PREVALANCE OF BLINDNESS IN SA/LIMPOPO

- Cataract is the leading cause of blindness in SA.
- It causes 50% of blindness.
- Visual impairment has a negative impact on the socio-economic life of an individual leading to difficulties with Activities of Daily Living (ADL), dependence, progression of disabilities and even mortality.
WHAT CAN WE DO TO FIGHT THE PROBLEM?

- Cataract surgery is one of the most cost-effective of all health interventions, and the most cost-effective surgery.
- The optometrists and ophthalmic nurses basically work as cataract finders because they are usually the first point of contact when a blind patient presents to the hospital.
- The cataract surgery rate should be 2000 per population per year for us to can eliminate cataract caused blindness.
MANKWENG EYE UNIT

- For cataract surgery Mankweng Eye Unit is a Provincial eye referral unit. All peripherals hospitals from the 5 districts refer to us

- Waterberg district refer other cases to FH Odendaal. FH Odendaal is a district hospital; it is small and also has limited resources.

- Elim hospital also assists with some Vhembe cases.
MANKWENG EYE UNIT

We have 130 Optometrists in the province placed in all 36 hospitals in the 5 districts. They also assist in identifying and referring cataract cases when they do outreach to clinics, schools and pay points.
Patients are booked per appointment:

Monday: new patients
Tuesday: follow up patients
Wednesday: outreach hospitals
Thursday: new patients
Friday: follow up patients.

Surgeries are done Daily
Hospitals from periphery are given dates to bring patients.
RESOURCES
Human resource

2 Consultants
8 Doctors
7 Optometrists
16 Ophthalmic nurses
7 Registered nurses

Facility
We have 6 consulting rooms in the clinic
2 Optometry cubicles

Ward
2 theatres

Boarding facility
# Mopani Outreach Dates for Cataract Operations at Mankweng Hospital

<table>
<thead>
<tr>
<th>Hospitals</th>
<th>Dates</th>
<th>No of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maphutha - Malatji</td>
<td>10 March 2015</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>14 July 2015</td>
<td>10</td>
</tr>
<tr>
<td>Sekororo</td>
<td>17 March 2015</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>21 July 2015</td>
<td>10</td>
</tr>
<tr>
<td>Letaba</td>
<td>14 April 2015</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>18 August 2015</td>
<td>10</td>
</tr>
<tr>
<td>CN Phatudi</td>
<td>21 April 2015</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>18 August 2015</td>
<td>10</td>
</tr>
<tr>
<td>Kgapane</td>
<td>19 May 2015</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>22 September 2015</td>
<td>10</td>
</tr>
</tbody>
</table>
CHALLENGES

• One eye hospital for a population of 5 million is not enough.
• Shortage of staff (Ophthalmic nurses and Ophthalmologists)
• Shortage of equipment
• Poor maintenance of equipment
• Insufficient access to theatre
• Erratic supply of surgery consumables
• Surgeons performing other non-surgical work (screening, refractions and administration)
• Inadequate commitment by hospitals or Provincial Managers to increase surgery numbers.
RECOMMENDATIONS

• Each district to have an eye centre
• Recruitment of staff
• Increase CSR