Trichiasis counselling guide

ICTC International Coalition for Trachoma Control
Acknowledgements

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Please contact the Focal Points Amir Bedri Kello (Light for the World) and Emily Gower (Wake Forest School of Medicine) for any questions. Thanks also to Anthony Solomon (WHO) for his input on the final version. Views represented are the preferred practices of the coalition and not necessarily the official views of individual member organizations or agencies.

Front cover: Fortunate Shija (left) helps a woman who has just had trichiasis surgery on one eye at a clinic in Tanzania. A co-worker assists. Trichiasis surgery takes only 15 to 20 minutes per eye, and it is the best treatment to prevent blindness from trachoma. Photo: © Ellen Crystal Photography
Foreword

Countries, partners, and donors are committed to the global elimination of trachoma as a public health problem by 2020. Achieving this milestone will require more than funding; it requires health personnel with the right mix of skills, and well supported and managed health systems.

A key component of elimination is to reduce the number of unmanaged trachomatous trichiasis cases to less than 1 per 1000 people in affected areas. Counsellors are important members of the trichiasis management team, as good quality counseling of trichiasis cases is essential for maximising acceptance of surgery. Increased uptake contributes to reducing the numbers of trichiasis cases needed to achieve elimination targets for trachoma, not to mention reducing discomfort and pain for sufferers.

WHO advises that surgery be offered with counselling, which includes a discussion of the benefits and risks of surgery and the potential consequences of not undergoing surgery. The Global Scientific Meeting on Trachomatous Trichiasis (Figure 1) meeting in 2012 recommended that trichiasis patients be counselled in a way that is appropriate to their context. However, trichiasis training manuals have not on the whole included any mention of how patient counselling should be done. The present document is an attempt to fill that need.

The goal of this preferred practice manual is to help patient counsellors gain the knowledge and skills needed to counsel patients that have been diagnosed with trichiasis, and who may be offered trichiasis surgery. Counseling is not a one-off; people need to be adequately informed and have someone to hear their concerns throughout the management period.

This document is not prescriptive. Context varies by country and in large countries there are likely to be differences noted across regions that influence how trichiasis outreach is planned, implemented and reported. Thus, we hope you will adapt these tools to your environment. It is essential that those who use this preferred practice manual also have access to other trichiasis management materials (Box 1). We refer to different manuals whenever appropriate, rather than repeating information here.

Finally, it is important to recognize that approaches for trichiasis counselling have an evolving evidence base, and that new approaches may be found to address the challenges involved. We ask you to help us by letting us know about your ideas and experiences. Please contact ICTC at trachomacoalition@gmail.com.

With thanks,

Martin Kollmann, ICTC Chair) and Emily Gower and Amir Bedri Kello (ICTC trichiasis management practices and capacity strengthening Focal Points)

BOX 1
Reference material manuals

<table>
<thead>
<tr>
<th>Manual Title</th>
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<tbody>
<tr>
<td>The Global Scientific Meeting on Trachomatous Trichiasis</td>
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<tr>
<td>LSHTM trichiasis surgery DVD</td>
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<tr>
<td>WHO Trichiasis Surgery for Trachoma (yellow manual)</td>
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<tr>
<td>Planning for the elimination of trichiasis manual</td>
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<tr>
<td>Training of trainers for trichiasis surgery (includes use of Head Start)</td>
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<tr>
<td>Supervision guidelines for trichiasis surgery</td>
</tr>
<tr>
<td>List of TT instruments &amp; consumables for a team plus the unit cost (or per 50 cases)</td>
</tr>
<tr>
<td>Monitoring outcome of trichiasis surgery (including standard form)</td>
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</tbody>
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FIGURE 1
Global Scientific Meeting on Trachomatous Trichiasis report, 2012
After eyelid surgery, bandages are placed over each eye to protect it from infection and trauma. In most cases, the bandages can be removed the day after surgery at the clinic where the surgery took place. Photo: Paul Courtright
### Table of contents

**Objective of this counselling guide** .......................... 5

**The basics of counselling** .................................. 5

- What is counselling? ........................................ 5
- Why do we need counselling for trichiasis? .............. 5
- When do we use counselling for trichiasis? ............. 5
- Individual counselling ..................................... 5
- Group counselling ......................................... 5

**What do counsellors need to know about trichiasis?** .... 6

- What is trichiasis? .......................................... 6
- What are the causes of trichiasis? ......................... 6
- What are the signs and symptoms of trichiasis? ...... 6
- How is trichiasis diagnosed? ............................. 6
- How is trichiasis treated? ................................. 6
- What do trichiasis patients and their family members need to know about trichiasis? ..................... 6

**Reluctance to accepting surgery for trichiasis** ........ 7

**General counselling guidelines** ............................... 7

- Respect the patient’s dignity and self-determination .... 7
- Honesty, confidentiality and impartiality .................. 7
- Speaking to the patient ..................................... 7
- Be aware of your body language .......................... 9
- Personal and professional development ................... 9

**Phases in the counselling process** ............................ 9

**Case identification phase** ................................... 9

- Case identification counselling checklist ................ 9

**Screening phase** ............................................ 10

- Concerns ...................................................... 10
- Previous barriers to surgery .............................. 10
- Establishing a plan ........................................ 10
- Complications .............................................. 10
- Trichiasis pre-surgery counselling checklist .......... 10

**Post-surgical phase** ......................................... 10

- Post-operative eye care .................................... 10
- Immediately after the operation ......................... 10
- First follow-up visit (Day 8-14) .......................... 11
- Second follow-up visit (six months after surgery) ... 11
- If there is recurrence of trichiasis after surgery ....... 11
- Trichiasis after surgery counselling checklist ........ 11

**Annex A: Agenda for Trichiasis Counselling Training** ... 13

**Annex B: How to epilate safely** .............................. 14

**Training sessions** ............................................ 15

- Session 1: Introductions ................................... 15
- Session 2: Agenda and learning objectives ............. 16
- Session 3: Overview of trachoma and the SAFE strategy .......................................................... 16
- Session 4: Trichiasis and trichiasis surgery ........... 17
- Session 5: Principles of counselling ..................... 17
- Session 6: Key messages for patients and family members (at case-identification phase) ............. 18
- Session 7: Key messages for patients and family members (at screening phase) ....................... 18
- Session 8: Key messages for patients and family members (at post-surgical phase) ................. 19
- Session 9: Practice .......................................... 19
A health worker counsels people outside an eye clinic regarding their treatment options. Counseling patients is part of good eye health care. It can help calm people who have questions and or fears about procedures. Photo: Paul Courtright
Objective of this counselling guide

This counselling guide aims to help those who will counsel trichiasis patients who will undergo trichiasis surgery. The guide will help you gain the knowledge and skills needed to counsel patients before and after surgery.

The basics of counselling

What is counselling?
Counselling is a professional service for patients provided by a trained counsellor. In this case, patient counsellors provide this service to individuals who have trichiasis and are in need of trichiasis management. Patient counsellors make people feel more comfortable about their eye care problems and stay with them every step of the way. They also provide the information needed for people to make a decision about how to manage their trichiasis and what is needed for post-surgery care.

Why do we need counselling for trichiasis?
Patient counseling is an integral part of trichiasis surgical services in order to:
- increase awareness about trichiasis and its management
- explain the seriousness and implications of un-managed trichiasis
- moderate patient expectations
- minimize the surgeon’s time by explaining the process and alleviating patient doubts
- encourage the patients to come for follow-up
- increase patient compliance with management
- address any concerns people with trichiasis (and their family members) have regarding trichiasis surgery or other disease management

When is counselling for trichiasis used?
For each patient, counselling must be provided when trichiasis is diagnosed, when the patient is invited to outreach, when the trichiasis is confirmed at outreach just before surgery, when the patient is discharged from surgery, and at each follow-up period. The information provided will differ based on the timing of the counselling.

Both individual and group counselling are effective strategies, and both play a role in appropriately preparing a patient for trichiasis management.

Individual counselling
With individual counselling, counsellors help patients on a one-on-one basis in a private space. The patient may be accompanied by a family member or key decision maker who supports the patient. If a few family members are present, it is a family counselling session. Generally, individual counselling starts at the first interaction, often in the community, provided by the Trichiasis Case Finder (see ICTC Trichiasis Case Finder Manual).

Group counselling
Group counselling is effective when explaining administrative or surgical procedures. For patients who come to receive surgery for trichiasis, generally at the outreach site, group counselling before and after surgery is a good way to calm any fears that patients have, because they can see people from a similar background having the same procedure and the same fears.

Group counselling also allows people who are too afraid to ask a question the opportunity to receive important information, because someone else in the group might ask that question. Another benefit of group counselling is that people can remind each other of follow-up appointments or further counselling sessions.

Remember the following when forming a group:
- The optimum size for group counselling is 6-8 people
- Group together people with similar needs or medical conditions (i.e. trichiasis)
- Members of the group should understand the purpose of the group
- It is ideal for the people in the group to identify with each other. If they come from similar backgrounds (e.g., literacy and economic position) they can connect to each other and not feel alone in the process.
What do counsellors need to know about trichiasis?

What is trichiasis?
Trichiasis is the turning of eyelashes so that they rub on the eyeball. It can lead to blindness.

What are the causes of trichiasis?
Trachoma is an infectious disease caused by bacteria that thrive in settings with inadequate hygiene. After years of repeated infections in childhood, adults can develop scarring of the inner eyelid, which results in painful inturned lashes that rub the eye and can lead to blindness. This condition is known as trachomatous trichiasis.

What are the signs and symptoms of trichiasis?
- Eyelashes touching the eye or evidence of recent removal of inturned eyelashes
- An irritating sensation that something is in your eye
- Redness
- Tearing
- Sensitivity to bright light
- Reduced vision if the cornea (front of the eye) damaged

How is trichiasis diagnosed?
Trichiasis is diagnosed by examination of the upper eyelids to determine if there are any eyelashes that are touching the eyeball. A torch, shining upward from below, is used to illuminate the upper eyelid to detect if one or more eyelashes is scratching the front of the eye. Sometimes, the eyelid is so scarred that inturned eyelashes may not be visible during the first examination. In these cases, the eyelid should be lifted by pushing it gently upwards underneath using your thumb, so that eyelashes become visible. Additionally, people with trichiasis may pull out (epilate) the inturned eyelashes, in which case trichiasis is diagnosed by evidence of epilation.

How is trichiasis treated?
In most, but not all, cases, trichiasis is managed surgically. Specific important points people with trichiasis and their family members need to know about treatment of trichiasis are listed above. Surgery is the preferred method of treatment of trachomatous trichiasis (with conjunctival scarring and entropion), however some patients (without entropion and just a few eyelashes in the periphery) can be managed with epilation (pulling out eyelashes).

What do trichiasis patients and their families need to know about trichiasis?
There are considerable misunderstandings about trichiasis and its management, and these must be addressed. The list below includes some of the most common messages that people with trichiasis and their family members need to know; however, it may be necessary to add messages to this list based upon the local context.

1. Trichiasis can lead to blindness if not treated.
2. Trichiasis can be very painful, making it difficult for a person to work or take care of family members.
3. Surgery is often provided free of charge at outreach centres.
4. Surgery to correct trichiasis takes about 15 to 20 minutes per eye.
5. Surgery does not require general anasthesia; you will not be “put to sleep.”
6. Surgery can be somewhat painful but it is much less painful compared to the daily pain of lashes scratching the eye.
7. Surgery is only on the eyelid, not the rest of the eye. The eye will not be harmed or removed.
8. Within an hour or two after surgery you can go home.
9. You can return to work a day or so after surgery.
10. You should protect your eyelid from infection by using an eye patch the first day. The patch can be removed the morning after surgery.
11. In most instances, sutures must be removed. This should be done approximately 1-2 weeks after surgery, depending on the local policy.
12. If you have any problems after surgery, contact the appropriate eye care worker.
13. Sometimes trichiasis can return; if it does, seek help immediately.
14. A follow-up with a health worker between 3-6 months after surgery to check the condition of your eye after surgery must and will be provided.
Messages for people who refuse surgery:

1. If you delay or choose not to undergo surgery, you are at risk for damage to your eye, which could cause you to lose vision.

2. Some people can manage with epilation; if you decide to epilate you need to follow up with health workers to ensure that it is effective; if not effective, surgery is needed.

It is important to recognize that people find it difficult to absorb all messages in one sitting. Thus, the first counselling, to be done in the community by the Trichiasis Case Finders, may not have led to a full understanding of all of these messages. They need to be repeated. Ideally, the Trichiasis Case Finders will be in a position to provide more than one counseling session with trichiasis patients and family members. All of these messages need to be repeated at the outreach site.

Reluctance to accepting surgery for trichiasis

Remember that not all cases of trichiasis are due to trachoma and not all trichiasis cases require surgery. Patients may not be aware that there are multiple management options for trichiasis. However, awareness is more than just knowing that surgery exists. There are a number of reasons that patients may be reluctant to have surgery, which the counsellor can help to overcome.

- **Concerns about affording surgery.** The counsellor can explain and discuss the financial implications (if any) with patients.

- **A patient’s perception of the problem may have to be adjusted.** The patient may think that their trichiasis is not that bad, and that they don’t need surgery. Or they may think that the problem is too advanced and that surgery won’t help. A counsellor can rationally explain the need for surgery to such patients.

- **Dislike experience of seeing doctor or going to eye clinic.** A counsellor can help the patient understand the role of the doctor and realize that the patient makes the final decision regarding treatment.

- **Fear of surgery.** This is a common and legitimate concern. For many patients, the idea of surgery is too scary, and many people think their eye will be removed. Once again, the counsellor’s role should be to explain that the procedure is extremely valuable and does not take long to complete. The counsellor can explain that pain will be managed with local anesthaesia.

- **Worries about lost working time.** This is a very common reason to resist surgery. Trichiasis surgery is relatively simple and patients can get back to work in a few days. This should be emphasized during the initial counselling phase.

- **Cosmetic result.** Immediate post-operative appearance typically improves with time. If the quality of the surgery is poor the patient may end up with a poor cosmetic outcome; the eyelid may look “ugly” or deformed. The surgeon will aim to have a good cosmetic result.

General counselling guidelines

**Respect the patient’s dignity and self-determination**

Understand that the patient must make a decision about whether or not to have surgery, even though you may know that their need for surgery is more urgent than the concerns they have.

**Honesty, confidentiality and impartiality**

It is important to be honest with patients at all times. If you do not know the answer to a question, tell them that you will find out and then get back to them. Do not tell them something you are not sure about.

Counsellors should also make sure they keep the contents of a counselling session confidential.

**Speaking to the patient**

Use appropriate greetings. Pick up on verbal cues from the patient and do not talk over them. Allow the patient to ask questions. Use simple language and avoid using medical jargon.
Some counsellors help patients on a one-on-one basis in a private space. The patient may be accompanied by a family member or key decision maker who supports the patient. If a few family members are present, it is a family counselling session. Generally, individual counselling starts at the first interaction, often in the community.

Photo: © Ellen Crystal Photography
Be aware of your body language
Counsellors must not only be aware of what they say, but also of the non-verbal factors that make up body language. Be aware of:

- **Your facial expression.** Do not come across as angry, uninterested or annoyed by the patient. Your facial expression should convey patience and understanding.

- **Eye contact.** Acquire and maintain eye contact according to local customs and practices.

- **Dress.** A neat appearance may inspire more trust from the patient in what you are saying.

- **Hand gestures.** Do not cross your arms. Move your arms purposefully but calmly when explaining things to patients.

**Personal and professional development**
Always strive to remain professional. A counsellor’s job is a very important eye care service and demands the same commitment to professionalism as other eye care practitioners.

**Phases in the counselling process**
The counseling process has three different parts: the case identification phase, the screening phase and the post-surgery phase.

**Case identification phase**
Cases of trichiasis can be identified through local case finder volunteers who are trained to go into the community to identify people who have trichiasis. Another way of identifying cases is through presentations at health centres.

This phase will take place **pre-surgery**, when the patient **first seeks help or is identified as having trichiasis**.

When you first encounter a patient, you should try to make them feel as comfortable as possible. It is up to the counsellor to create a welcoming and safe atmosphere for patients. During the initial phase, the counselling discussion can also include family members if the patient would like them to be present. Consider the following:

- Offer the patient a chair and making them feel comfortable in the space where the counselling is taking place.

- Listen actively by nodding in agreement when appropriate and affirming and making use of the verbal and non-verbal guidelines for good counselling.

- The patient may have a range of different feelings, including confusion and fear. A huge part of your job as a counselor is to help the person cope with their feelings. This entails active listening. When a patient expresses a concern, to show you are listening, summarize back to them the concerns that you hear them stating.

**Case identification counselling checklist**
At the time of trichiasis detection, it is important to gather the following information:

- Verify the name and details of the patient (include mobile phone number for them or their closest neighbor or relative).

- Note whether the patient has received trichiasis surgery in the past.

- Enquire about the patient’s past or current job.

- Ask if the patient can lie flat on their back for about 20-30 minutes. If not, the patient will need to be checked by a medical person prior to surgery.

- Note how far the patient lives from the outreach site.

Once this information is gathered, then:

- Discuss any concerns the patient has about surgery or other management.

- If the patient agrees, inform the patient about outreach date.

- Review the financial implications (if any) with the patient.

- Advise the patient they must not consume alcohol on the day of their surgery.

- If they need surgery on both eyes, explain that they will need someone to help take them home from the surgery centre and care for them the night after surgery.
Screening phase
This phase will take place at the surgical outreach site pre-surgery. During this stage, trichiasis is verified and the person is determined to be a candidate for trichiasis surgery or other management.

Concerns
During this phase you will have to summarize and identify the patient’s concerns. Patients may still have concerns that were not previously addressed. It is good to make the patient feel that you understand their concerns and that you will address them.

Prepare yourself for more questioning. A patient might show their concern by asking you many questions. Be patient in answering them and show them that they are welcome to ask you any question. This is also the time for the counsellor to question the patient so you should create an environment where patients will be comfortable answering your questions.

Previous barriers to surgery
Now is a good time to gently ask the patient why they have not requested treatment previously. In some cases, this will be the first diagnosis of trichiasis. At this point you could address any issues ensuring that you do not cause embarrassment or offence. Remember that people you are counselling can, in turn, pass on the correct information to other people with trichiasis.

Establish a plan
Establish realistic goals, together with the patient. It is important for the counsellor to help empower patients by letting them take ownership of their medical care. Explain that patients will not heal overnight, and that they must take certain steps to ensure a good recovery. This allows the patient to feel that he/she has an important responsibility in ensuring that his/her eye surgery or other management is successful.

Complications
At this point, you should also tell the patient who is recommended for surgery about the potential complications of the surgery:

- Bleeding and bruising
- Infection, which may need extra antibiotics
- Over or under correction of the inturned eyelid, which might require a second operation

Trichiasis pre-surgery counselling checklist
At the surgical site, after screening and prior to surgery the following must be discussed with the patient:

- Explain the surgical procedure to the patient.
- Inform the patient how long the surgery will take.
- Ask if the patient can lie flat on their back for about 20-30 minutes. If not, the patient will need to be checked by a medical person prior to surgery
- Inform the patient about the dates of follow-up care.
- Ask whether the patient has any other systemic issues, for example, asthma or hypertension, etc.
- The patient should sign the consent form.

Post-surgical phase
This phase begins on the day of surgery, after the surgery is performed. It is an opportunity for you to discuss post-operative eye care with the patient and to address any other issues. You will also counsel the patient during follow-up visits.

Post-operative eye care
Immediately after the operation
The patient will have an eye patch that will need to be left on until the next day. You must also tell the patient that they can resume their normal daily activity the day after surgery, although they should be careful not to rub or traumatising the eye.

If both eyes were operated on they will not be able to see until the eye patches are taken off. Therefore, make sure
there is a friend or relative to guide the person home. This will have been ensured before the patient arrived for surgery.

Patients need to return to the operative center the day after surgery. You should advise them of the time to return for follow-up care on the next day. Follow-up procedures should be reviewed with the patients who have had surgery.

You can describe the following schedule to the patient and their family members to take care of the eye for the week following surgery:

**The day after surgery**
All patients should receive paracetamol for pain management. A health worker will remove the eye patch, clean the wound and apply tetracycline eye ointment. Any patient with excessive bleeding, swelling and/or severe pain should be referred immediately. Be sure that you clarify to where and how referral should be done.

**The first week after the surgery**
Patient should continue to clean the wound daily and to have tetracycline eye ointment applied by family member or health worker twice daily.

**First follow-up visit (Day 8-14)**
Patient returns to have sutures removed (if non-absorbable sutures, such as silk, are used) and patients receive paracetamol for pain management (if they have not already). The medication should be taken once in the morning and once in the evening, with a lot of water and preferably after a meal. The patient should be informed that they need to be seen again at a second follow up. The timing of this visit will vary based on the national program, but typically will be about 6 months after surgery. Based on your country program, counsel the patient on when this visit is likely to occur and who will contact them to let them know about the upcoming visit.

**Second follow-up visit (six months after surgery)**
Ideally, patients will have a follow-up at this stage to check the final outcome. The findings from the examination will be reviewed with the patient and any further need for intervention discussed. If there are no complications and the patient is satisfied with their surgery, it is an opportunity to engage the patient to inform others regarding the possibility of trichiasis management.

**If there is recurrence of trichiasis after surgery**
It is important to tell patients about the possibility that the eyelid may turn inward again and what they should do if it happens. Generally, if there is trichiasis again in the first six months it is due to poor quality of surgery. After six months, trichiasis may recur if there was excessive damage to the underside of the eyelid prior to surgery. Be aware of where patients need to be referred if there is trichiasis after surgery. This is also a good time to provide any additional literature on eye care.

**Trichiasis after surgery counselling checklist**
Issues to be discussed during all visits after surgery include:

- **Pain relief.** Patients may require simple medication like paracetamol.
- **Care of the eyelid.** Patients should keep the eyelid clean and not rub it. Gentle face washing with clean water is OK.
- **Removal of the patch.** The patch will be removed the day after surgery by health staff.
- **Patients should rest for one or two days after surgery and then may resume normal activity with caution to keep face clean.**
- **Ointment or medication.** Patients will be given one tube of tetracycline eye ointment for each eye that has been operated on, to be instilled into the lower part of the eyelid each morning and evening until the tube is finished. Ointment should be applied with those accompanying the patients observing so they can assist with applying ointment at home.
- **It is important for patients to be followed up after the surgery. Give clear instruction of the date for the follow-up and stress the importance of turning up on that day.”
It is important to keep careful records of each patient’s treatment and outcomes. Documenting eye health care of each patient is a vital part of the process.

Photo: © Ellen Crystal Photography
Annex A: Agenda for Trichiasis Counselling Training

This sample agenda combines the training sessions from the Case Finders Training Manual and the Counselling Manual. This should be a full-day training.

At each training, at least 8-12 trichiasis patients should be present, as well as 5-10 other individuals for examination (some with other eye conditions and others with no eye conditions). You may find it works to bring a surgeon to the field so that the patients present can have surgery performed after being examined for the training.

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<tr>
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<td>08:30-08:50</td>
<td>Introduction</td>
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<td>2</td>
<td>08:50-09:10</td>
<td>Agenda &amp; objectives of training</td>
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<td>3</td>
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<td>Overview of trachoma &amp; SAFE strategy</td>
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<td>4</td>
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<td>Trichiasis &amp; trichiasis surgery</td>
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<td>5</td>
<td>10:00-10:20</td>
<td>Break</td>
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<td>Practice</td>
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Annex B: How to epilate safely

Ideally the patient will be seen with an accompanying person who will be taught to perform the epilation. It is almost impossible for a patient to accurately and safely epilate all their own trichiatic eyelashes. The recommended steps for safe epilation include:

1. Take the patient and accompanying person to a designated epilation training area.

2. Explain to both the need for:
   a. Good quality epilation
   b. Regularity of epilation

3. Ensure that the accompanying person has good near vision.

4. Provide high quality forceps or check that the forceps the patient is currently using are adequate. The optimal forceps have rounded corners and perfectly opposing plates that can securely grasp any sized eyelash.

5. Inform them of the hazards of misuse of forceps:
   a. Corneal trauma
   b. Breaking lashes to leave abrasive stubs

6. If there is a contact number on the consent form, let them know that if concerns or difficulties arise they should contact the named person.

7. Explain the need for good lighting and using an undisturbed location.

8. Be sure to observe the accompanying person epilating.

9. Check the eyelid after epilation. Give further training if trichiatic eyelashes remain.

10. Where practical, give epilation pack:
    a. Forceps
    b. Lid diagram/diary cards in A4 plastic wallet.
    c. Pencil
### Training sessions

#### Session 1: Introductions

**Session Summary:** This introductory session is critical as it sets the tone for the workshop. As this entire workshop is designed to be participative use an interactive approach requiring the participants to get up and move about, as this reinforces the concepts of accountability and active participation. There are many such “ice-breaking” activities and the one below is only a suggestion.

**Objectives:**
1. To demonstrate this is a participatory workshop and expects full participation from each learner.
2. To demonstrate that the participants are responsible for their learning and the facilitator is there to facilitate the learning but not impose it.
3. To allow the participants and facilitator to interact and to get to know one another creating a sense of community and safety within the learning environment.

**Duration:** 20 minutes

**Materials:** none

**Handouts:** none

**Training Procedure:**
1. Ask the participants to form a circle that also includes the facilitator.
2. The facilitator tells the participants that each person will start by announcing their name accompanied by a gesture. (Hands raised above head, a dance step, a jump, etc.).
3. The next person must say the name of the first person, replicate the gesture, state his/her own name accompanied by a different gesture.
4. The third person must say the names and replicate the gestures of each of the people before and then add his/her name and unique gesture.
5. This is continued all the way around to the last person who needs to remember everyone’s names and gestures.
6. Following this activity, the facilitator asks the participants to comment on the value of such an activity writing their responses on flip chart.
7. Some responses to bring up are: allow participants to become acquainted; to develop a sense of community; help relax people; set a climate of participation and “instant involvement” of all; to demonstrate that the facilitator is part of the group and no a leader or lecturer; to provide the facilitator with a sense of the group that will help as the workshop proceeds; helps reduce anxiety of trainer.
Session 2: Agenda and learning objectives

**Session Summary:** In this session the learning objectives are presented and a discussion is held as to whether there are any expectations that stray from the design of the workshop; if so, how can they be met or if not to explain why.

**Objectives:**
1. To present the intentions of the workshop design and the objectives it hopes to achieve.
2. To ensure that participants’ expectations are managed within the parameters of the workshop (either incorporated or explained why they cannot be).

**Duration:** 20 minutes

**Materials:** PowerPoint presentation of agenda and learning objectives

**Handouts:** Agendas with objectives listed

**Training Procedure:**
1. Present the learning objectives for the workshop acknowledging those expectations that do not conform. The objectives are as follows:

   **By the end of the workshop, participants will be able to:**
   a. Explain what trachoma is, and how it is spread, controlled, and treated.
   b. Explain what trachomatous trichiasis is and how trichiasis surgery is performed.
   c. Provide counselling to trichiasis patients and their family members at the point of detection, before surgery is performed and post-surgery (including subsequent follow-up visits).
2. Present the agenda to illustrate the steps that will be taken to achieve the objectives.
3. If there are expectations that cannot be met, indicate them explaining why.
4. Ask the participants if they have any questions.

Session 3: Overview of trachoma and the SAFE strategy

**Session Summary:** This session presents the basic facts of trachoma and the WHO endorsed SAFE strategy (Surgery, Antibiotics, Facial cleanliness, Environmental Improvement) to provide further context for the training workshop.

**Objectives:**
1. To provide the participants with basic information concerning trachoma and SAFE.
2. To provide the overall context for the trichiasis case identification.

**Duration:** 20 minutes

**Materials:** PowerPoint presentation and large plastic covered pictures of people with trichiasis, pictures of poor hygiene, flies on faces, antibiotic distribution, etc.

**Handouts:** None

**Training Procedure:**
1. Present the PowerPoint or hand out the pictures and have people discuss each picture and how it reflects trachoma.
2. During and after the presentation invite questions from the participants.
Session 4: Trichiasis and trichiasis surgery

Session Summary: This session presents the basic facts of trichiasis and explains how trichiasis surgery is performed.

Objectives:
1. To provide participants with knowledge of the causes, symptoms and treatment of trichiasis.
2. To give participants a step-by-step demonstration of trichiasis surgery.
3. To understand why some people with trichiasis do not require surgery

Duration: 30 minutes

Materials: PowerPoint presentation, large plastic covered pictures of eyes at different stages of trichiasis surgery

Handouts: None

Training Procedure:
1. Present the PowerPoint or hand out the pictures and have people discuss each picture and how it reflects trichiasis.
2. During and after the presentation invite questions from the participants.

Session 5: Principles of counselling

Session Summary: This session outlines the differences between individual and group counselling and the principles of a good counsellor.

Objectives:
1. To learn what is appropriate in different counselling settings.
2. To explore notions of what makes an effective counsellor.

Duration: 1 hour

Materials: PowerPoint presentation of guidelines

Handouts: None

Training Procedure:
1. Present the PowerPoint on the differences between individual and group counselling.
2. Ask participants what they think makes a good counsellor and allow for discussion of these ideas. The trainer can use this as a starting point to present the principles outlined in the counselling guide.
### Session 6: Key messages for patients and family members (at case-identification phase)

**Session Summary:** This session covers everything that a counsellor needs to verify about a patient at the time of detection of trichiasis. It also provides guidance on how the counsellor should create a welcoming atmosphere for patients.

**Objectives:**
1. To contextualise how cases of trichiasis are identified.
2. To understand the importance of a welcoming atmosphere at the time of detection.
3. To provide a checklist of all information that needs to be ascertained before a patient returns for surgery (and pre-surgery counselling) or other management.

**Duration:** 1 hour 10 minutes

**Materials:** PowerPoint presentation with key messages

**Handouts:** Trichiasis case-identification checklist, consent form

**Training Procedure:**
1. Present the PowerPoint with guidelines and checklist.
2. Explain the importance of gaining consent for surgery from the patient.
3. Allow discussion between participants of what they might encounter from patients at the detection phase.

### Session 7: Key messages for patients and family members (at screening phase)

**Session Summary:** This session covers the counselling that takes place at the outreach site before a patient undergoes surgery, if surgery is indicated. It covers how to discuss patients’ concerns, how to establish a plan with them and how to explain trichiasis surgery.

**Objectives:**
1. To be able to empathise with the patient and assure them that the counsellor will be part of the entire treatment process.
2. To be able to explain surgery to patients in simple terms.
3. To learn how to gently address a patient’s previous barriers to surgery.

**Duration:** 1 hour

**Materials:** PowerPoint presentation with possible concerns that a patient might have before surgery, large plastic covered pictures of eye with complications from trichiasis surgery

**Handouts:** Screening phase checklist

**Training Procedure:**
1. Ask participants what concerns they think patients might have about surgery and if they have any suggestions as to how to respond to those concerns.
2. Present common concerns if they were not brought up by participants.
3. Discuss ways that a patient can empower another patient to take control of their treatment.
4. Go through the pre-surgery checklist.
Session 8: Key messages for patients and family members (at post-surgical phase)

Session Summary: This session covers the procedure for post-surgery counselling, including post-operative eye care. It also touches on recurrence of trichiasis and eliciting reasons from patients about previous hesitance to seek help. The session also provides a checklist of what needs to be discussed with the patient immediately after surgery and at follow-up visits.

Objective: To understand the post-operative care of a trichiasis surgery eye and how family members participate in follow-up care of the eye that was operated on

Duration: 30 minutes

Materials: PowerPoint presentation,

Handouts: Post-surgery checklist

Training Procedure:
1. Explain how trichiasis can recur.
2. Explain the ideal follow-up care schedule and actions for home (cleaning the wound and applying ointment).
3. Provide a schedule for when follow-up visits to the health centre should occur and what should be covered at these visits.

Session 9: Practice

Session Summary: This session provides a space in which participants can practice the counselling techniques that were covered in the training session.

Objectives:
1. To gain a practical understanding of knowledge gained in the counselling sessions.
2. To gain confidence in the role of counsellor.

Duration: 1 hour 30 minutes

Materials: Checklists for all stages of counselling, any counselling aids that are available (e.g. model/pictures of eyes)

Handouts: None

Training Procedure:
1. Divide participants into smaller, manageable groups in which they can take turns to practise counselling each other.
2. Participants can also take turns to practise post-operative eye care (cleaning the wound and applying ointment) by mimicking the actions.
3. The trainer/s can stop by each group and address any issues that they identify.
ICTC members at time of publication:

ICTC observers at time of publication:

International Coalition for Trachoma Control (ICTC)

VISION:
Global Elimination of blinding Trachoma by 2020.

MISSION:
To act as a catalyst for the implementation of the SAFE strategy in support of endemic countries’ trachoma control programs.

ICTC has a highly committed and professional multi-stakeholder membership, including Non-Governmental Development Organizations, donors, private sector organizations and research/academic institutions that demonstrate a commitment to GET 2020 and the WHO-endorsed SAFE strategy.

ICTC
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