

#### 26<sup>th</sup> August, surgery day

All post-operative vision was checked and recorded by the hospital team before our arrival at the hospital. Patients were very happy with surgery as I interviewed some during the patient education session. Dr. Dorjee checked the post-operative patients of Dr. Wang before he went to the OR and he complemented Dr. Wang's surgery. All post-operative patients were discharged on the second day except two with high blood pressure who needed to be monitored. New patients admitted simultaneously. This time, Dr. Wang Yuan Chun was screening patients in the Out Patient. Sonam took charge of the anesthesia work. Drs. Tie Jing Fen and Song Gang started the surgery at 8:30am. Dr. Dorjee supervised Dr. Fen's surgery till lunch break. The day ended with 54 surgeries, of which 6 were done by Dr. Feng. Dr. Fen told me that she had done her one year of surgery training just in one day. Dr. Dorjee examined around 15 patients referred for appointment at 5:30pm.

#### 27<sup>th</sup> August, surgery day

Everything proceeded like a routine. Dr. Fen's patients looked happy. Dr. Dong Lei arranged to operate under Dr. Dorjee's supervision. Drs. Fen and Wang shifted thier work to the Outpatient and ward. The nurses became masters in dilating and examining of lachrymal sac infection. I had time to go around and chat with patients and their families and do other work. The day finished with 55 surgeries, of which 4 done were by Dr. Dong Lei and 5 by Dr. Fen.

#### 28, August, surgery day

It was the last day of the eye camp and we started the day at 8am. I saw Dr.

Wang Yuan Chun was prepared to operate on more patients that day. The day concluded with 57 cataract surgeries, of which 9 were performed by Dr. Wang. Dr. Dorjee performed limbal stem cell transplantation for 2 Pterygium patients. Around 7pm, the hospital hosted a farewell dinner with the eye doctors, nurses and directors of the Hospital present. We enjoyed the evening and sang many songs.

29<sup>th</sup> August, wrap up day

The director of the hospital toured us to Dekyi Tang monastery in the morning. It was built with public donation to commemorate the Great 10th Panchen Lama after he passed away in west Tibet. Drs. Dorjee and Song Gang left Chabcha for Kandze afterwards. Sonam and I returned to the hospital to do the wrap up work. To continue the sight restoring surgery in Tsolho Hospital we donated Intra Ocular Lenses and surgical drugs for 80 patients. Sonam created a list of medicines and supplies left in Tsolho for our administration purpose. A two hour meeting took place in the hospital conference room in the afternoon. The senior eye doctors, nurses and directors of the hospital were present. I presented a summary of the eye camp verbally and thanked for their full hearted support on behalf of Seva, Planeterra and Ms. Rizin Wangmo la.

Dr. Ten Gyantsen, the director of the hospital, said the doctors from Tso Lho Hospital attended ophthalmic training in Beijing, Shanxi and Xining many times, but they could not do that many surgeries. He was very thankful for Dr. Dorjee providing hands on training and building confidence in his team. He congratulated the team for performing 29 ECCE+IOL implant surgeries during this eye camp. Dr. Fen, the chief eye doctor expressed that they had learnt new knowledge and new techniques never taught before.

Dr. Ten Gyantsen seeks support from Seva Canada and Planeterra on providing training, equipment and provision of Intra Ocular lenses. To date, no report is available on prevalence of blindness in Tsolho prefecture. I shared the findings of Tibet Eye Care Assessment on prevalence of blindness in Tibet Autonomous Region and helped them to understand the magnitude of blindness and need for eye care in the area, as well as developing a strategic plan to address the needs. In conclusion, I agreed to forward their request to Seva Canada and Planeterra for the consideration for future support.

### **Challenges:**

Due to the March incident, The Intra Ocular lenses and surgical materials imported from Nepal arrived late. The medical supplies reached in Lhasa just before the government posted a ban on shipping liquids and sharp materials through public means of transportation. So we had to travel with the supplies all the way from Lhasa or Dartsedo to Chabcha by overland.

The Health Bureau and the local Disabled Person's Federation agreed to help in gathering patients. However, after the March incident, both government offices failed to fulfill their commitment. In early August, Dr. Gyantsan decided to conduct the eye camp in the name of his hospital and the eye camp would take place on 25<sup>th</sup> August just after the Olympic games and bear the consequences. He informed the patients mainly through Radio and TV announcement.

**Recommendation:**

- The eye care team in Tsolho Hospital is very keen on learning new techniques and new knowledge. Clinical and surgical training is required to refine their skills.
- The hospital should be provided with an operating microscope, an A-scan, a Keratometer, and four instrument sets.
- High volume, high quality eye camp is necessary at least for the next two years. Eye camps will also serve as a golden opportunity for the local doctors to improve their skills.
- The hospital should set up a separate eye clinic independent from current Five Senses Department. It will serve the marginalized population in Tsolho and surrounding prefectures of Golok, Marlho and Tsonu.

Sonam and I set for Yushu and Chamdo on 30<sup>th</sup> August. I returned to Lhasa earlier to do my reporting work and Sonam stayed behind to coordinate the forthcoming eye camps in Chamdo.

**Acknowledgement:**

Thanks to the staff of Tsolho Hospital and Dr. Dorjee's team for their hard work. We would like to thank Planeterra for their generosity in funding Chabcha eye camp.

Thanks to Hong Sheng Group for donating sun glasses for the eye patients.

Pictures & Testimonials:

[http://www.tibet3.com/chinese/news/shxw/content/2008-08/28/content\\_630532.htm](http://www.tibet3.com/chinese/news/shxw/content/2008-08/28/content_630532.htm)

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