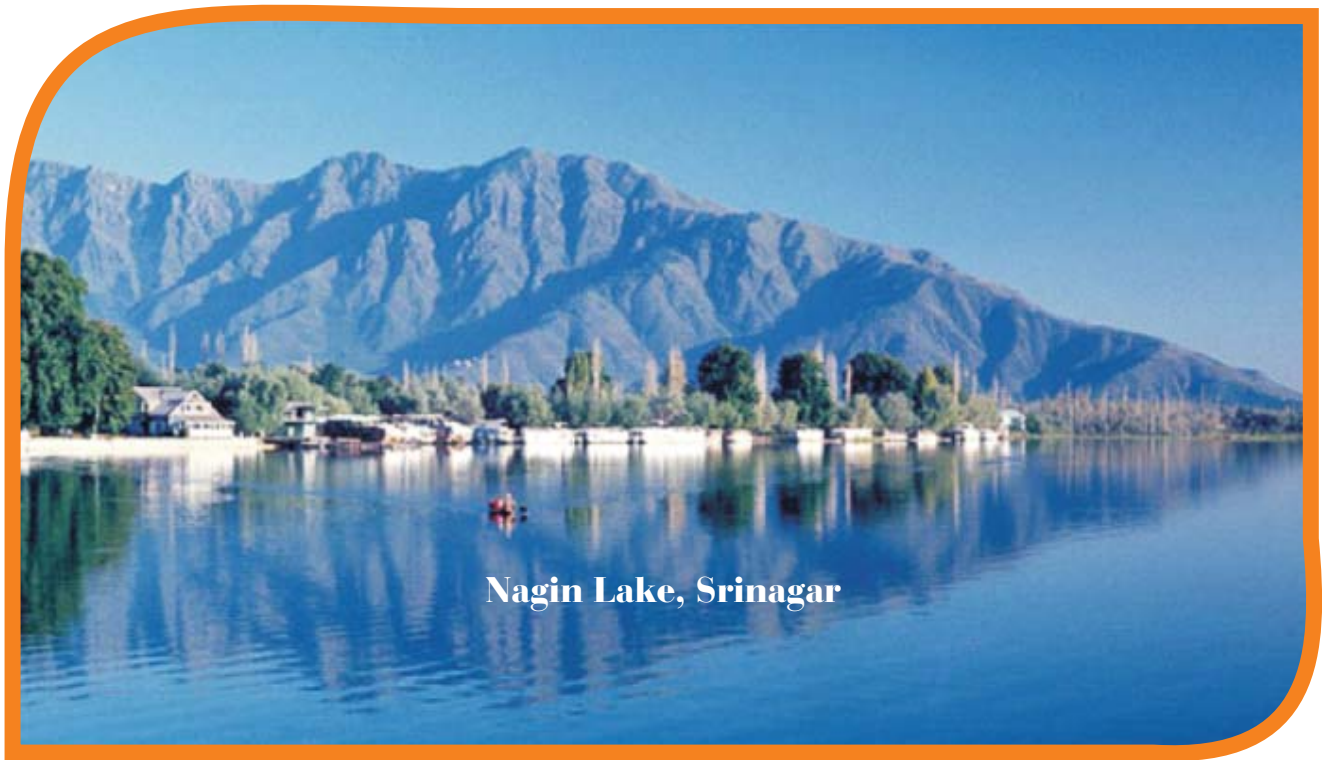




SANKARA EYE HOSPITAL PAMMAL



ANNUAL REPORT - 2013-14



Blessed are we who can see and appreciate this ...
Join us in helping the less privileged with the
"Gift of Sight!"

Their Blessings...



**continue to
Inspire and Guide us!!!**

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Bhoomi Puja, Sankara Eye Hospital, Odisha – 20 Feb 14

Secretary's Report - 2013-14



SECRETARY'S REPORT

Dear Partners, Donors and all Well-wishers

It gives us great pleasure to share with you our Annual Report for 2013-14. The year has been a momentous one in many ways. Our operations have continued to grow well and in spite of the turmoil caused by the creation of Telengana and Seemandhara, which had an impact on the camps in erstwhile Andhra Pradesh for over 4 months, we ended the year by carrying out 12,113 free cataract surgeries out of a total of 16,820 surgeries. During the year, our specialty departments also delivered excellent services to our patients by carrying out 751 surgeries, a 16% increase over the previous year.



In deference to the wishes of Their Holiness, the Sankaracharyas of Sri Kanchi Kamakoti Peetam, we initiated steps to set up a Sankara Eye Hospital in Odisha and Bhoomi Puja was performed in the benign presence of His Holiness at Samarjhola Village in Ganjam District of Odisha. The Puja was attended by the Chief Minister of Odisha, Sri Naveen Patnaik. Our intention is to extend our services to the rural population in and around Ganjam District through a state-of-the-art eye care facility.



Sankara Eye Hospital continues to provide credible tertiary eye care to address every possible eye care need, both medical and surgical. Our Surgeons have performed outstanding surgeries and their exceptional experience and capability have carved a special place for our Hospital in terms of reputation for quality eye care.

While our main focus continues to remain on extending service to the under privileged, we are happy to say that the quality and diversity of eye care provided has attracted a large number of patients who are happy to pay for the services. The growing number of specialty patients is a

testimony to the quality and care that we provide to all our patients regardless of their socio-economic status or any other differentiator

In addition to providing training for Diplomate in Ophthalmology for both Post MBBS and Post DO candidates, and conducting Short term and long term Fellowship programmes in sub specialties, the Hospital has been approved by Bharathiar University to conduct both B Sc and M Sc programs in Optometry. The four years B Sc program and two years M Sc program started in August 2013 for the academic year 2013-14 and they have been received very well by the students.

In this Annual Report, we have provided details of our performance as a Hospital and also as an Academic Centre of Learning. This issue is also dedicated to highlight the growth of one of our specialty departments, viz, Retina. The Vitreo-retinal department started under the guidance of Dr Surendranath Reddy and has grown into a credible department offering outstanding medical and surgical services. We have provided a glimpse of the work being done by this department in this issue.

Community outreach has been the bedrock on which we built this hospital and continues to be the core mission. In this issue we have provided an overview of what goes into the successful outreach programme that we have been running over the past two decades, the challenges that we have overcome and how our steadfast conviction on the value of the service we provide has ensured the confidence that we enjoy with the rural community.

We have an exciting year ahead where we also intend starting up another unit of the Hospital in Nanganallur as a fully paying facility to help generate the necessary funds to move us towards self-sustenance. The next year should also see a significant progress in the construction of the Hospital in Odisha and the hiring and training of paramedical and support staff for this facility. We are confident that with the blessings of our Jagadguru, and support from all well wishers like you, we will succeed in our endeavour to reach the needy population of Odisha with our services

Before ending we would like to acknowledge the fact that our success would not have been possible without the benefit of your benevolence and goodwill and the sincerity and commitment of our Doctors and staff. We are grateful to you and look to your continued support and guidance

Jaya Jaya Sankara, Hara Hara Sankara!



S Visvanathan

Trustee & Secretary

Board of Trustees



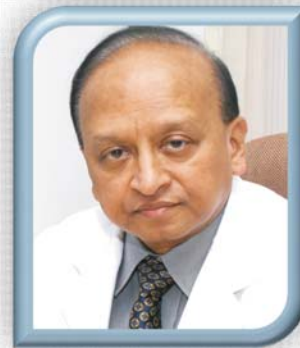
Dr. P. Janakiraman
Managing Trustee



S. Visvanathan
Trustee & Secretary



V. Lakshmanan
Trustee & Treasurer



Dr. R.V. Ramani
Trustee



B.P. Jain
Trustee



Jagdish M. Chanrai
Trustee

Events Calendar - 2013-14



NOTABLE EVENTS...

FFA Equipment thru Rotary Matching grant ...

Rotary Club of Madras Fort & Rotary Club of Billericay Mayflower, UK through the Rotary International Matching Grant gifted one Zeiss Fundus Fluorescence Angiography at a cost of Rs **28.40 lakhs**. The equipment has been received on 16.04.2013 and installed



talent creation initiative...



Diploma in Optometry course approved by Bharat Sevak Samaj, New Delhi is being conducted for many years. The highlight of the course completion is a function where the Diplomas are awarded in the presence of His Holiness

... addressing industry needs...

B.Sc. and M Sc Optometry courses affiliated to Bharathiar University, Coimbatore was inaugurated on 19.08.2013



our care goes beyond eye-care...



blood donation camps were organized on 01.07.2013 and 23.09.2013 at our hospital premises. 151 units of blood were collected by a team of doctors from Rotary Central TTK VHS Blood Bank, Adyar respectively.

promoting awareness about eye donations!



Eye Donation rally was organized by Pammal Sankara Eye Bank in Thiruthani, Pammal, Pallavaram & Chromepet on various dates on the eve of Eye Donation Fortnight

Generous donors ...

Ophthalmic instruments donated by Sri Venugopaldaswami Charitable Trust, Smt Rajamma Public Trust & Prof. R. Venkataraman were dedicated on **16.08.2013**



Mr Sridhar Sharma from UK donated Rs 5 lakhs which helped to partly pay for the Operating Microscope from Zeiss which was dedicated on **15.12.2013**

Lions Club International Dist 324-A6 donated Maruti ECO vehicle. MJF.Ln.P.Elangovan, District Governor dedicated the vehicle to the Hospital at a function on **08.11.2013**



Our young donors from Sri Sankara Vidyalaya, Pammal did us proud by raising over Rs 30,000 during the Joy of Giving Week from 2nd to 8th October 2013 through a Wish Tree which they designed and planted in the School

Yoga Vidya Pranic Health Foundation of Tamil Nadu sponsored all free cataract surgeries performed on 17th, 18th & 19th of March 2014 (189 surgeries)



Glaucoma awareness ...



Glaucoma Awareness Programmes were conducted on 22nd June 2013, 5th October 2013 and 8th March 2014 in the hospital.

Our work transcends borders ...



A special camp was organized for Buddhist Monks in Bylakuppe in Mysore (Karnataka) on the request of Sri M.R. Rajkumar Reddy, Vishranti Builders. Patients were screened at Bylakuppe and brought to the Hospital for surgery which took place on 15th February, 2014

the support which makes us successful ...



Village Volunteers meet was organized in the hospital on 7th December 2013. Sri.Vivek, Actor inaugurated the programme and PMJF.Ln.T.S.Gokilan felicitated the volunteers. Mr Vivek had this to say “ அற்புதமான சேவை. சுத்தமாக சுகாதாரமாக பேணப்படும் தன்மை ! பொதுச் சேவை தன்னலமின்மையின் உறைவிடம். சங்கரா கண் மருத்துவமனைக்கு வாழ்த்துக்கள் ! என் வணக்கங்கள் ”

..overcoming the tedium of repetitive work ...



Community work has its flip side of being repetitive and there is a need to keep staff motivated. An interactive session by Mr Amutha Mathiyazhagan on 12th June 2013 was just the right booster to recharge people!

Our bit towards nation building...



The Hospital participated in the Vivekananda Run for the Nation on 11th September 2013



..we thrive on Their Blessings ..



HH Sri Jayendra Saraswathi Swamigal visited Sankara Eye Hospital, Pammal on 18.01.2014 and showered His Blessings to all the doctors, staff and patients



Elderly lady at our camp



Selected Patients being led to bus - Sri Mangalchand Tater, our Patron, is seen assisting

Community Ophthalmology in Sankara



COMMUNITY OPHTHALMOLOGY

By all accounts it was a modest start in 1994 when the hitherto General Hospital decided to introduce an eye department with support from the Rotary Club of Madras Fort through the efforts of our trustee, Rtn BP Jain. 10 cataract surgeries per month was the beginning of our rural outreach programme which has now grown to an average of 50 cataract surgeries a day. In 1997 the Hospital became an exclusive ophthalmic centre and the general hospital functions were shifted to another location in Pammal. This decision to continue the community ophthalmology work was in deference to the directions of His Holiness and the guidance of our trustee, Dr R.V. Ramani, who helped in defining the processes that are still followed today. The drivers for the decision were simple, the Hospital had seen the need for the rural outreach programme and to abandon the service to the needy population was just not an option. Dr Ramani facilitated the training to our staff in Coimbatore and in early 1999, we were ready to go.



Tiruttani camp for tribals (Nari Kurava)

The first camp to be held was in April 1999 at Sri Sathya Sai Seva Samithi, Nanganallur. The Samithi people eagerly came forward for conducting eye camps at their locality. The fledgling team continued their foray into villages in Kanchipuram District and managed to convince the villagers that they would ensure that the needy patients would receive qualitative care.



Where is the Optometrist??

The challenges were many. The Hospital was relatively unknown and there was some apprehension about our credentials, we were located in a relatively inaccessible suburb of Chennai, finances were always strained, and while organizations like Sightsavers and Mission for Vision extended support, the shortfall was significant to cause concern.

The success of the programme can be traced to two factors; one, of course, was the sheer dedication and commitment of the staff involved who persevered against severe constraints both in the Hospital and at their homes. Their sacrifices and their never-say-die attitude is a major factor in the Hospital reaching its present level. It is a matter of pride that almost all of them continue to be with the Hospital and continue to perform with the same level of ownership and dedication as they did in the formative years of the Hospital. The second was a group of volunteers



Enthusiastic Patients enroute to Hospital

in the villages where we conducted camps and it is to them that we owe a lot of gratitude as they selflessly and with extraordinary enthusiasm, helped in the sponsoring and conduct of the camps, the publicity in the nearby villages, the admin arrangements needed and so on.

Some of those who stood shoulder to shoulder with us in those initial days, and continue to strengthen us today, are listed below:

The Helping Hands of our Initial Years

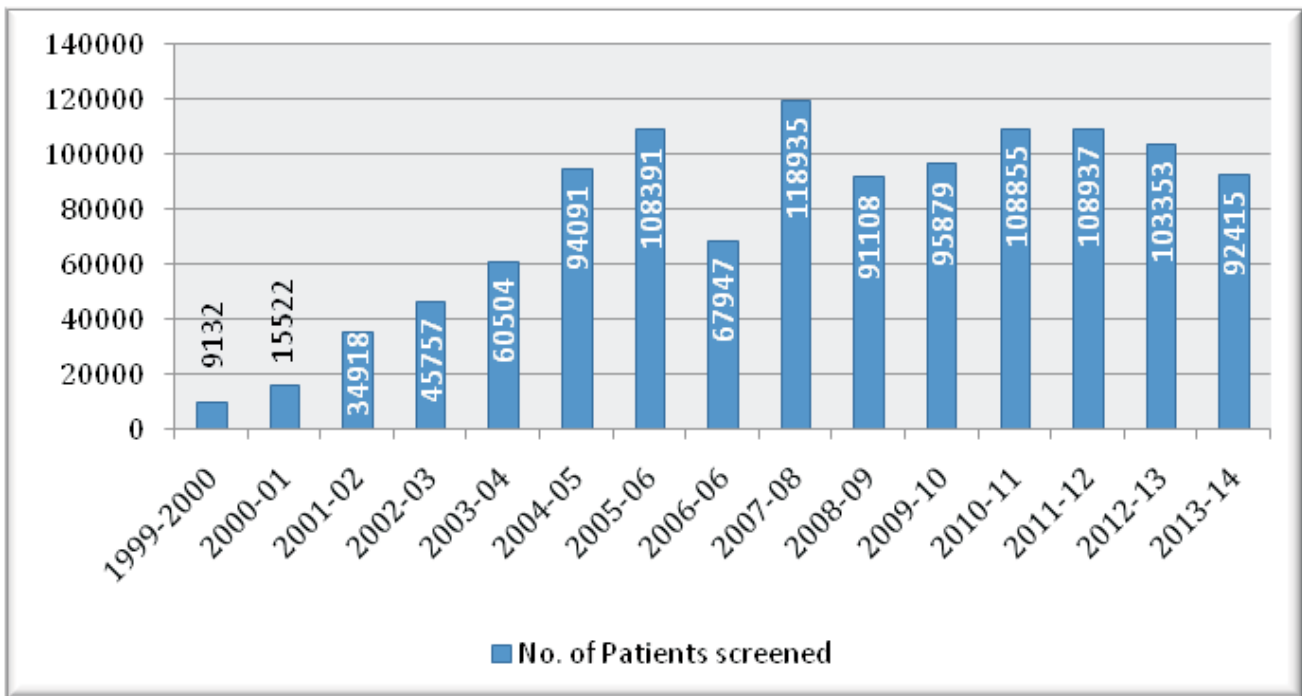
| Name | Village | Impact |
|---|--|---|
| Mr. Krishnan Naidu, a Postman | K.G. Kandigai | Regular Camps, Introduced Mr JB Kothari, Mr M Ramamurthy Naidu, Mr Siddhamma Naidu |
| Mr. J.B. Kothari, a Pawn broker | Kanagamma Chatram | Mega camps, 5 times a year |
| Mr. M. Ramamurthy Naidu | M. Kothur (Chittoor Dist) | Regular Camps |
| Mr. Siddhamma Naidu | Balgi Kandigai | Regular Camps |
| Rtn. Sharma, Reporter Dina Thanthi | Nallattur | Regular Camps, Introduced Rotary First President, Rtn. Parson Chant |
| Rotary First President, Rtn. Parson Chant | Tiruttani | Four mega camps every year |
| (Late) Dr.Miruthgula Menon | Tamaraipakkam | Weekly Camp |
| Sri Sathya Seva Samidhi | Multiple locations | Average 5 camps every year |
| Sri M. Raghupathi and Sri M. Venkatesan of MENTORS | Nemam, Parivakkam, Illalur, Kovalam and Sirukalathur | Regular camps, donated two wards at the Hospital |
| Kanchipuram Dist Collector, Sri K. Rajaram (2002-03) | Thiruporur and Thirukkazhukundram | Weekly camps at the PHCs supported by M/S Orchid Chemicals, in the early days by Rotary Club of Thirukkazhukundram and Lions Club of Thirukkazhukundram now |

The one area where we did not have any major issues was with surgical outcomes. Our patients were delighted with our services and were happy to spread the word about us and in a fairly short time, we built a credibility for qualitative services which has remained our strength to this day.

Over the years we have fine tuned the Rural Outreach process. Identifying camp locations demands knowledge of the number of villages surrounding the site, population density with specific regard to people above 50, ease of access to the camp location, availability and interest of sponsors, security of our staff etc. Some camp locations are also chosen based on requests from some volunteers who have a firsthand awareness of the need for eye care in that area. Before we accede to any request from a potential volunteer for conducting a camp, we insist on the volunteers/sponsors concerned to visit our hospital, see the facilities and be convinced that their patients will receive good care. This step has been found to gain excellent acceptance as with firsthand visibility to our work these people sound more convincing when they advocate our services in the villages

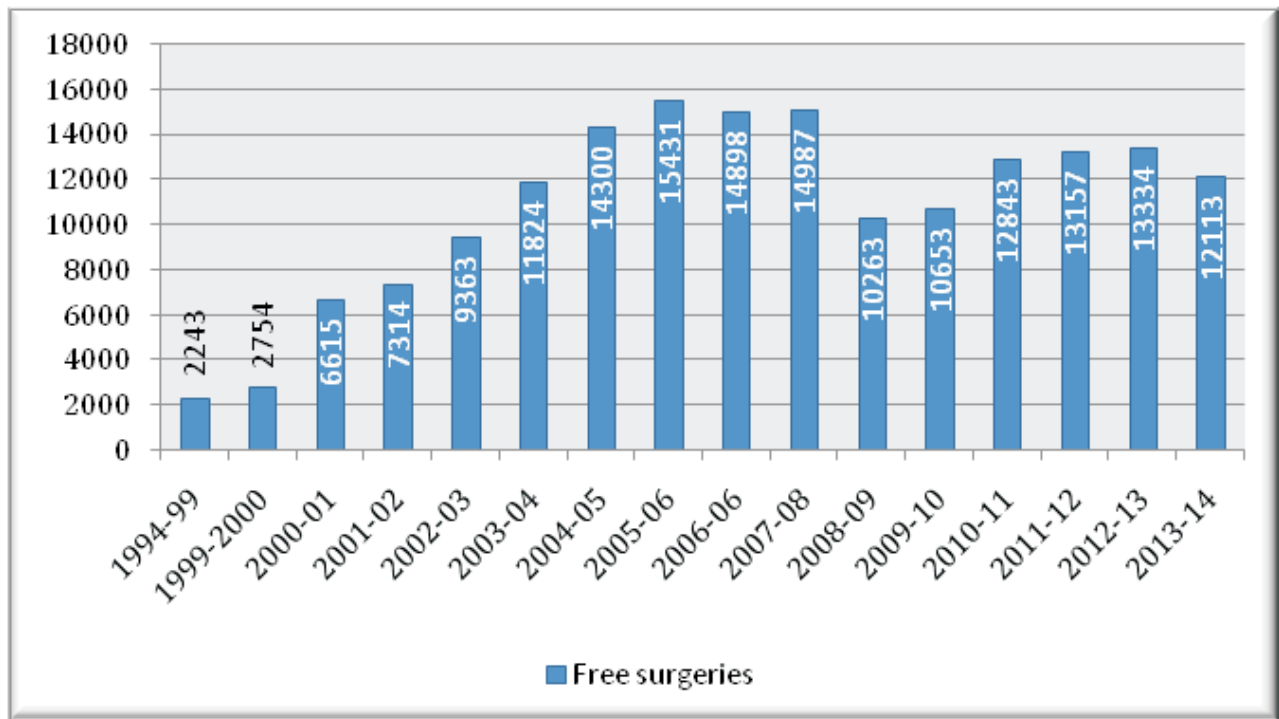
OUTPATIENT SCREENING

Our rural outreach programme has matured and settled into one providing services to a steady stream of patients. Today, the Hospital reaches out to over 1200 villages across Kanchipuram, Tiruvallur and Chittoor Districts. The Hospital organizes camps in locations close to these villages and identified patients are brought to the base hospital in our buses for surgery. The number of patients screened over the years is shown below:



CATARACT SURGERIES (FREE)

Patients identified through our rural outreach camps are brought to the Hospital, accommodated, medically examined and fitness for surgery confirmed, surgery carried out with IOL implantation, and after a post operative review on the day after the surgery, they are dropped back to their villages. Patients are provided with medicines and advised on how they should administer the drops after surgery and how the same should be tapered off. Operated patients are reviewed at their villages once after 7 days and again after 30 days.



THIRD PARTY AUDITS

Third party audits carried out by Mission for Vision for the past three years has established that the quality of the surgeries performed by us have remained well above the standards set by WHO. In order to maintain quality, we have consciously and deliberately set a ceiling of 13000 free surgeries every year.

| Post-operative Acuity | WHO norm | Our performance |
|-----------------------|---------------|-----------------|
| Good | 6/6 – 6/18 | > 90% |
| Borderline | < 6/18 – 6/60 | < 5% |
| Poor | < 6/60 | < 5% |

WE MADE A DIFFERENCE!

Two examples of how our work has actually made a difference to the lives of our patients.

Smt Lakshmama MRD # 300496

Smt Lakshmama lives with her daughter-in-law and granddaughter after her son died three years ago. Until her vision deteriorated, she would carry out the household work while her daughter-in-law went for work. The grand daughter was still studying. She developed cataract in both eyes and with her impaired vision, she could be of no help in the house forcing her daughter-in-law to quit working to look after her. This put the family into some difficult times. She came to our camp in Tirupati



A check after a month revealed that with her vision restored, she is again able to attend to all the household needs and her daughter-in-law is back at work. She as well as her family are happy at the positive impact of her vision in their lives

Sri Padmanaban MRD # 299785

Sri Padmanaban is a farmer living with his wife and two children in a village near Renigunta. His earnings were seasonal on a daily wages basis and dependent on rains. He developed cataract in both eyes and kept postponing the surgery till he was almost blind. He could not go into the fields to work. Hearing about our camp at Renigunta, he came and got screened for surgery. A review of his condition one month after his surgery showed that Padmanaban was back at work and earning.



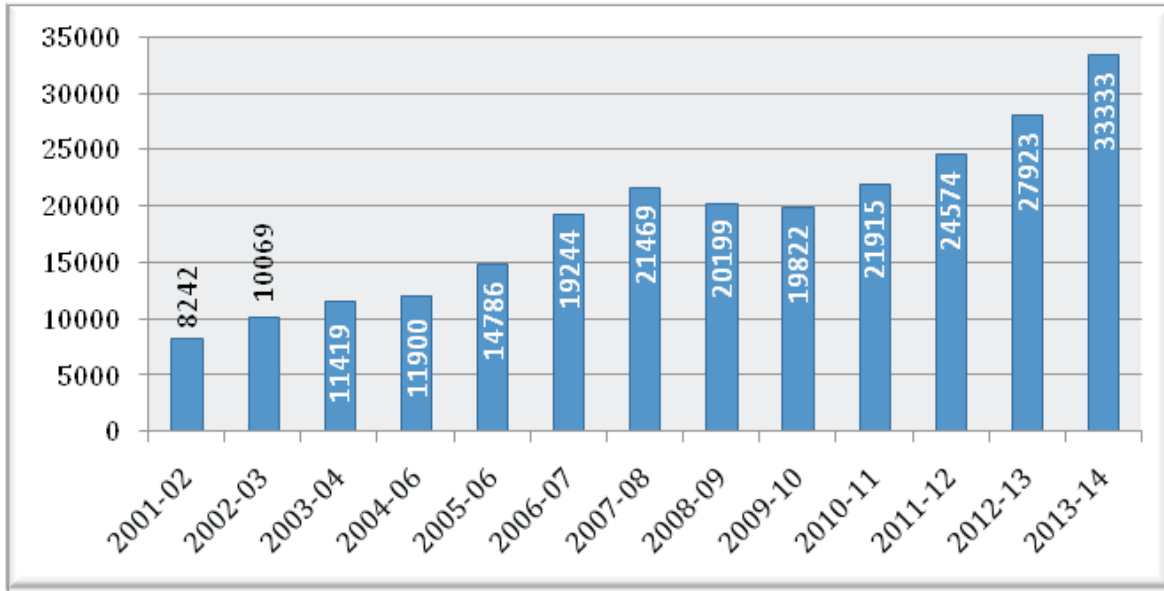


Performance Highlights 2013-14



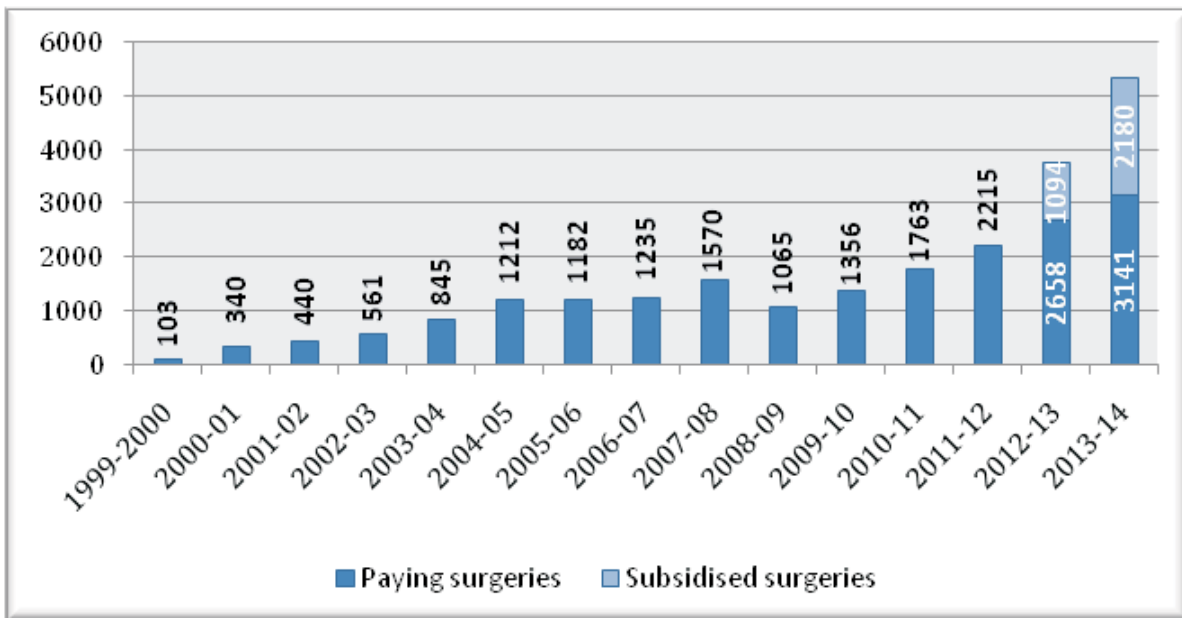
OUTPATIENT SCREENING (PAYING)

Over the years the Hospital has gained a reputation for qualitative work and a credibility authenticated by beneficiaries who have experienced our services first hand. This has resulted in an increase in the number of patients walking into our hospital for eye care and as the graph below indicates, the numbers have been steadily rising. The last year saw a total of close to 33000 patients walking in for eye care with 5200 of them undergoing surgery.



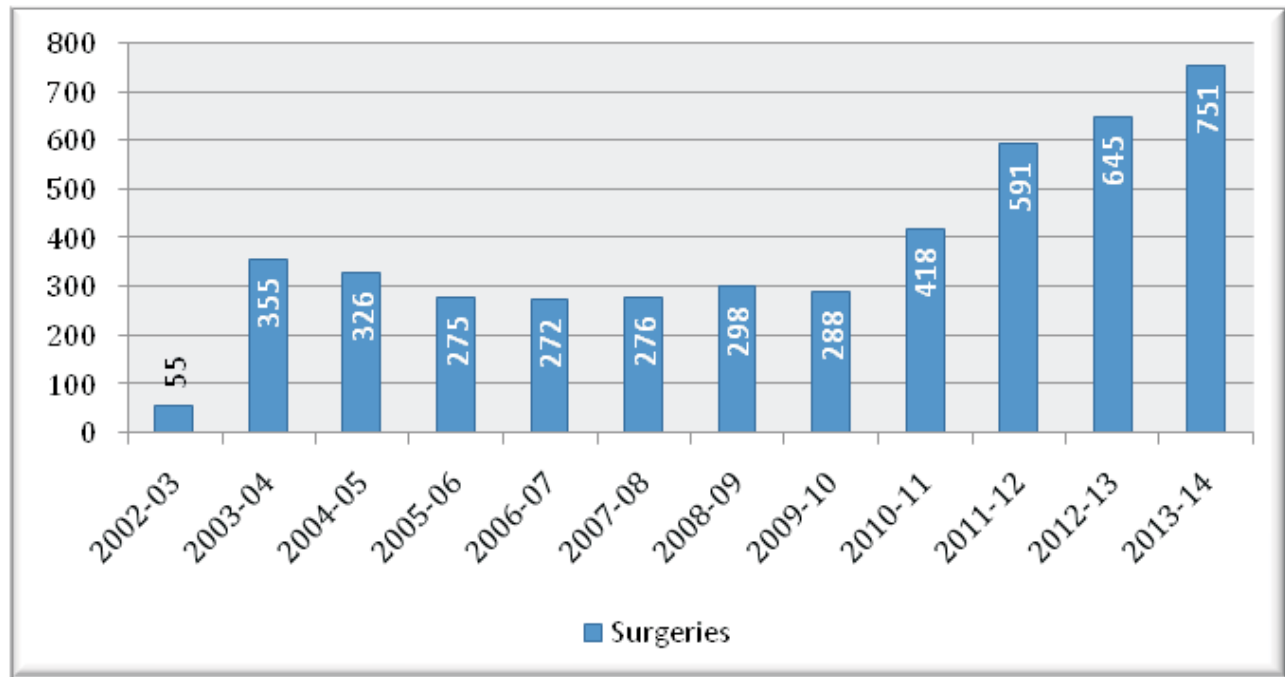
SURGERIES (PAYING)

In 2012-13 we introduced a category of surgery called “SANKARAM” where we offered a subsidy to patients who were unable to afford the full cost of the surgery. This was done based on our observation that such patients were suffering with impaired vision only because of the costs involved. Our offer to significantly subsidize the surgery found some ready takers and as would be seen, this number went up to over 2100 surgeries in 2013-14.



SPECIALTY SURGERIES (FREE + PAYING)

The Hospital, over the years, has grown into a credible tertiary eye care hospital offering specialty surgical services. The number of such surgeries have been rising steadily and it is a matter of pride that we have performed some very complex and challenging surgeries with extraordinary success. Many of these have been published as papers and presented at conferences in India and overseas.



The table below provides a breakup of the specialist surgeries carried out in 2013-14:

| Specialty | Free | Paying |
|---------------------|------------|------------|
| Glaucoma | 31 | 201 |
| Retina | 35 | 140 |
| Cornea | 8 | 85 |
| Orbit & Oculoplasty | 8 | 87 |
| Paediatric | 2 | 13 |
| Minor surgeries | 53 | 88 |
| Total | 137 | 614 |

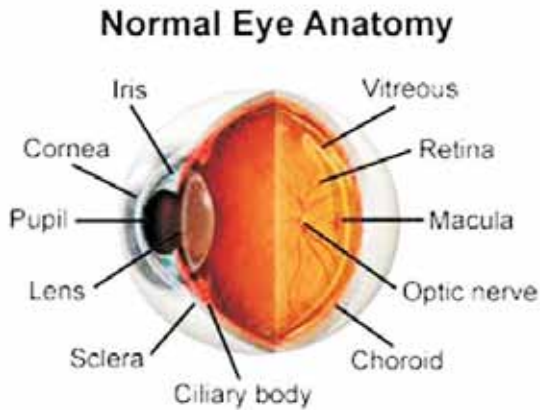


Vitreoretinal Services at Sankara



RETINA - AN OVERVIEW

The human eye is akin to a camera. **Retina**, the light sensitive layer in the eye is akin to a **film** in a camera. The crystalline Lens in the eye is akin to an objective Lens in a camera.



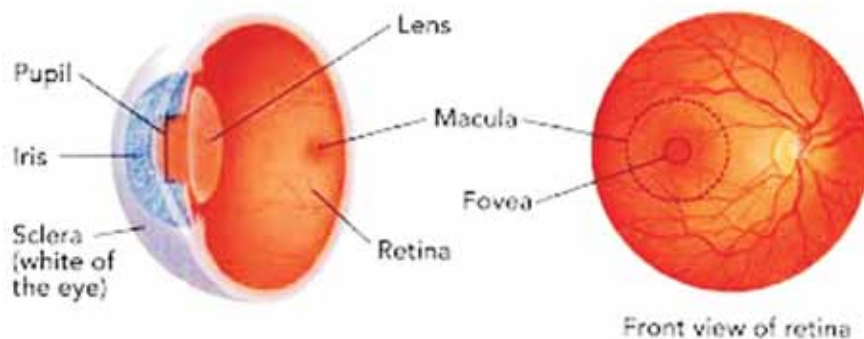
The transparent cornea covering the front part of the eye is akin to a watch glass.

The cornea and the crystalline lens focus the images on to the Retina, which in turn propagates the captured images along the optic nerve to the brain for processing and final Visual perception.

Normal Retina: The picture below shows what a normal retina would look like



Fovea, 0.05mm in size, is the central most point of the Retina and is responsible for precision in vision. It is devoid of blood vessels.



Macula about 0.5 mm in size surrounds the fovea and is responsible for colour vision.

Remaining portion of the Retina is made up of 10 layers and has abundant blood vessels in some of its layers.

Any Disease, affecting the the cornea (Opacities ,deformities, ulcers etc) and the natural Lens (cataract), interfere with vision by blocking the rays entering the eye. This blindness is reversible and **vision**, most often, is **restored** after the corneal or cataract surgery, **as long as the Retina is healthy**.

Retina is afflicted by various diseases affecting the body, most notably the vascular diseases, like diabetes and hypertension, infections, inflammations, cancers, injuries and age related diseases, birth defects etc.

Often the retina in susceptible individuals and high myopes, develops weak patches and tears leading to Retinal detachments resulting in sudden loss of vision.

The retina department has two divisions- medical and surgical retina.

MEDICAL RETINA

Medical Retina division is equipped with state of the art diagnostic imaging facilities like digital fundus fluorescein angiography, autofluorescence, indocyanine green angiography, Spectral domain optical coherence tomography and ultrasonography.

The common retinal diseases seen in the medical retina department include diabetic retinopathy, central serous chorioretinopathy, branch retinal vein occlusion, age related macular degeneration, central retinal vein occlusion, hypertensive retinopathy, central retinal artery occlusion, branch retinal artery occlusion, inflammatory retinal diseases, infective retinal diseases, hereditary retinal diseases etc. Diabetic retinopathy, branch retinal vein occlusion, central serous retinopathy, retinal holes, lattice degeneration etc are treated by green laser.

Intravitreal injections like Lucentis , Avastin and Triamcinolone are given for the treatment of Wet Age related macular degeneration, diabetic macular edema and macular edema due to vein occlusions.

SURGICAL RETINA

Some of the diseases, most notably the Retinal detachments from various causes are only amenable to surgical treatment. **Surgical Retinal specialist** deals with such ailments. Thanks to the explosion in technology, the cases which were once thought to be beyond repair a decade ago, are now amenable to surgical treatment.

The successful anatomical reattachment rates of detached Retinas have gone up to 95% these days. However, the functional ability of these reattached retinas depends on the quality of the tissue that remains attached.

Sankara Eye Hospital, Pammal, in its efforts to bring this technology to all classes of the society at affordable rates, has a very well established Medical and surgical Retinal departments serving the community.

VITREORETINAL DEPARTMENT IN SANKARA

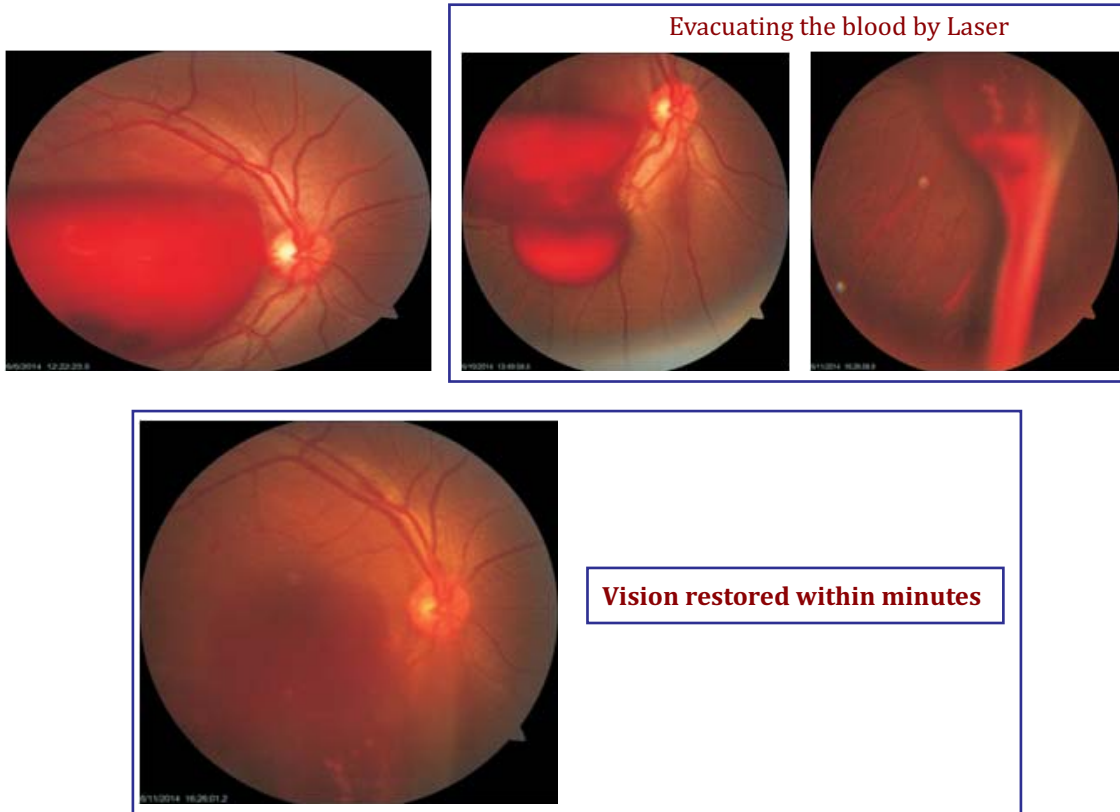
Vitreo retinal services department was set up in June 2006 and over the years it has grown into an excellent tertiary care facility with depth and breadth to carry out treatment and surgeries at par with the best eye care institution in the country. The first Retinal surgery was performed by our Managing Trustee, Dr P Janakiraman, on 22nd January 2007. To date the Department has screened 38551 patients and the table below will provide an overview of the performance of the department in the last financial year:

| Service | 2013-14 |
|----------------------------------|---------|
| OP screening including referrals | 4200 |
| FFA | 546 |
| OCT | 853 |
| Lasers | 177 |
| Intravitreal injections | 129 |
| Surgeries | 175 |

CASE STUDIES – MEDICAL RETINA

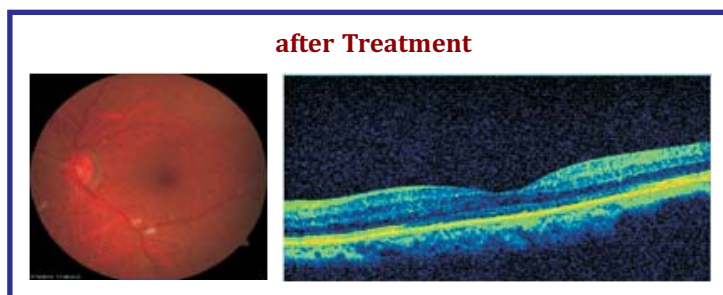
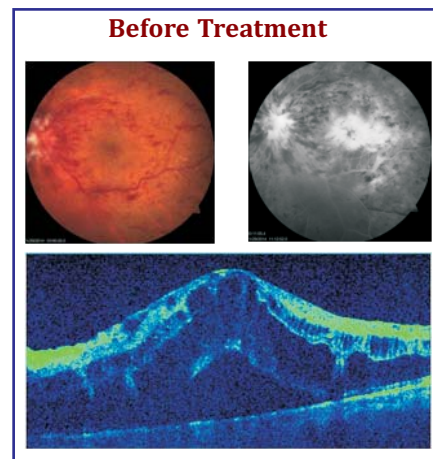
Subhyaloid haemorrhage due to exertion in a young man

A 24 year old software professional noticed sudden loss of vision in his Right eye following exertion due to a bleeding on to his Retina.



Central Retinal Vein Occlusion

A 75-yr- old lady with diabetes and hypertension complained of decreased vision in her left eye of two weeks duration. Her best-corrected vision in the right eye was 6/24; N18. She was diagnosed with central retinal vein occlusion (block in the main blood vessel which caused bleeding in the retina) and macular edema (fluid in the centre of the retina).



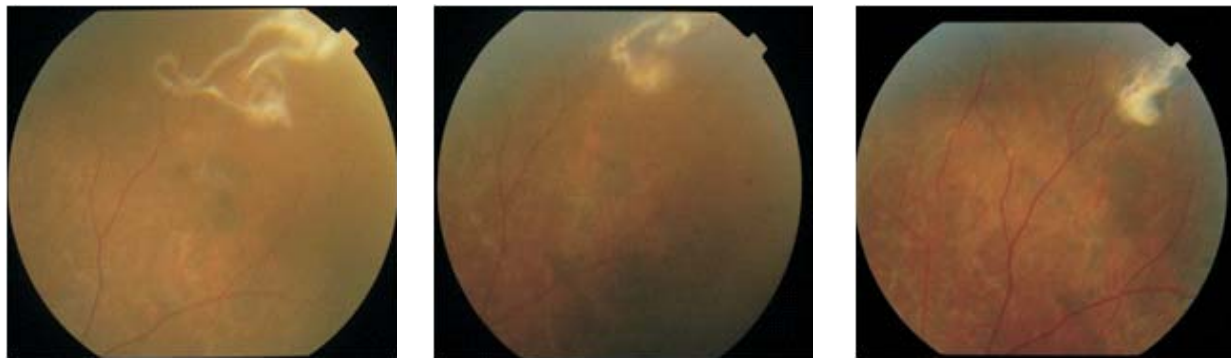
She was given three injections of Avastin and one injection of Triamcinolone into the eye to remove the fluid. The bleeding disappeared. The fluid resolved and her vision improved to 6/9;N6.

Wandering worm under the Retina / crisscross tracks & profound vision loss

A 15 year old boy complained of profound visual loss and a feeling of something wandering in his field of vision. A worm was found to be wandering under the Retina of his Right eye causing criss cross tracks and retinal degeneration. Medical treatment to deworm him did not yield any result

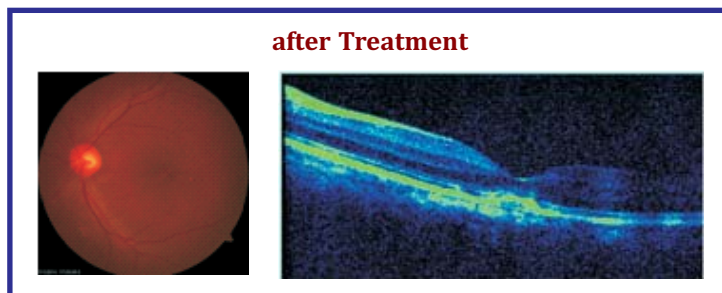
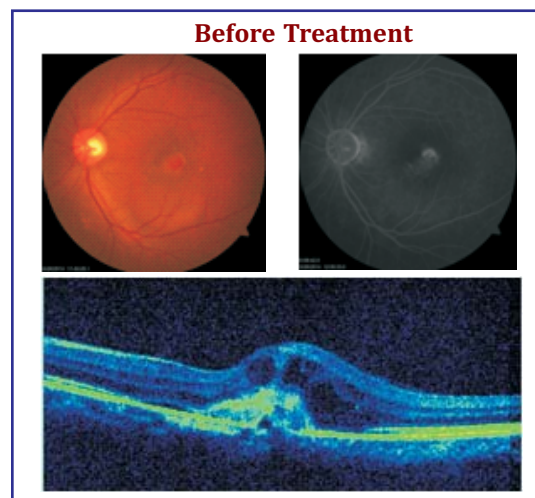


Minimally invasive Laser destruction & disintegration of the worm to restore sight.



Neovascular age related Macular Degeneration

A 65-yr old man presented with decreased vision in his left eye of two weeks duration. His best-corrected vision in the left eye was 6/36; N18. He was diagnosed with neovascular age related macular degeneration (bleeding, fluid collection and growth of new blood vessels in the centre of the retina)



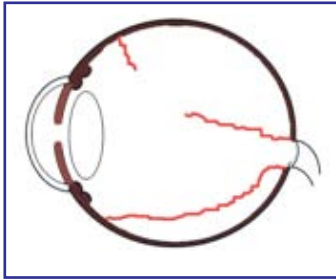
He was given three injections of lucentis into his eye . The bleeding, fluid collection and new blood vessels disappeared and his vision improved to 6/9; N6

CASE STUDIES – SURGICAL RETINA

Fresh Retinal detachment

A 55 year old lady who had undergone cataract surgery elsewhere sometime ago, noticed sudden loss of vision in her left eye due a tear in the Retina causing Retinal detachment. If left untreated, she would eventually end up blind. Pictures below show the situation before and after the surgery

A large tear in the Retina causing Retinal detachment



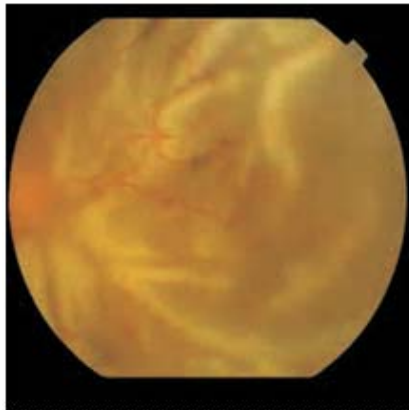
Successfully reattached Retina



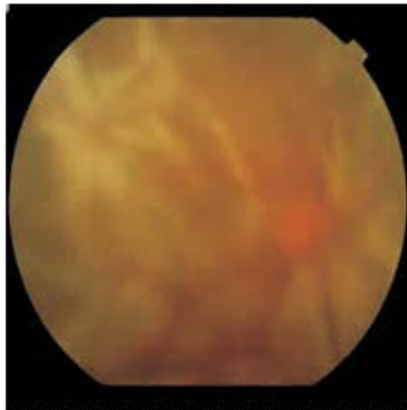
Long standing Retinal detachment

A 35 year old lady from Northern India, had already undergone a cataract surgery as well as a Retinal reattachment surgery at her native place. Her Retina did not get reattached due to extensive scarring. She had lost all hope after going around few Hospitals and was almost blind by the time she turned up at our Hospital.

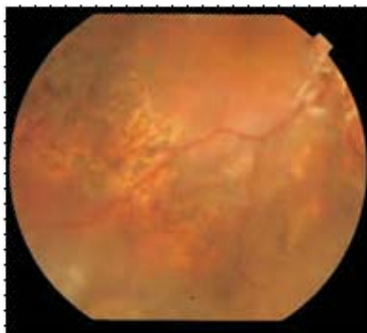
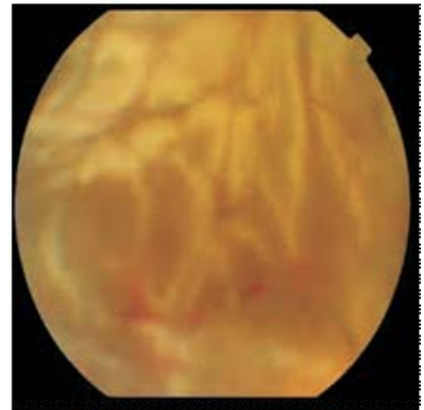
Shrivelled



Shrunken



Detached



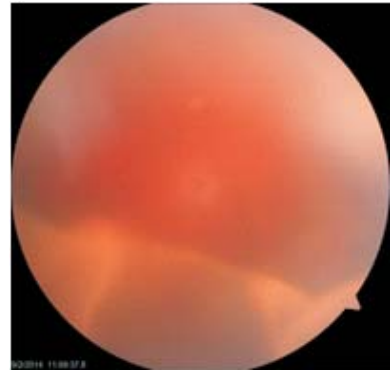
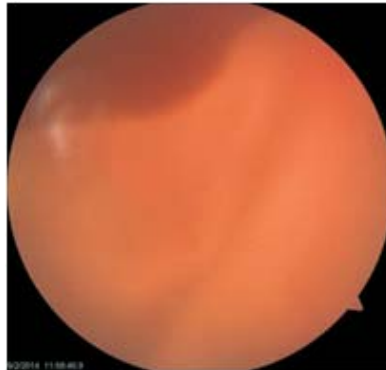
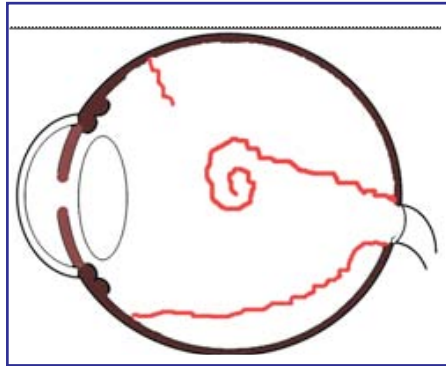
Successful reattachment of the same Retina with restoration of sight

Giant Retinal Tear:

A teacher brought to the notice of a mother that her 8 year old son is unable to see from his Left eye.

The boy was found to have a Giant retinal tear (torn Retina) involving three fourths of the circumference of his eye, rolling over on to itself like a rolled mat, causing a total retinal detachment.

Left Eye : Giant Retinal tear with a Rolled Inverted Flap

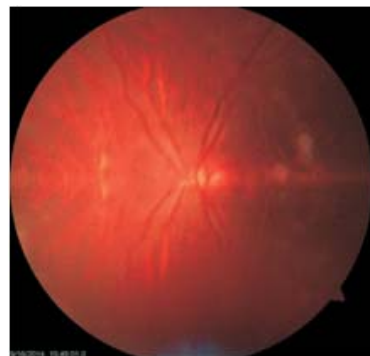
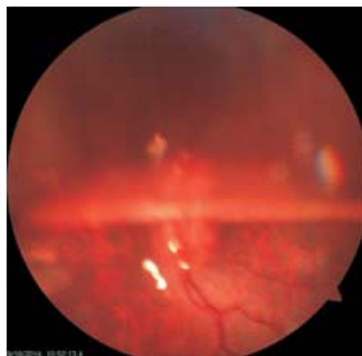


Treatment of such tears was considered to be very difficult until recently. However, with advancement in technology, they are now amenable for treatment with reasonably good rates of successful reattachment.

Right Eye: Normal eye



Left Eye: Retina unrolled and reattached by surgery



Diabetic tractional Retinal detachment

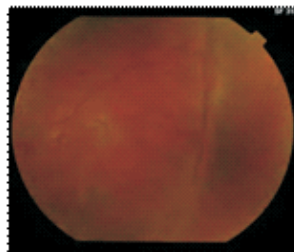
This 55 year old musician developed bleeding and scarring of his Retina and a tractional Retinal detachment with profound loss of vision, affecting his Left eye due to an advanced diabetic eye disease.



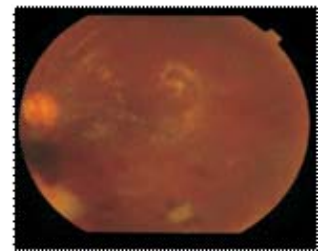
Bleeding on the Retina



Scarring of the Retina

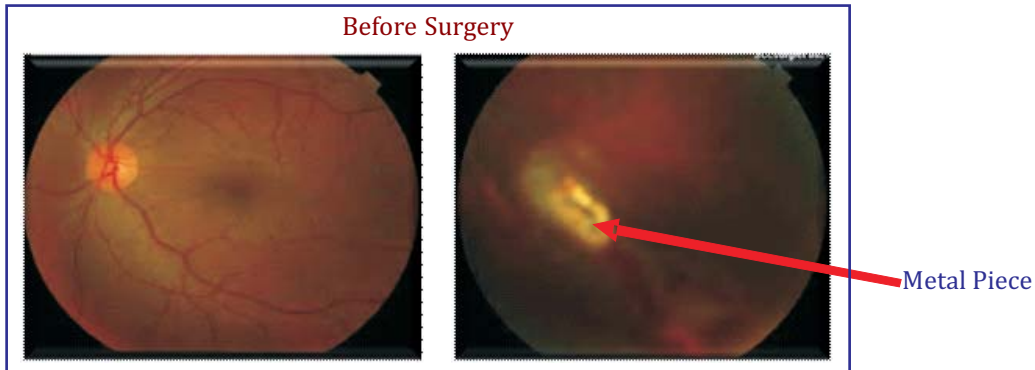


Blood evacuated / scars removed and vision restored following Surgery



Metallic Intraocular foreign body

A 21year old auto mechanic was injured with a metal chip while grinding on his lathe. The metal piece pierced his left eye and landed on to the Retina with such a force, it also pierced his Retina. Left untreated, the metal piece would gradually disintegrate dispersing tiny particles inside the whole eye leading to a condition called SIDEROSIS and loss of vision and a shrunken eye. See pictures below both before and after the surgery



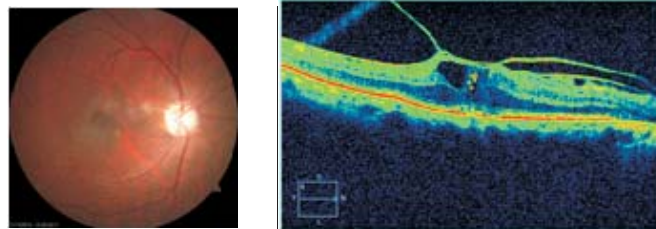
100 % Vision restored after extracting the metal piece by minimally invasive surgery



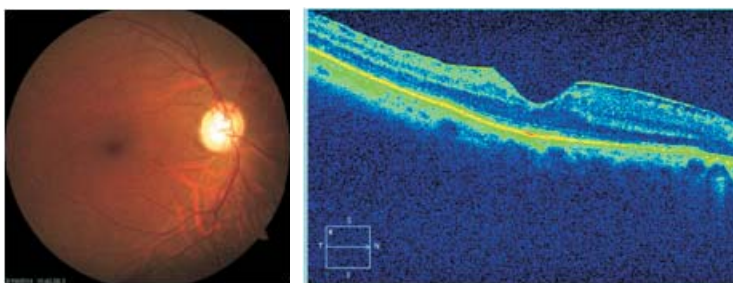
Vitreomacular traction

A 60 year old Lady suffered from distorted vision due to fluid collection following a traction by the vitreous gel on the central most point of her Retina.

Distorted vision due to traction on the
Macula with fluid collection



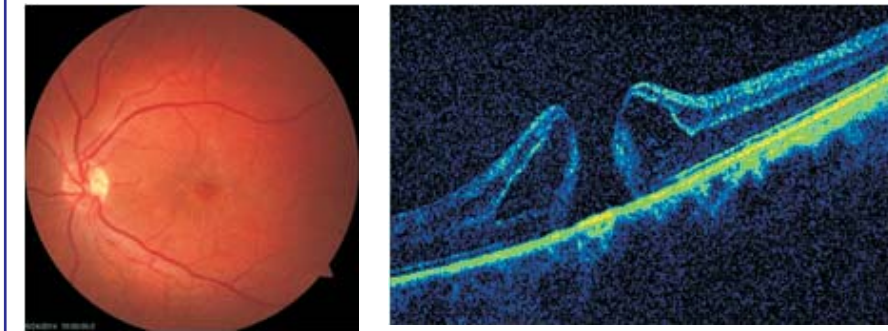
Restoration of Normal vision



Relief of traction by surgery to restore the normal Retinal contour.

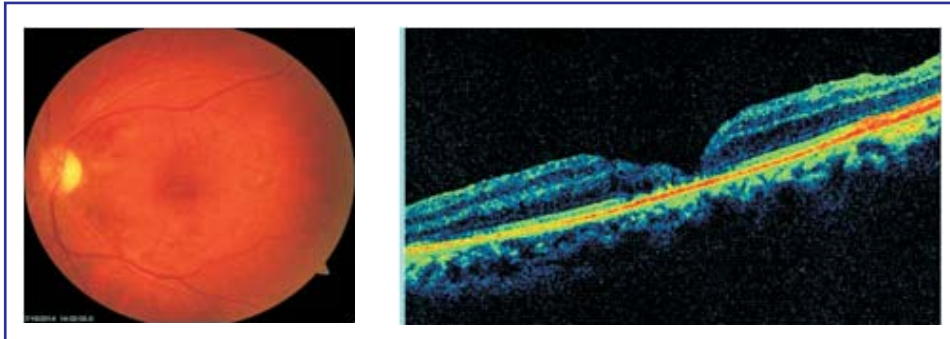
Macular hole

Full thickness macular Hole



A 70 year old Lady with loss of central vision and reading disability due to a full thickness Macular Hole

ILM peeling surgery resulting in closure of the macular Hole.



Professional Highlights 2013-14



SHARING WITH THE OPHTHALMIC COMMUNITY

Axial Length of the Eye In Patients with Retinal Vein Occlusion

Authored by Dr. Manas Gorey. Co - authors :
Dr. Ashok Rangarajan, Dr.P.R. Rajasree,
Dr. Shaun Dacosta. Presented at AIOC 2014
at Agra in Feb 2014 as E poster

Retinal vein occlusion (RVO) is a relatively common retinal vascular disease second only to diabetic retinopathy in incidence. It commonly affects individuals over 65 years of age and is usually associated with a variable amount of loss of vision.



The retina derives its blood supply from two sources –

1. The outer laminae including the rod and cone photoreceptors and the outer nuclear layer are supplied by the choroidal circulation
2. The inner laminae are supplied by the central retinal artery and vein

Central retinal vein occlusion (CRVO) typically arises when a central retinal vein is occluded posterior to or within the lamina cribrosa. Branch retinal vein occlusion (BRVO) may result from compression by an adjacent retinal artery, typically at a common crossing point. Hemi-central retinal vein occlusion (HCRVO) results from blockage of one of two trunks of the central retinal vein within the optic nerve.

All types of RVO are multifactorial in origin. Various systemic and local factors play a role in different unique combinations in each patient to cause one or another type of RVO. Systemic arterial hypertension, diabetes mellitus, and atherosclerotic cardiovascular disease are the most commonly encountered associated underlying medical diseases.

Purpose : To determine whether axial length of the eye had any role to play as a risk factor in the development of RVO.

Axial lengths of the 56 eyes of 56 patients diagnosed to have unilateral Retinal Vein Occlusion were measured using A-scan ultrasonography and compared with those of the unaffected fellow eye of the same patient and with 50 eyes of 50 age matched controls.

The mean axial length of eyes with RVO was 22.59mm (SD 0.79)

The mean axial length of contra lateral unaffected eyes was 22.87mm (SD 1.31)

The mean axial length of eyes in the control group was 23.18mm(SD 0.96)

There is a statistically significant difference between the axial lengths of the affected and the unaffected fellow eyes of the same patient (P=0.0125)

There is a statistically significant difference between the affected eyes and the control group eyes (P=0.0008)

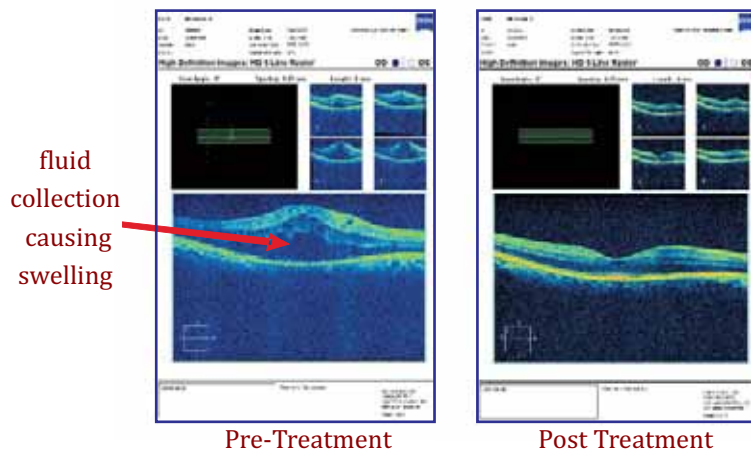
Findings

The mean axial length of eyes with RVO was 22.59mm (SD 0.79) and that of the contra lateral unaffected eyes was 22.87mm (SD 1.31). The mean axial length of eyes in the control group was 23.18mm (SD 0.96). There was a statistically significant difference between the axial lengths of the affected and the unaffected eyes of the same patient ($p = 0.0125$) as well as between the affected eyes and the control eyes ($p = 0.0008$).

Conclusion: 'Shorter axial length may be a risk factor for development of RVO'.

Spectral Domain OCT analysis of the efficacy of Nepafenac 0.1% in Irvine Gass Syndrome

E -poster at the 72 All India Ophthalmological Society conference held at Agra between February 6-9, 2014: **Presenting Author Dr Sachin Mallundar , Chief Author Dr Shaun Dacosta, Co-author Dr P. R. Balamurugan**



Cystoid macular edema (CME) the commonest cause of decreased vision following cataract surgery is referred to as Irvine Gass syndrome (IGS). A prospective study of 29 eyes of 29 patients with IGS who were treated with 0.1% Nepafenac dosed thrice daily was evaluated using

Spectral Domain OCT. Two patterns of SD OCT were observed - 37% eyes with cystoid macular edema and 63% eyes with cystoid macular edema and serous retinal detachment. Overall, complete resolution of CME was seen in 41% eyes at 1 month, 38% eyes at 3 months and 7% eyes at 5 months. The study concluded that Nepafenac is safe and effective in enhancing faster resolution of CME thereby resulting in early restoration of vision in patients with IGS

Hypotony Following Trabeculectomy

Dr. Vijayasankari, Glaucoma consultant at our Hospital presented a poster in Glaucoma Society Of India (GSI) Conference held in September 2013, at Indore. A glaucoma surgery is basically done to reduce the pressure inside the eye to prevent further damage to the optic nerve. But after this surgery, there is a chance of developing hypotony in some patients. Hypotony is a condition in which, there is an excess drop in the pressure of the eye, due to increased drainage of aqueous from the eye. A retrospective non-randomized study was undertaken in our hospital to determine the incidence, predisposing factors for hypotony and effectiveness of medical and surgical treatment following glaucoma surgery.

All patients who underwent trabeculectomy from January 2011 to March 2013 were reviewed. Of the 16 patients identified with the incidence of Hypotony, Chart 1 shows the distribution of types of Glaucoma. Chart 2 shows the effectiveness of the treatment adopted on these cases.

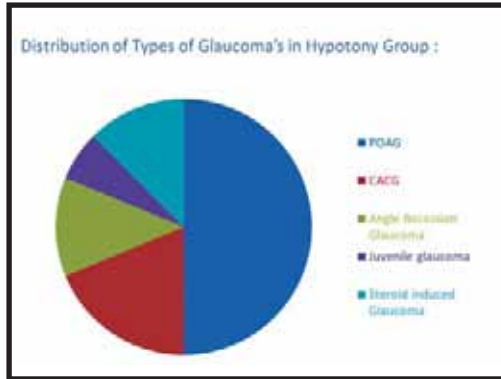


Chart - 1

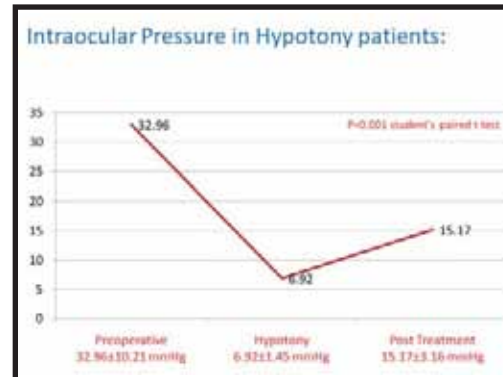
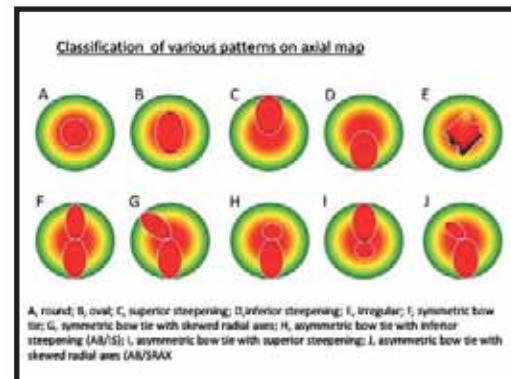


Chart - 2

Chennai Cornea Club meet, on 17th November 2013

Dr P.R. Balamurugan, Corneal Surgeon at Sankara Eye Hospital delivered a lecture at the Chennai Cornea Club meet on 17th November 2013. Corneal topography is an essential tool in diagnosing ectatic corneal disorders in patients undergoing corneal refractive surgery. In the meeting he highlighted the basics of corneal imaging, various types of imaging modalities available, their clinical applications etc. The meeting was attended by all the eminent corneal surgeons in Chennai



Lecture on "Equipments in Ophthalmic Surgery" at IIT Madras



Dr P.R. Balamurugan, Corneal Surgeon at Sankara Eye Hospital delivered a lecture at the Indian Institute of Technology, Madras on 27th March 2014. The main focus was on Microscopes used in most of the ophthalmic surgeries and Phacoemulsification machine used for cataract surgery. It was an exciting experience for the students to watch the surgical videos at the end of the lecture.

Financial Highlights 2013-14



FINANCIAL POSITION OF THE HOSPITAL

Over the years the Hospital has steadily moved towards self sustenance by following strong financial controls and ensuring the judicious application of funds generated through internal accruals and donations. The year has seen a rise in our revenues by about 17% from about Rs 8.6 crores to about Rs 10 crores. Our expenditures have also grown by 26% from about Rs 7.7 crores to Rs 9.7 crores primarily on account of increased establishment costs and the initial outlays towards starting an eye hospital in Odisha

The position of funds and their application at a high level is as under:

| | 2012-13 | | | 2013-14 | | |
|---------------------|-------------------|-------------------|------------------|--------------------|-------------------|------------------|
| | Income | Expenditure | Nett | Income | Expenditure | Nett |
| Hospital Operations | 72,515,181 | 73,514,587 | (-)999,406 | 81,961,631 | 91,661,688 | (-)9,700,057 |
| Opticals | 6,173,124 | 3,070,147 | 3,102,977 | 8,262,612 | 4,588,744 | 3,673,868 |
| Training | 2,288,134 | 534,827 | 1,753,307 | 3,536,727 | 1,029,332 | 2,507,395 |
| Other Income | 4,824,049 | | 4,824,049 | 6,936,651 | | 6,936,651 |
| Total | 85,800,488 | 77,119,561 | 8,680,927 | 100,697,621 | 97,279,764 | 3,417,857 |

Detailed financial statements are given in the subsequent pages. We expect that there will be increased outlays in the next year towards the cost of setting up a fully paying facility in Nanganallur which may start giving returns in three years. Setting up a new Hospital in Odisha is also likely to involve costs towards staff recruitment and training

AUDITED FINANCIAL RESULTS

| SANKARA EYE HOSPITAL | |
|--|----------------|
| 1, THIRD CROSS STREET, SRI SANKARA NAGAR, PAMMAL, CHENNAI -600075 | |
| ABRIDGED RECEIPTS AND PAYMENTS ACCOUNT FOR THE YEAR ENDED 31/3/2014 | |
| Opening balance of Cash and Bank | 58,365,410.20 |
| RECEIPTS | |
| General Donations | 16,230,219.19 |
| Endowment Donations | 4,704,000.00 |
| IP Receipts | 49,541,659.00 |
| OP Receipts | 24,402,763.85 |
| Interest from deposits | 5,516,820.80 |
| Miscellaneous receipts | 8,771,411.45 |
| Ophthalmic course, Training fee | 2,514,727.00 |
| Opening Balance and Receipts | 170,047,011.49 |
| PAYMENTS | |
| Establishment (Salaries etc) | 44,146,168.60 |
| General Maintenance | 14,629,346.79 |
| Medicines and Opticals | 19,637,697.28 |
| Food for patients | 3,614,087.60 |
| Other Administration expenses | 5,210,801.57 |
| Travelling, Conveyance, Telephone | 314,723.00 |
| Eye Bank expenses | 60,050.00 |
| Eye Camp expenses, Vanavil | 353,685.50 |
| Interest charges | 241,082.00 |
| Scholarship | 304,701.00 |
| Project - Berhampur | 3,255,538.00 |
| Loan repaid | 2,247,151.20 |
| Additions to fixed assets | 9,179,970.00 |
| Closing balance of Cash and Bank | 66,852,008.95 |
| Closing balance and Payments | 170,047,011.49 |

| SANKARA EYE HOSPITAL | |
|---|-----------------------|
| ABRIDGED INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31/3/2014 | |
| INCOME | |
| General Donations | 16,230,219.19 |
| IP income | 49,423,142.20 |
| OP Income | 24,402,763.85 |
| Interest on deposits | 5,516,820.80 |
| Ophthalmic course fees, other training fee | 2,514,727.00 |
| Miscellaneous Income | 2,609,948.51 |
| Total income | 100,697,621.55 |
| EXPENSES | |
| Establishment (salaries etc) | 44,147,732.60 |
| General Maintenance | 14,629,346.79 |
| Medicines and Opticals | 19,655,662.78 |
| Food for patients | 3,614,087.60 |
| Other Administration expenses | 4,445,725.68 |
| Travelling, Conveyance, Telephone | 314,723.00 |
| Eye Bank expenses | 60,050.00 |
| Eye Camp expenses, Vanavil | 353,685.50 |
| Interest charges | 241,082.00 |
| Project expenses | 3,255,538.00 |
| Scholarship | 304,701.00 |
| Depreciation | 6,257,429.55 |
| Total Expenses | 97,279,764.50 |
| Excess of Income over Expenditure | 3,417,857.05 |

| SANKARA EYE HOSPITAL | |
|---|---------------|
| ABRIDGED BALANCE SHEET AS ON 31/03/2014 | |
| | |
| SOURCE OF FUNDS | |
| General Fund | 62,404,808.35 |
| Endowment fund | 27,009,751.00 |
| | |
| Loan funds - Vehicle loan | 2,224,465.80 |
| Hospital Equipment Loan | 1,500,500.00 |
| | |
| Total source of funds | 93,139,525.15 |
| | |
| APPLICATION OF FUNDS | |
| Fixed Assets | 24,629,684.73 |
| Current Assets | 2,191,279.12 |
| Advances and Deposits | 613,209.00 |
| Stock of medicines | 559,718.50 |
| Cash and bank balances | 66,852,008.95 |
| LESS: Current liabilities | -1,706,375.15 |
| | |
| Total Application of Funds | 93,139,525.15 |

| Details of Board Members as on 31/03/2014 | | | |
|---|---------------------|--------------------------|--|
| Name | Position on Board | No. of meetings attended | Remuneration and reimbursements in Rs. |
| Dr. P. Janakiraman | Managing Trustee | One | Zero |
| S. Visvanathan | Trustee & Secretary | Three | Zero |
| V. Lakshmanan | Trustee & Treasurer | Three | Zero |
| Dr. R.V. Ramani | Trustee | Nil | Zero |
| B.P. Jain | Trustee | Three | Zero |
| Jagdish M Chanrai | Trustee | Nil | Zero |

| Distribution of Consultants & staff according to salary levels as on 31/03/2014 | | | |
|---|------------|--------------|-------------|
| Slab of gross salary plus benefits (Rs per month) | Male (Nos) | Female (Nos) | Total (Nos) |
| Less than 5,000 | 0 | 0 | 0 |
| 5,000 - 10,000 | 26 | 48 | 74 |
| 10,000 - 25,000 | 22 | 21 | 43 |
| 25,000 - 50,000 | 2 | 3 | 5 |
| 50,000 - 1,00,000 | 2 | 3 | 5 |
| Greater than 1,00,000 | 1 | 5 | 6 |
| Total | 53 | 80 | 133 |

| Total cost of international travel by all personnel (including volunteers) and Board members | | | |
|--|-------------|-------------|---------|
| Name | Designation | Destination | Purpose |
| Nil | Nil | Nil | Nil |
| Total | | | |

| | Name | Designation | Remuneration (in Rs.) |
|--|------------------------|-----------------------|-----------------------|
| Operational Head of the organisation: (including honorarium): | NIL | NIL | Nil |
| Highest paid person in the organisation (staff or consultant): | Dr. Surendranath Reddy | Medical Director (VR) | 2,09,000 |
| Lowest paid person in the organisation (staff or consultant): | Smt. Ayothi | Ayah | 5,200 |

What some of our well wishers had to say

"Congratulations on your wonderful eye projects!"



Rtn DK Lee
Chairman, Rotary
Foundation (2013-14)
19 Sep 2013

"We thank you for the partnership with HelpAge India and joining us in the mission of serving the elderly. Thank you for allowing us to serve the poor"



Sri. Mathew Cherian
Chief Executive,
HelpAge India
13 Dec 2013

"Outstanding work. Amazed to hear and know that more than 1500 surgeries are conducted free of cost every month. Proud to be associated with you"

Rtn A.P. Kanna
Dist Governor (2013-14)
RI Dist 3230
03 Sep 2013



"Very impressive eye care setup providing quality and comprehensive eye care to needy. Excellent team work I could observe. Willing to share and learn attitude from top to bottom was very encouraging attitude I noticed while interacting with the team. All the best"

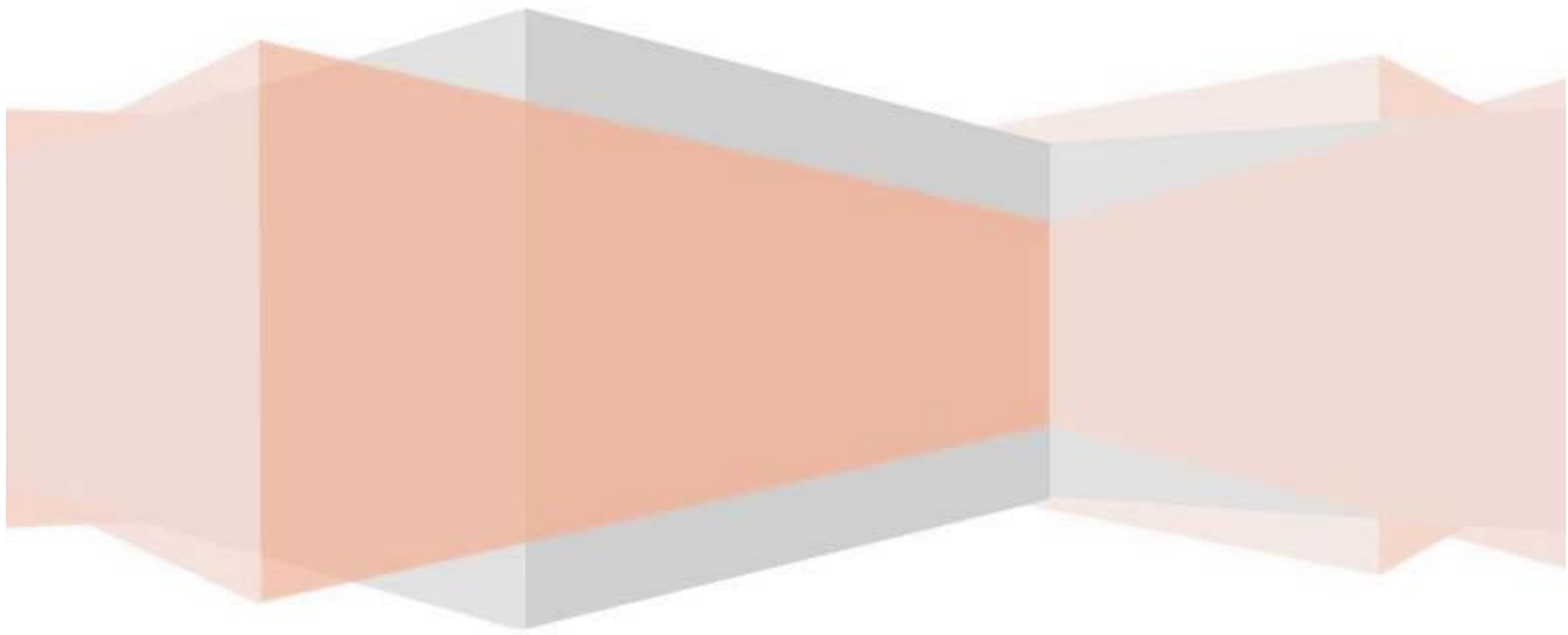
"I had a feeling that I am in a divine surroundings rather than inside a hospital. What really struck me is the cleanliness and order. Absolutely a peaceful atmosphere. Modern medicare in a divine surrounding. The service to the poor is the icing on the cake. I felt humbled"

Dr K Sridhar
Chennai
07 Aug 2013



Dr G.V. Rao
CEO Vision 2020
17 Jun 2013





SANKARA EYE HOSPITAL

(ISO 9001 CERTIFIED INSTITUTION)

No.1, Third Cross Street, Sri Sankara Nagar, Pammal, Chennai - 600 075.

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Website : www.kannoli.net