Scaling Up the Coverage of Quality Trichiasis Surgery

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TT Burden

- **WHO (2003)**
  - Active trachoma: 84 million
  - TT cases: 7.6 million
- **Recent estimates (Mariotti et al. BJO 2009)**
  - Active trachoma: 41 million
  - TT cases: 8.2 million
- **Currently ~ 160,000 TT surgeries/yr**
Who is Performing TT Surgery?

* Endemic countries – huge TT backlog but too few ophthalmologists!

* Non-ophthalmologists trained as TT surgeons
  * TT surgery by a nurse at community level
    - Bog et al. (BJO 1993)
  * Similar outcome of BLTR b/w IECWs & ophthalmologists
Factors Affecting Quality of TT Surgery

- **Skill of the surgeon**
  - Inter-surgeon variation - TT recurrence rates 0-83%
    (Burton et al BJO 2005)

- **Selection of trainees**
  - Test of surgical aptitude

- **Post-training support**
Choice of surgical procedure
- Simple with good outcome

Recommended surgical procedures:
- BLTR
- PLTR or Trabut
- Cuenod Nataf
Barriers to Scaling Up TT Surgery

- Lack of service
- Lack of awareness
- Cost – direct/indirect
- Distance
- Lack of someone to accompany
- Lack of social support
- Fear of surgery
Making TT surgery available

Training TT surgeons – commitment & motivation
  - 59% attrition among 234 trained IECWs in Ethiopia
  - 10 TT cases/ surgeon/yr at static site
    (Habtamu et al, PloSntds2011)

Low productivity – low quality!

Supportive supervision
Addressing Barriers to Scaling Up

- Awareness creation
- Increasing community involvement
- Provision of “free” surgery
- Improving access
- Provider-level:
  - ensuring TT surgery is available when patient comes
Evidence for Increasing Coverage

- Provision of free surgery at the village-level (Bowmann et al 2000)
  - Static or health centre based 44%
  - Village level 66%

- Village-based promotion strategy (Mahande et al 2007)
  - Existing health facilities - TT surgical coverage at baseline 16.9%
  - School teachers = 36.5% & village leaders = 52.1%
Increasing Coverage

- TT surgery provision at village level should not compromise sterility & quality!
~80% of current TT surgeries done outside of static services

- outreach/campaign
- Often with TT surgeons with low numbers at static site

In hyper-endemic set up:

- Small team of highly qualified TT surgeons could provide high quality, high volume in outreaches/ campaigns