

Scaling Up the Coverage of Quality Trichiasis Surgery

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Financial Disclosure

I have no financial interests or relationships to disclose.

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
 - Alemayehu et al (Ophthalmology 2004)

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

Quality of TT Surgery

- * 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

Addressing Barriers to Scaling Up

- * 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!



Strategies for Increasing Coverage

- * ~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