



Sankara Eye Hospital, Pammal



Annual Report 2014-15



“Beauty lies in the eyes of the beholder”

***It is our crusade to help restore vision to those
afflicted with curable blindness!***

Support us in our “Mission for Vision”

Our Divine Guides...



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Presentation of Equipment by Cognizant Foundation - 16th Apr 14



Inauguration of Nanganallur Centre – 8th Jun 14

Secretary's Report – 2014-15

SECRETARY'S REPORT

Dear Partners, Donors and all Well-wishers

Greetings from Pammal Sankara!

It gives us great pleasure to share with you our Annual Report for 2014-15. The year has been a very satisfying one and will probably be seen as a watershed in our operations in the years to come. The year saw us expanding our reach towards self sustenance by opening a fully



paying modern **hospital branch in Nanganallur** about which I had made a brief mention in my last report. The Nanganallur Centre has come up well and while it is still early days, I am happy to announce that the Centre has managed to become **cost neutral in the 10 months of operation**. Our Doctors and staff who shouldered this additional responsibility have risen to the challenge and have made a good impact in the

community in and around Nanganallur

In my last report I had mentioned that in deference to the wishes of our Jagadgurus, we have initiated the process of setting up an **Eye Hospital in Ganjam District of Odisha**. I am delighted to share with you that **M/S Tata Steel Ltd** have come forward to **fund the setting up** of the Hospital at a **cost of Rs 42.3 Crores** and we have received an initial advance of Rs 3 Crores at a function where



Tata Steel officials handing over cheque for 3 Crores

we signed an agreement with them. The construction work is scheduled to commence by mid April 2015 and it is our intention to **start operations by May 2016**.

The year began on a very positive note with **Cognizant Foundation** strengthening our Cornea department with the donation of a Specular Microscope and C3R equipment at a total cost of about Rs 20 lakhs. Both equipment have proved to be extremely beneficial for our patients and there have been numerous instances where timely detection of problems using the Specular microscope have averted potential complications. Almost **2500 patients** benefited from the



Mr Lakshmi Narayanan, Vice Chairman, Cognizant, unveiling the Specular Microscope



Inauguration of Specular Microscope

Specular microscope and 17 Cross linking procedures were performed during the year using the C3R equipment.

In this Annual Report, we have provided details of our performance as a Hospital and as an Academic Centre of Learning. This issue is also dedicated to highlight the growth of two of our specialty departments, viz, **Cornea and Orbit & Oculoplasty**. Our Cornea department started under the tutelage of Dr Srinivas K Rao and under his guidance, our in-house surgeons have developed themselves to manage most of the Cornea related services. Today the Hospital addresses complex cornea related problems with ease. The Orbit & Oculoplasty department started under the guidance of Dr E Ravindra Mohan and has grown into a credible department offering outstanding medical and surgical services. We have provided a glimpse of the work being done by these departments in this issue.

Community outreach has been the bedrock on which we built this hospital and continues to be the foundational service. In this issue we have provided an overview of what goes into the successful **school screening programmes** 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 community.

We are conscious that ours is a journey and will always remain one until we eradicate needless blindness entirely. We are aware that the country is far from reaching such an objective and hence our endeavors will continue. It is a matter of pride and pleasure to acknowledge the efforts of our Doctors, staff and numerous Volunteers and Sponsors who have kept the wheels

rolling and with their support, commitment and dedication, we know that we will continue to provide compassionate and qualitative services to our patients.

We see exciting days ahead of us in our efforts towards addressing avoidable blindness and we look forward to making a difference to the lives of the under-privileged in Odisha with our new Hospital. We are grateful to you, our patrons and well-wishers and look to your continued support and guidance. We are confident that with the blessings of our Jagadgurus, and support from all well wishers like you, we will succeed in our endeavour to reach the needy population, not only in and around Chennai, but also in Odisha

Jaya Jaya Sankara, Hara Hara Sankara!

S Visvanathan, IRSEE(Retd.)
Trustee & Secretary



Perspective view of Sankara Eye Hospital, Samarjhola, Odisha

Board of Trustees



Dr P Janakiraman
Managing Trustee



V. Lakshmanan
Treasurer



S. Visvanathan
Secretary



B.P. Jain
Trustee



Dr. R.V. Ramani
Trustee



Jagdish M. Chanrai
Trustee



Wg Cdr V Shankar (Retd)
Executive Director



Events Calendar – 2014-15

NOTABLE EVENTS....

Donation of Equipment by Cognizant Foundation

Cognizant Foundation donated a Specular Microscope and a Collagen Cross Linking (C3R) equipment – Sri Lakshmi Narayanan, Vice Chairman Cognizant presented the equipment to the Hospital at a simple function on **16th April 2014**. The CEO of Cognizant Foundation, Sri Madhavan Satagopan, was also present along with Sri NR Krishnan, IAS, Director, Cognizant Foundation



New Branch at Nanganallur



A fully equipped Branch Hospital was inaugurated by HH Sri Jayendra Saraswathi Swamigal on 8th June 2014. The Hospital provides out-patient facilities on all seven days of the week and performs day care cataract surgeries

World Doctors Day...

World Doctors Day was celebrated on 1st July at the hospital premises. Members of Lions Club of Chitlapakkam honoured all the doctors



Second Batch of B Sc Optometry starts



The second batch of B.Sc. Optometry course affiliated to Bharathiar University was inaugurated on **14th July 2014**. Dr. Ashok Rangarajan, Medical Director, inaugurated the course and Mrs Malathy Balakrishnan, Principal Sankara Global Academy spoke on the occasion

Beyond eye care-Blood Donation Camp



A blood donation camp was organized on **1st August 2014** at our hospital premises. **120 units** of blood were collected by a team of doctors from Rotary Central TTK VHS Blood Bank, Adyar.

Promoting awareness about eye donations!



Eye Donation rally was organized by Pammal Sankara Eye Bank in Anakaputhur, Pammal, Pallavaram & Chromepet on various dates in early September on the occasion of Eye Donation Fortnight

Due Diligence visit by Tata Steel



“Sri Arun Misra, Vice President, Tata Steel accompanied by Sri Rajat Subhra Majumdar and Sri Komal Dashora from Medica Synergie, visited our Hospital on **20th September 2014** for discussion regarding the construction of Eye Hospital at Samarjhola village, Ganjam District, Odisha

A Dinner with a Difference - Blind Date

During Daan Utsav period, we hosted a “Blind Date” on **7th October 2014** at Copper Chimney Restaurant - the event was a dinner with a difference to bring about awareness of avoidable blindness. Guests were blindfolded at the entrance to the restaurant and directed to their tables by voice instructions and they had a full three course meal completely blindfolded.



Village Volunteers - the backbone of rural outreach



Village Volunteers meet was organized in the hospital on **6th December 2014**. Sri. S.Ve. Shekher, Actor inaugurated the programme and PMJF.Ln.S.R.Shri Raam Shekhar felicitated the volunteers. On this occasion, the hospital celebrated the 2,00, 000th surgery by honouring Dr.R.Nirupama, the surgeon and Ms.Liciya, the paramedical assistant. The function ended with a sumptuous lunch sponsored by Vinayaga Catering Services.

A Major Milestone - Sankara Eye Hospital, Odisha

7th January, 2015 : A Red letter day for the Hospital when our Trustee & Secretary, Sri S Visvanathan, signed the Agreement with M/S Tata Steel for receiving a grant of **Rs 42.3 Crores** towards setting up a new Hospital at Samarjhola, Odisha. An impressive function was organized by Tata Steel at Bhubaneswar attended by Dr Pradeep Kumar Panigrahy, (Minister of State for Higher Education, Science & Technology and Minister of State for Rural Development), Sri Atanu Sabyasachi Nayak, (Minister of State for Health & Family Welfare, I & P.R.) and numerous dignitaries from Tata Steel Head office. Speaking to the Press and Media in Oriya, Sri Visvanathan assured them that the Hospital will be ready and operational by May 2016. Vice President of Tata Steel, Sri Arun Kumar Misra signed the agreement on behalf of Tata Steel



Graduation Day - B Sc Optometry

The First Graduation Function was held on **7th January 2015** at the Hospital where Degree certificates were handed over to **25 Graduates** of Sri Jayendra Saraswathi Institute of Optometry. **Dr. K. Ananda Kannan**, Former Vice Chancellor of Dr.MGR Medical University, Chennai and Former Director of Regional Institute of Ophthalmology gave the graduation address



Training of Staff for Odisha

Vision Care Technicians training for candidates from Odisha was inaugurated by Rtn. PHF. Natarajan Nagoji, District Governor Nominee RID 3230 on **20th March 2015**. 22 Odisha students have been recruited and will form the core group at the new Hospital



Grateful Acknowledgments

Our Hospital has been blessed with a very large number of well-wishers and it is their support, guidance and encouragement that has helped us in carrying out our work. Everyone who has helped us in every way, deserve our acknowledgment and we are immensely grateful to them. A few Institutions and individuals who have stood by us over the years and whose contributions have been significant to merit special mention are given below. However, we would like to mention that highlighting the few on these pages does not in any way diminish our gratitude to the many who have been supporting us and we look to them to continue to be our guides, mentors and partners.



Sri Appaswamy Iyer delivering " Dhana Patram " to Dr. V. Venkatasubramanian, our President

The Hospital owes its existence at this location to the generosity and munificence of Sri S Appasamy Iyer, Founder, M/s. Appaswamy Real Estates Limited (AREL) who donated 11 grounds (26000 sq ft) of land in 1988 on which the Hospital stands today. We are, and will ever remain, indebted to him for his act of selfless generosity which made it possible for us to extend our services to the needy

The initial years saw significant Institutional support from organizations like Rotary Foundation, Sightsavers International and Tulsi Rural Development Trust. These organizations had a major role to play in enabling the Hospital to become a credible institution serving the cause of addressing curable blindness. Sightsavers supported us not only for cataract surgeries but also funded the setting up of the Vitreo Retina department. Tulsi Rural Development Trust, and subsequently, Mission for Vision, supported us financially to overcome the deficit in costs for many years and their contribution deserves our grateful acknowledgment.

Rotary Club of Madras Fort, Rotary Foundation and many Rotary Clubs both from India and abroad have been extending valuable support to the Hospital over the years. Their support has taken the form of donation of equipment, vehicles, sponsorship of surgeries, sponsorship of events, School children vision screening through matching grants totaling Rs 19.2 Million



Visit of Rtn Manjit S Sawhney and Rtn M Balaji (2006)

Chennai Metro Mahaveer Club Chairman, Shri Mangal Chand Tater facilitated the conduct of about 450 camps in Chittoor, Sri Kalahasti, Tirupathi, Renigunta, Gummidipoondi, Vyasarpadi, Perambur, MKB Nagar, Ayanavaram, Padi, etc. in Chittoor and Thiruvallur Districts through the Jain Sangh. A total of around 65,000 patients were screened and about 12300 surgeries carried out through their involvement. A sum of Rs. 80.30 lakhs was also received as donations collected by the Jain Sangh over the years



Patients are in queue for registration



Patients selected for cataract surgery are waiting for boarding in our transport

Sri Vijay Mathaney, Chairman, M/s. Ambattur Clothing Limited, Chennai has been a very strong supporter of the Hospital since 2004. His generous assistance is as under:

- Rs. 50 lakhs donated for the construction of second floor - Shanthi Mohan Block.
- About 9200 employees of M/s. Ambattur Clothing Limited in MEPZ & Ambattur were screened in 2004 and about 2100 employees were identified as needing spectacles. The company paid Rs. 8.72 lakhs for screening and manufacturing of spectacles.

Sri V G Raghavan, Director - Finance, M/s. Essar Steels Limited, Mumbai, introduced by our Trustee Rtn.B.P.Jain, has been associated with our institution since 2005. His contributions over the years has been impressive as will be seen below:



- He donated Rs. 5.82 lakhs for the installation of a Hospital Information System in 2005.
- From his Trust, Sri Deya Trust, he has donated towards the construction of Isa Dampathi Yagnesa Block in first floor in 2006.
- In order to get the Rotary Matching grant for performing 3000+ cataract surgeries in 2007, he donated Rs. 6.77 lakhs.
- He donated Rs. 8.61 lakhs for the procurement of one Tempo Traveller in January 2010.
- In addition, he also raised donations from his friends and others for creating endowments.

Rtn B P Jain, FCA, our Bishma Pithamahar, launched the Kannoli-Vision Saver project in 1994. Over the years, he has been an active supporter of the project through his personal Trust, 'BP Jain Auditors Trust' and also has been at the forefront of motivating numerous philanthropists to come forward and create endowments.

HelpMeSee Inc in collaboration with HelpAge India sponsored a total of 950 surgeries @ Rs 2100 per surgery in 2014.

Yoga Vidya Pranic Healing Foundation, Chennai supported 200 cataract surgeries @ Rs.1000/- each during **August 2014**



Lions Clubs International District 324A6 donated **4000 kg of rice** over four quarters in 2014-15.

Rajasthan Youth Association (RYA) has been donating 200 Kg of rice every month for the last ten years.

Vinayaga Catering Services have been extending generous support to the Hospital through sponsoring lunch for the **Village Volunteers meet every year for the past five years**. An average of **350 people** attend the event every year.



Sri Jain Dhaval J Chandan, Chairman, M/s. RMP Infotec Ltd., Chennai was instrumental in the setting up of the Eye bank. He has donated Rs. 12 lakhs for the procurement of one Specular Microscope for our Eye Bank. This equipment is used for analyzing the cell count in the cornea retrieved after death.

Sri M R Rajkumar Reddy, Managing Director, Vishranthi Builders has been associated with our hospital since 2009. Apart from generous donations every year, he deserves special mention for the following:

- In 2013 he sponsored the production of a video film depicting the activities of the Hospital and its commitment to the rural poor.
- He organized a special camp for Buddhist Monks in Bylakuppe, Mysore (Karnataka) in early 2014. The selected patients were brought to Pammal for surgery. He sponsored the entire project.



Sri M R Rajkumar Reddy inaugurates the Bylakuppe Camp

He supported special surgeries like paediatric cataract, cornea, etc. for poor and needy children. So far he has donated more than Rs. 10 lakhs.

We are also thankful to a number of regular donors who have been creating endowments year after year. A list of these generous supporters is given below:

Name	Address	Amount donated	Since
Sri A Namasivayam	Anna Nagar, Chennai	210,000/-	2000
Lion R Tamil Selvan	Tambaram, Chennai	350,000/-	2002
Sri V Ganapathy	T.Nagar, Chennai	500,000/-	2007
Sri S Panchapakesan	Kodambakkam, Chennai	110,000/-	2007
Lion T A S Ramamurthy	Anna Nagar, Chennai	350,000/-	2009
Sri A V Kumar	Kilpauk, Chennai	127,500/-	2009
Sri M Raghupathy & Smt Aparna Raghupathy	Thiruvanmiyur, Chennai	150,000/-	2010
Smt S Rajeswari	Kotturpuram, Chennai	400,000/-	2012
Sri C V Ramaiah	Bangalore	110,000/-	2013

School Vision Screening



Orientation to the Teacher Volunteers given by

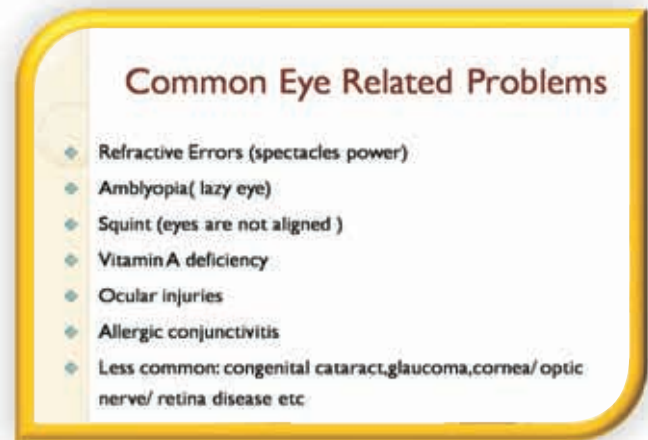
Dr. R.V.Ramani, Trustee of Pammal Sankara and Managing Trustee, Sri Kanchi Kamakoti Medical Trust, Coimbatore



“Vanavil” – School Children Vision Screening and Distribution of Spectacles

SCHOOL CHILDREN SCREENING FOR VISUAL DEFECTS

As per a report of August 2014 by the World Health Organization, an estimated 19 million children are visually impaired. Of these, nearly 12 million children are visually impaired due to Refractive errors, a condition that can be easily diagnosed and corrected. Children's eye problems increase with age. It is a known fact that in the formative years, upto the age of 12, 80% of a child's learning comes through vision. It is a fact that 30% of India's blind lose their sight before the age of 20 and **many of them are**

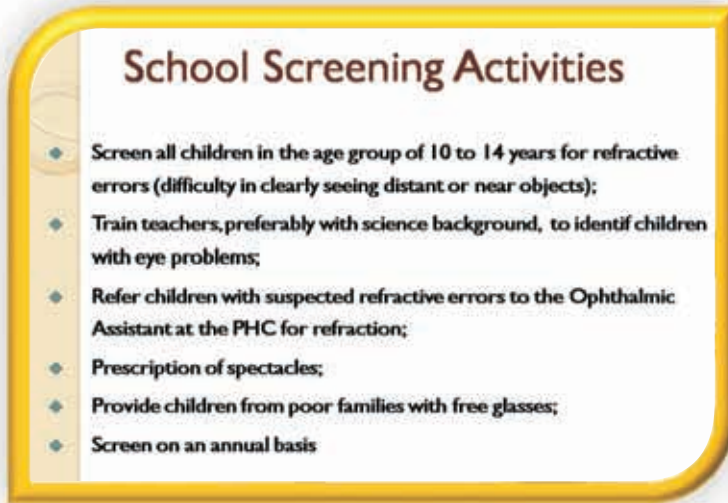


under five when they become blind. Vision problems affect one in 20 children below the age of five and one in four school age children. The importance of early detection of visual impairments is, therefore, obvious. But, the sad reality is that most children have not had a comprehensive eye exam prior to starting school. Vision problems have been shown to adversely affect a child's achievement in school. Myopic children have trouble reading blackboards and tend to either copy from children seated close to them or simply lose interest. Majority of students identified as problem learners have undetected vision problems. Vision problems can and do adversely affect students' ability to participate in and enjoy learning.

At Sankara, we realized the importance of detection of visual problems in children. With the Blessings of **Their Holiness of Sri Kanchi Kamakoti Peetam** and supported by Rotary Club of Madras Fort, the District Blindness Control Society, District Collector of Tiruvallur and the District Health & Education Department of Tiruvallur, a programme called “ **Vanavil** ” (which means Rainbow in Tamil) was launched in the year 1997. The main objective of the programme was “ **To achieve the maximum reduction in avoidable blindness by organising screening of School children to identify preventable eye defects through Optimal utilisation of available resources, the community and Voluntary Organisations** ” The programme was a well structured one and a typical time bound annual programme of school screening would encompass the following :

1. Formation of an Executive Body: The executive body, wherever feasible, will consist of representatives from Chief Education officer, DEOs, President, Rotary Club of Madras Fort, Joint Director Health Services, Government District Head Quarters Hospital, Deputy Director (Health), District Programme Manager, DBCS, BDOs, Chairman Panchayats & Secretary, Sankara Eye Hospital

2. **Around 200 Teacher Volunteers** (say at the rate of one teacher for every 500 students or part thereof – minimum one from each school) will undergo a methodical orientation as to how to screen the visual status of children. This training will be given by staff of Sankara Eye Hospital. This orientation programme will be from 10:00 A.M. to 12:00 Noon at a



suitable centre (School). Visual aids and other data sheets would be distributed during this training. The training would encompass Vision testing with Snellen's chart, recognition of common eye problems, concept of prevention of eye injuries and first aid emergency care for eye injuries. In addition, the training would cover health education on prevention of common eye diseases, classroom illumination

and role of nutrition in maintenance of life long good vision

3. **Preliminary vision screening** by teachers has to be completed in one week during June. (immediately upon re-opening of schools after summer vacation). The trained Teacher Volunteers will screen the children in their respective schools and record those children who have some visual defects. It is our experience that about 10 to 15% of the children will be identified for further screening by qualified Ophthalmic Assistants.
4. **Vision screening of the identified children by school** teachers will be done by 2 teams of two Ophthalmic Assistants and completed by mid August. All the children studying up to 8th standard are to be supplied with de-worming tablet and a course of ten vitamin A & D tablets by Government Primary Health Centre. Out of a target population of 100,000 students, around two thousand children may be requiring spectacles and a few may need surgery. The spectacles will be made ready by Sankara Eye Hospital, Pammal once a sponsor for the same is identified
5. **Surgical Treatment:** All the students who require a Surgeon's opinion will be referred to Government Hospital or to Sankara Eye Hospital, Pammal for evaluation. The identified children will be given surgical procedures and other services totally FREE OF COST by Government Hospital or at Sankara Eye Hospital, Pammal.
6. **Distribution of Spectacles:** The distribution of corrective glasses for those children identified with refractive errors will be done in a function on or before October 2nd.

Sightsavers International lent their support to this programme from 2002 to 2005 in addition to their support to Cataract surgeries. The details of their support is as under:

➤ Student population covered	-	3,90,102
➤ Teacher volunteers trained	-	849
➤ Students identified with refractive errors	-	13,722
➤ Students distributed with free spectacles	-	13,340
➤ Students underwent surgery	-	37

A training kit was created with the support of Rotary Club of Madras Fort and Sight Savers International which was distributed to every Teacher who was trained for identifying children with visual disorders. The kit was a pictorial booklet printed in English and Tamil to help teachers carry out a structured vision screening and counselling in their class rooms. The figure shows a typical page from the booklet. The success of the programme can be traced to multiple factors; one, of course, was the sheer dedication and commitment of the staff involved who identified themselves with the need and urgency of addressing needless visual impairment in children. The second factor was the willingness of a very large number of teachers who volunteered to undergo training and subsequently carried out an excellent job of putting up students for further evaluation. The third, and possibly the crucial one for the efficacy of the program was the support we received from Government agencies as well as organizations like Sightsavers International, DBCS, Rotary Club of Madras Fort, Lions Club of Chitlapakkam and numerous others.

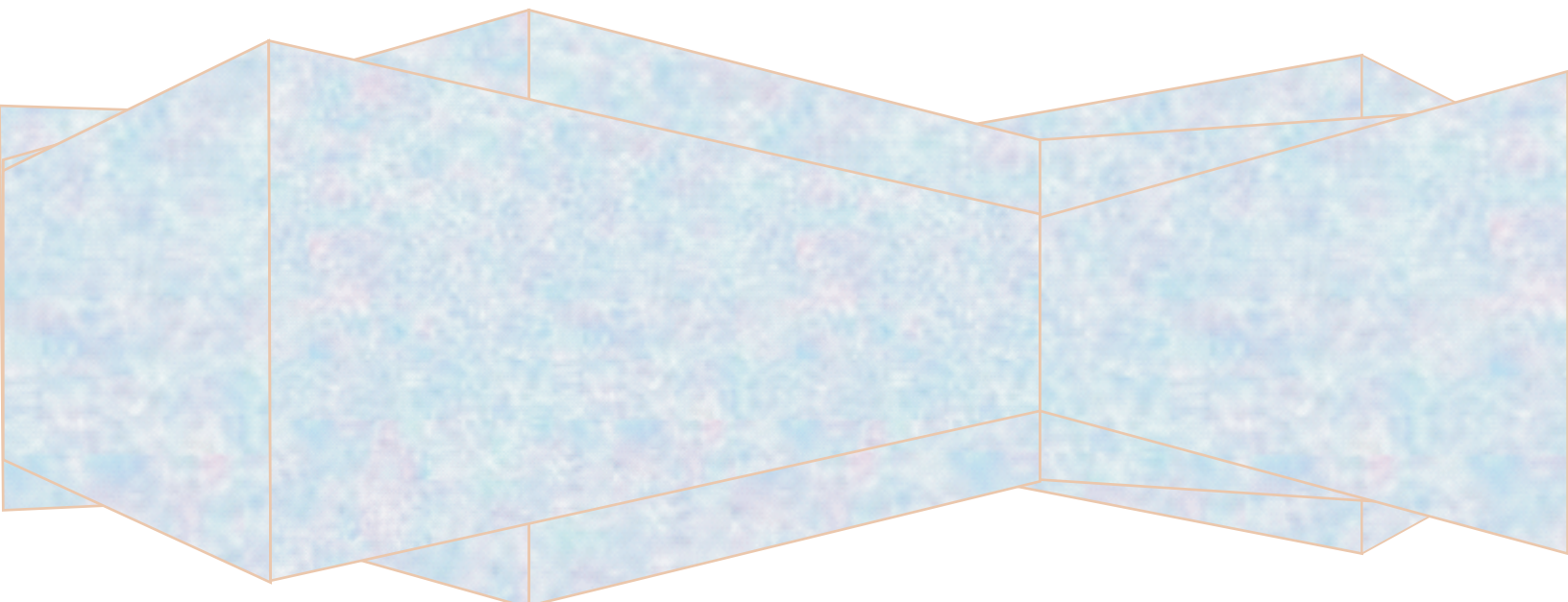


Apart from identifying and treating eye disorders through school screening camps, the Hospital, as a policy, offers free screening to every child who walks into our Hospital. The entire outpatient screening is carried out free of cost and, for the needy child, even spectacles are given free. Surgical interventions, where advised, are subsidized for the deserving children and at times, when the costs are likely to be high, generous donors are approached to sponsor the surgery

School Screening Statistics

Year	Screened	Spectacles distributed
1997	40,000	811
1999	50,000	2,970
2000	250,000	5,645
2002	80,362	2,590
2003	122,000	4,864
2004	88,240	2,262
2005	99,500	4,006
2006	17,155	946
2008	65,297	3,257
2009	38,585	3,607
2010	1,603	16
2011	32,101	1,203
2012	6,995	569
2013	2,030	107
2014	3,180	188
2015	4,234	220
Total	901,282	33,261

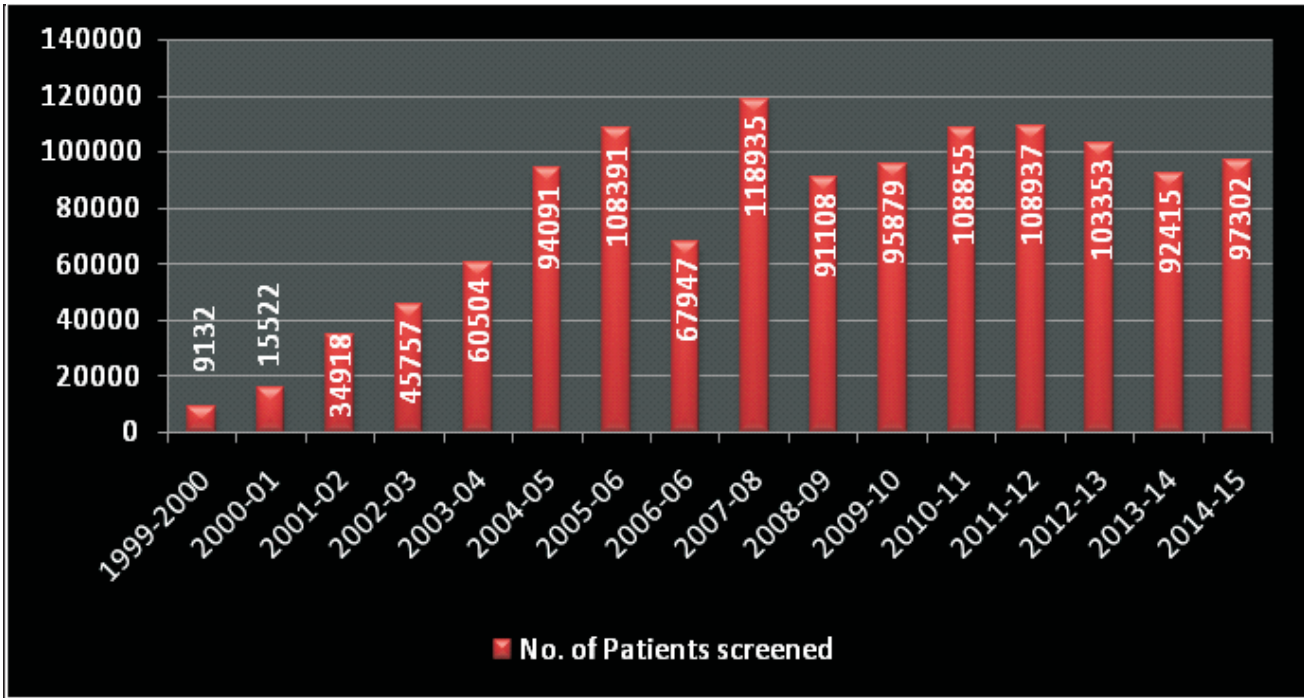
Performance Highlights 2014-15



OUTPATIENT SCREENING (CAMP)

Our rural outreach programme continues to be the mainstay of our operations which is consistent with our objective of providing access to qualitative eye care to the needy. We have managed to reach out to well over a million people in the villages of 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.

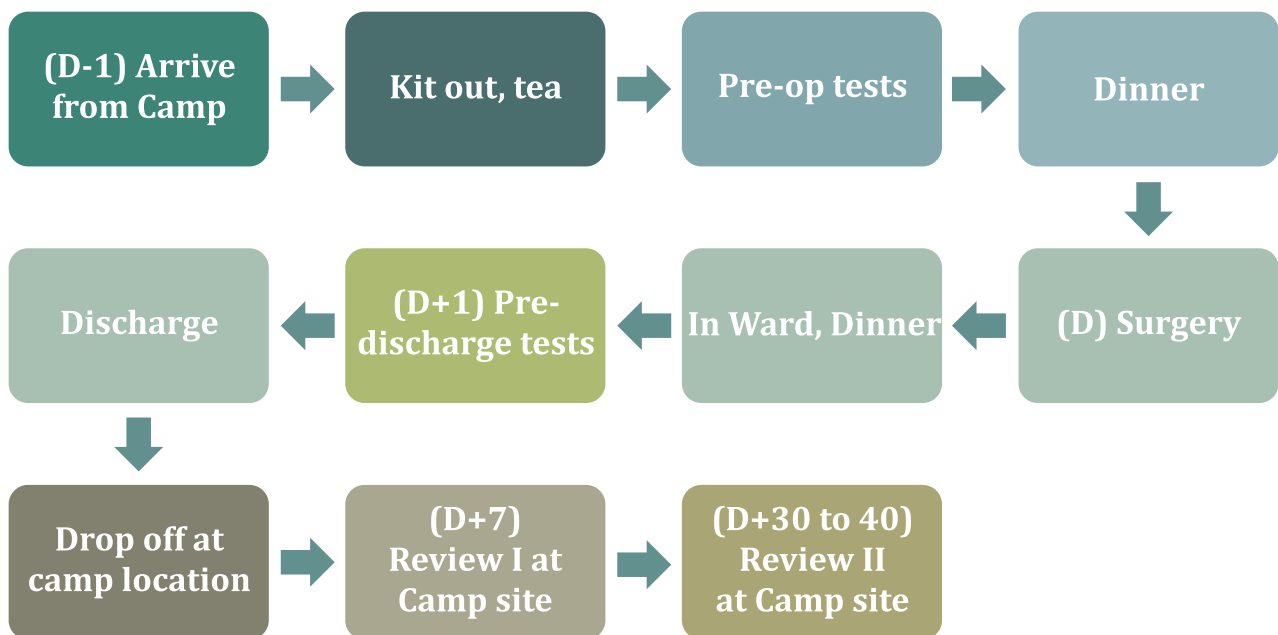
The number of patients screened over the years is shown below:



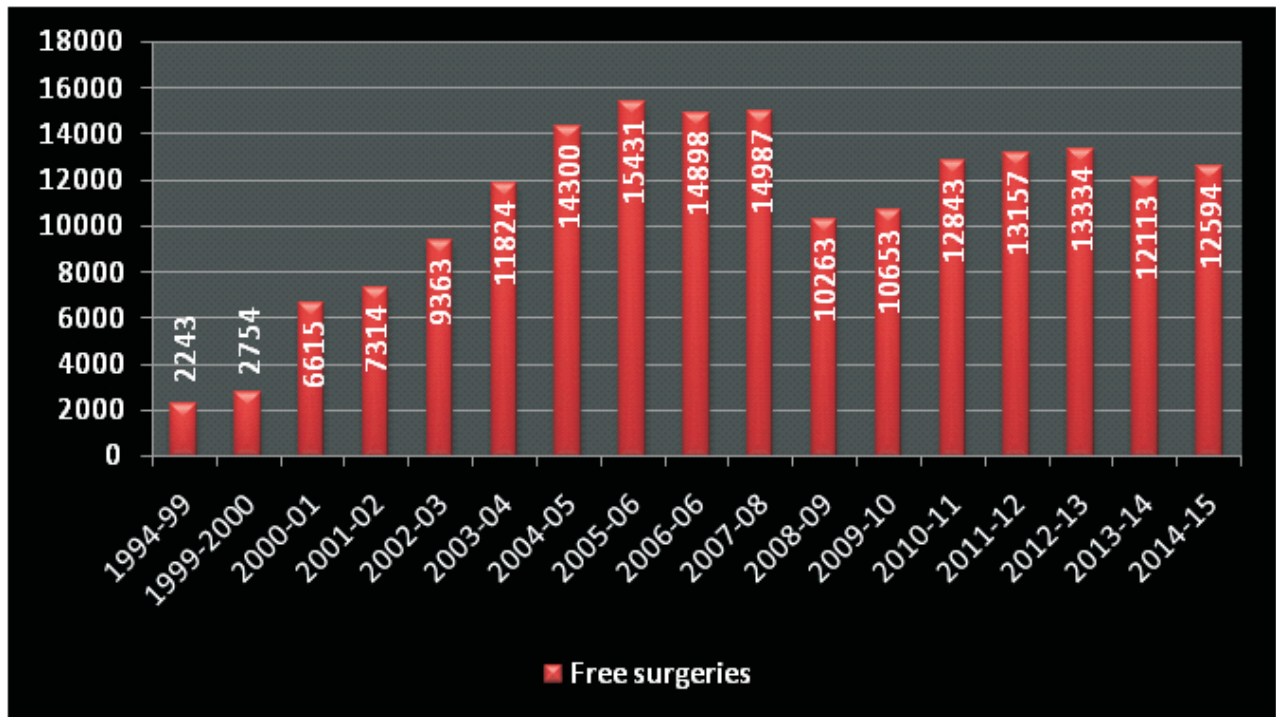
CATARACT SURGERIES (FREE)

Patient Care Flowchart - Rural Outreach

D - Day of Surgery



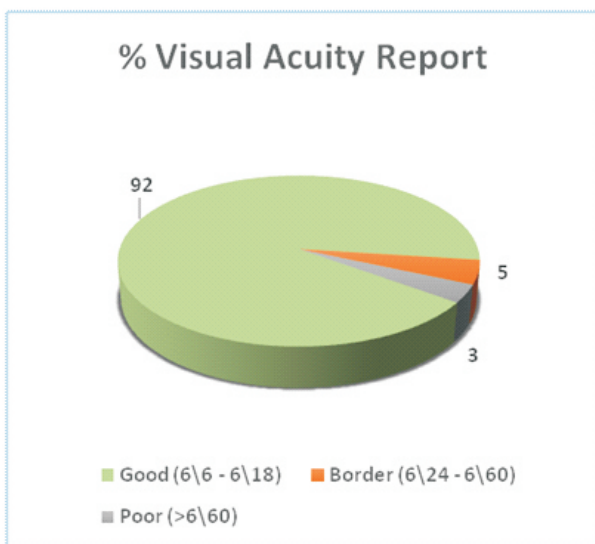
To date the Hospital has carried out close to 185,000 free surgeries. Details of surgeries carried out as part of rural outreach programme is shown in the chart below:



THIRD PARTY AUDITS

Third party audits carried out by Mission for Vision for the past four years has established that the quality of the surgeries performed by us have been consistently excellent. In order to maintain quality, we have consciously and deliberately set a ceiling of 13000 free surgeries every year.

Excerpt of the report from MFV on their findings is given below:



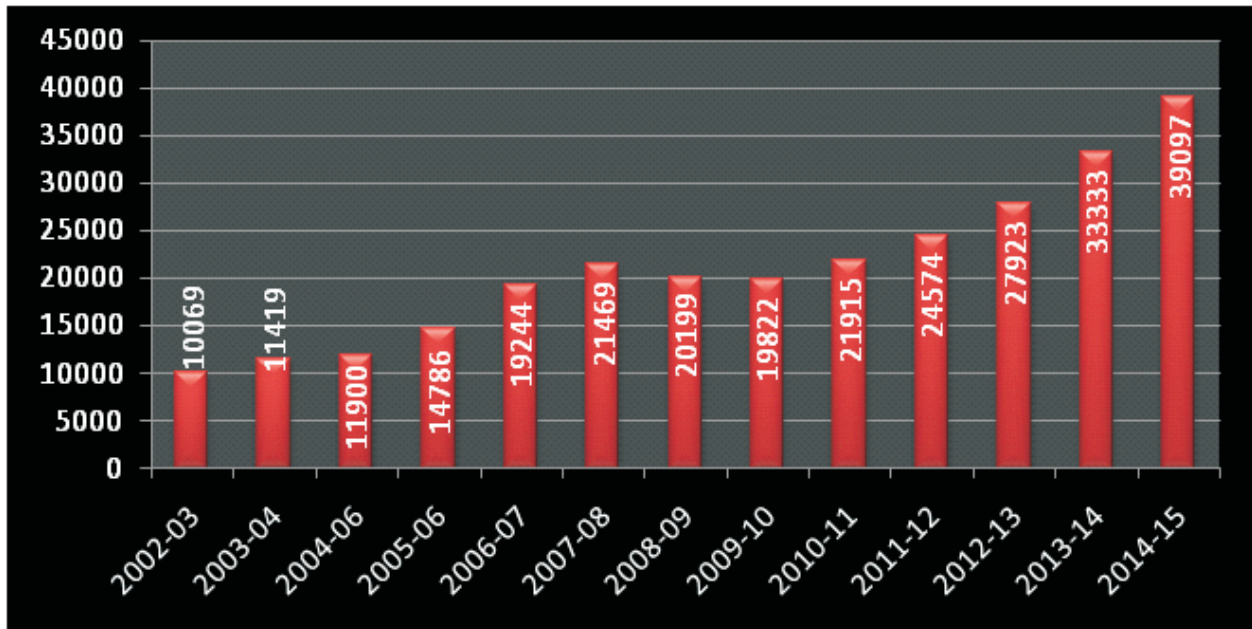
“ The visual acuity test is used to determine the smallest letters you can read on a standardized chart (Snellen chart) or a card held 20 feet away. This test was done by trained field surveyors at their place. We found that 92% patients of SEH-Pammal are enjoying the joy of vision by getting good vision. 5% falls in border and 3% falls in poor category vision.” – MFV Report for the year 2014-15

Findings of Third Party Audit:

- Quality of services found satisfactory- Majority of the patients were satisfied with the services provided to them during the entire process of eye care. Services means transport, camp, ward facilities, ward services, quality and quantity of the food, counseling and discharge time.
- 92% of the patients have good visual acuity
- 99% patients are carrying out their personal activities
- 44% are carrying out their professional activities (contributing towards MDG Goal 1- Eradicate extreme poverty and hunger)
- 86% patients reported that behaviors of the family members have been improved.
- Ocular complaint is negligible.

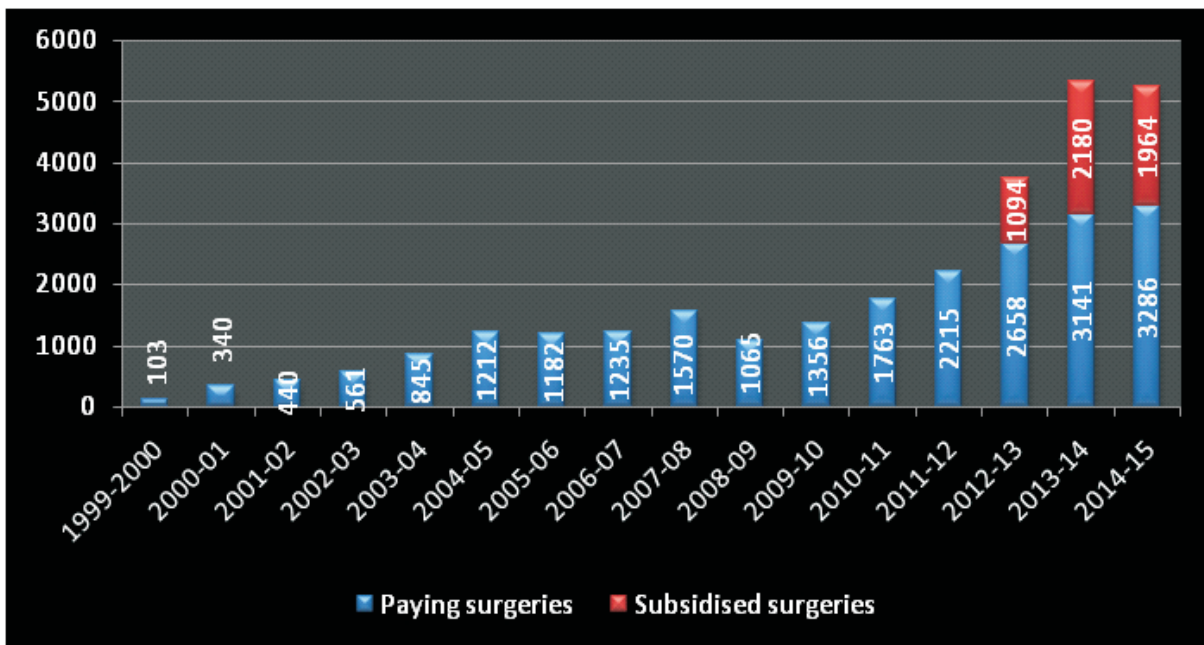
OUTPATIENT SCREENING (PAYING)

The Hospital has maintained its reputation for qualitative work. Our credibility has been 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. Our new Branch hospital at Nanganallur has started picking up and has managed to become cost neutral in the first year of operations. The last year saw a total of close to 33,300 patients walking in for eye care at Pammal and 5800 in Nanganallur, a total of over 39,000 of which 5350 underwent surgery.



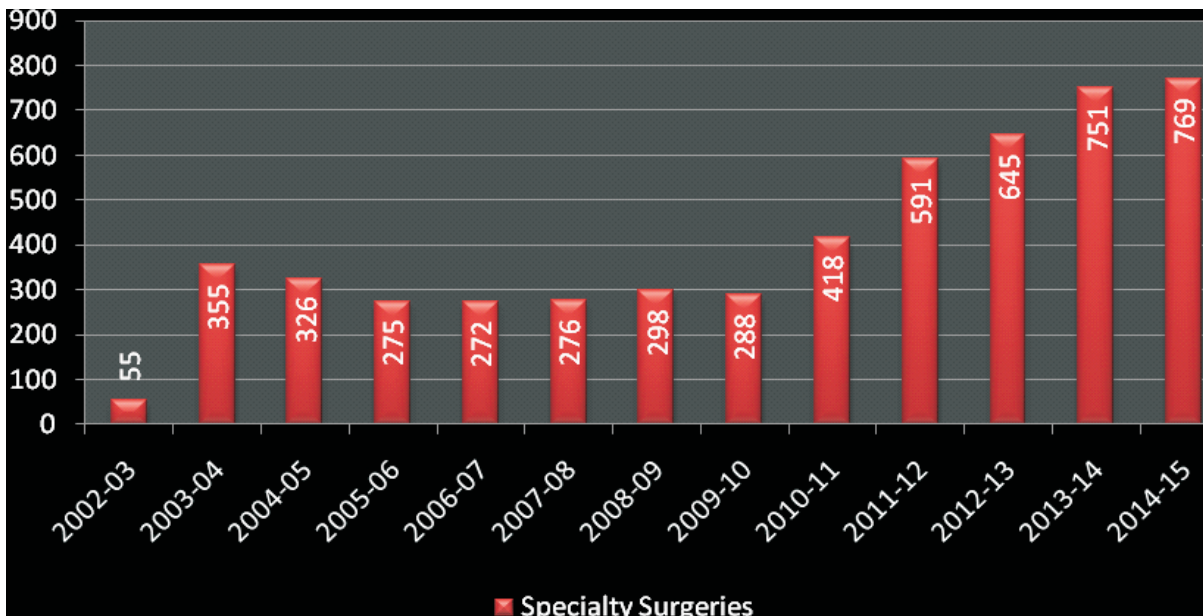
SURGERIES (PAYING)

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 to help those who could pay for a surgery but were in need of a subsidy because of the costs involved. The chart below shows the number of paying surgeries that have been performed at the Hospital from 1999. It took us 11years to carry out the first 10,000 surgeries and in the next five years we have carried out over 18000 surgeries. It is worth mentioning that we have been able to carry out 84 surgeries in our new Centre at Nanganallur in the ten months period from June 2014 to March 2015.



SPECIALTY SURGERIES (FREE + PAYING)

Specialty Surgeries have been steadily going up.



The table below provides a breakup of the specialty surgeries carried out in 2014-15:

Specialty	
Glaucoma	201
Retina	186
Cornea	55
Orbit & Oculoplasty	114
Paediatric	11
Minor surgeries	202
Total	769

NANGANALLUR CENTRE

The Centre at Nanganallur was inaugurated on 8th June 2014. The Hospital is housed in a rented building which used to be a small general hospital with an Operation Theater. Some modification needed to be made to ensure that the OT complex conformed to the requirements of eye surgery. Internal modifications were also carried out and a small Optical shop was constructed. The entire building was air conditioned and the general ambience was made reasonably attractive without looking ostentatious. Publicity to the inauguration of the facility was given through banners, hand bills and newspaper releases. Most of the non-medical staff for the new facility was recruited locally. Doctors are deputed from Pammal and surgeries are presently scheduled for two days a week. The Hospital functions on all seven days of the week. The working hours are from 8.30 am to 8.30 pm on weekdays and 8.30 am to 1.30 pm on Sundays. The Hospital has become operationally cost neutral in the first ten months of operation.

SANKARA EYE HOSPITAL, SAMARJHOLA, ODISHA

In deference to the desire of the Jagadgurus of Sri Kanchi Kamakoti Peetam and in recognition of the fact that Odisha is a highly underserved area for qualitative eye care, we engaged with the Government of Odisha to setup a hospital. Land for the Hospital was identified in 2013. In the benign presence of Sri Jayendra Saraswathi Swamigal and the Chief Minister of Odisha, the Bhoomi Puja was performed on 20th Feb 2014 at the Hospital site in Samarjhola. Vybogam Architects and Planners were engaged to draw up the plans and estimates for the construction of the Hospital and in parallel, efforts were undertaken to identify donors. M/S Tata Steel agreed in principle to support the construction and after a due diligence visit in September 2014,

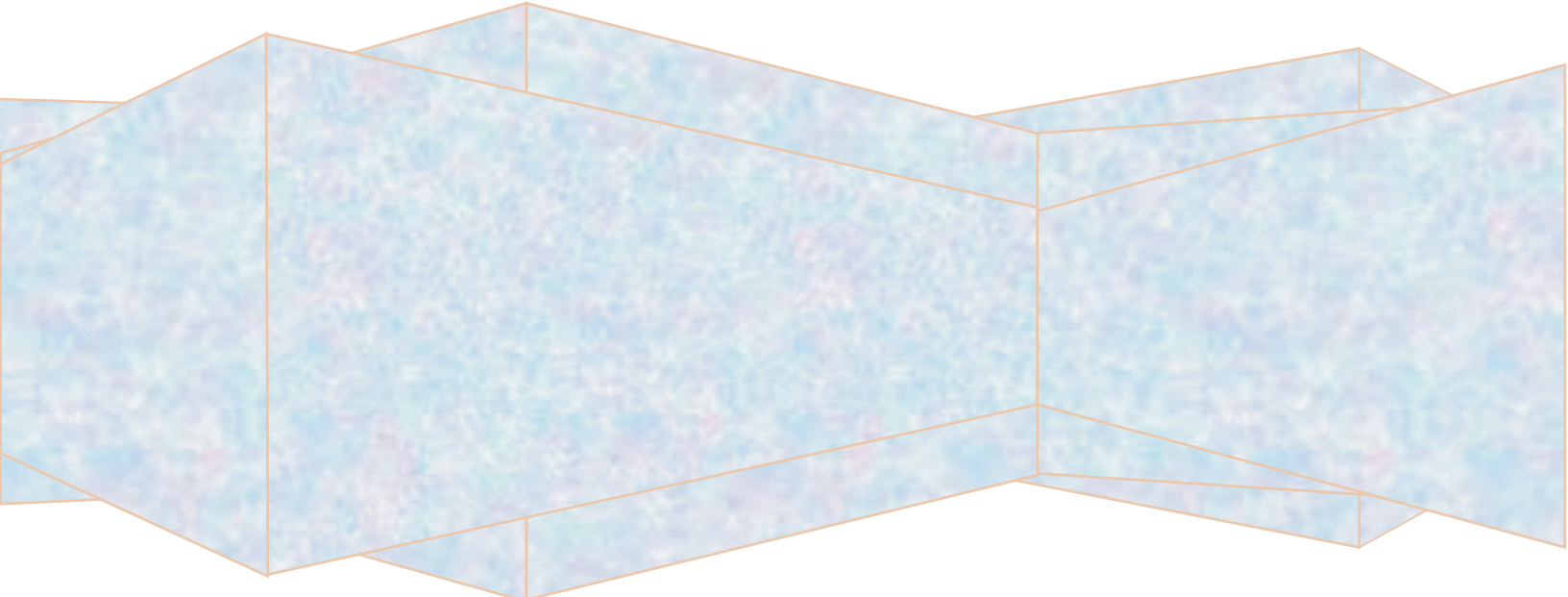
where we presented our plans and budgets, they agreed to sponsor the entire setting up of the Hospital as a CSR project at a cost of Rs 42.3 Crores. The grant agreement was signed on 7th Jan 2015 at an impressive function at Bhubaneswar and our Trustee & Secretary, Rtn S Visvanathan, signed the agreement on behalf of Sankara Eye Hospital. A cheque of Rs 3 Crores was presented at this function as an advance. Detailed plans were drawn up by the Architect and tenders for the civil work floated. Work at the site is expected to commence in mid April and it is intended to start the functioning of the Hospital by early May 2016.

In February, the Executive Director of the Hospital and the Principal of Sri Jayendra Saraswathi Institute of Optometry travelled to Odisha to recruit candidates for training as Vision Care Technicians. A batch of 22 students were selected and they were brought to Pammal for a 12 months training at our Hospital. Training started on 20th March 2015.





Academics At Sankara



ACADEMIC EXCELLENCE INITIATIVES

DNB - Diplomate in National Board

Sankara Eye Hospital has been involved with providing an environment for academic excellence. The Hospital is accredited with the National Board of Examinations and is a Centre for postgraduates aspiring for a Diplomate in National Board (DNB). Our Hospital is allotted two primary and two post-DO Doctors to undergo DNB training. The curriculum is an exhaustive one where Doctors are provided with an excellent balance of class room lectures, seminars, guest lectures on the academic front and practical exposure to patient care in out-patient department and surgeries under supervision. At the end of the training period, the Post graduates are fully competent to perform every activity, both medical and surgical, that may be expected of an Ophthalmologist

Long Term and Short Term Fellowship Programmes

In addition, the Hospital offers long term and short term fellowship programmes. The long term Comprehensive Ophthalmology fellowship programme is for a period of 18 months followed by six months in a chosen sub-specialty. During the fellowship, the trainee would undergo supervised surgical training in a phased manner, starting from ECCE, progressing to SICS and then to PHACOEMULSIFICATION. In addition, the fellows will be trained in Medical retina, eye banking and be exposed to Oculoplasty, Cornea, Glaucoma, Pediatric Ophthalmology and Surgical Retina. They would have the option to focus on one sub-specialty of their choice in the final six months.

The Hospital also offers short term fellowship programmes in SICS and Phacoemulsification surgeries. The duration of this training would be four weeks and the Fellow will be given a systematic and safe induction into the surgeries based on his/her current skill level under active supervision of senior Surgeons

Sri Jayendra Saraswathi Institute of Optometry

The Hospital is affiliated with Bharathiar University Coimbatore for conduct of UG and PG courses in Optometry.



B Optom is a four years course while M Optom is a two years course. The Courses are run under the banner of Sri Jayendra Saraswathi Institute of Optometry (SJSIO) and the Institute operates from the top floor of the Hospital where fully airconditioned class rooms have been built. The Institute has a very well equipped Optometry lab with all Ophthalmic equipment needed for practical training of students. The Institute also runs two-years Diploma courses in Optometry and Vision Care Technicians awarded by Bharat Sevak Samaj.

All the courses are very well received and alumni from the Institute have found employment with leading Hospitals and clinics both within and outside Chennai



Patient being examined through a Specular Microscope

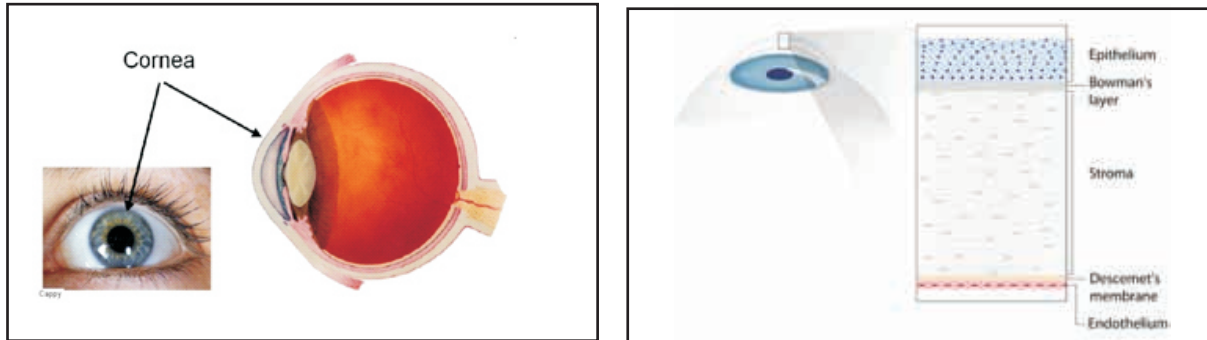


Cornea Surgery in Progress

Corneal Services at Sankara - 2014-15

CORNEA - AN OVERVIEW

Cornea is the transparent front portion of the eye and its main function is to allow the light rays into the eye. The light rays are refracted or bent so that they are focussed to give a clear image of the objects we see. It is made up of six layers and the total thickness is about 0.5 mm in the centre. As long as the cornea maintains its transparency, vision remains good. Loss of corneal transparency can occur at any age due to diseases, injury or infection which in turn results in reduced vision. Corneal transplantation is the surgical treatment to restore vision when the cornea becomes opaque.



Corneal transplantation is the technique in which the patient's diseased cornea is replaced with a healthy donor cornea. Sankara eye hospital has a well equipped eye bank which was established in 2009. The dedicated team of staff members are available 24x7 to harvest the donor eye within hours of death. The received donor cornea is evaluated carefully for quality and also the donor's blood sample is screened for any communicable diseases like AIDS or Hepatitis. Once the donor cornea is cleared for transplantation, patients from the waiting list are called for surgery at the earliest. Some of the pre and post operative pictures of corneal transplantation patients are reported below. Various types of corneal transplantation techniques are done on a routine basis including full thickness transplantation (Penetrating Keratoplasty-PKP), partial thickness anterior (DALK) or posterior transplantation (DSEK and DMEK). In addition to corneal transplantation, Limbal Stem Cell Transplantation (LSCT) is also done for the needy patients



Specular Microscope



Corneal Collagen Cross Linking unit

Sankara Eye Hospital has a well equipped cornea department which includes Corneal Topographer (Tomey TMS4), Specular Microscope (Tomey EM-3000) and a Corneal Collagen Cross linking unit. Collagen cross linking(C3R) is a procedure done for patients with Keratoconus which is a progressive thinning and protrusion of the cornea(Fig.1). By doing C3R the further thinning and loss of vision is prevented.

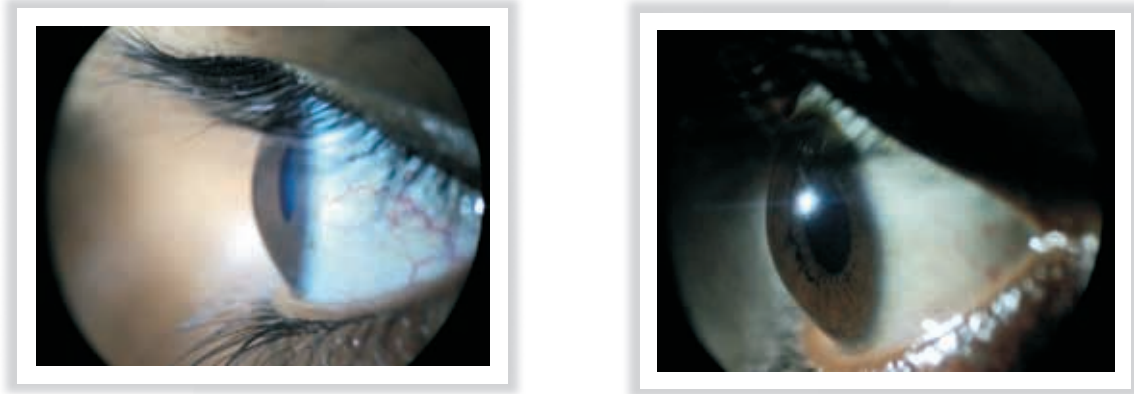


Fig.1

CASE STUDIES

Case 1: A 38 year old patient had a dense corneal opacity following injury with a plant stem 18 years ago. She took medical treatment at that time but her vision gradually deteriorated over the next few years. When she was seen in our hospital she had a dense corneal scar and cataract(Fig.2A) Her vision was only perception of light in that eye. She underwent cataract extraction with Intra ocular lens implantation along with penetrating keratoplasty in a single sitting. Post operatively patient's vision improved to 6/18 (Fig.2B).

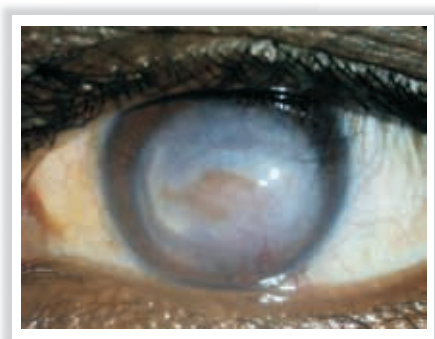


Fig.2A

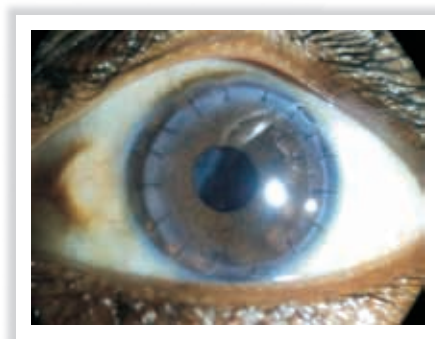


Fig.2B

Case 2 : A 70 year old female who had undergone cataract surgery elsewhere few years ago noticed gradual dimness of vision in the operated eye for six months due to corneal decompensation (Fig.3A). She underwent penetrating keratoplasty and her vision improved significantly after the surgery (Fig.3B)

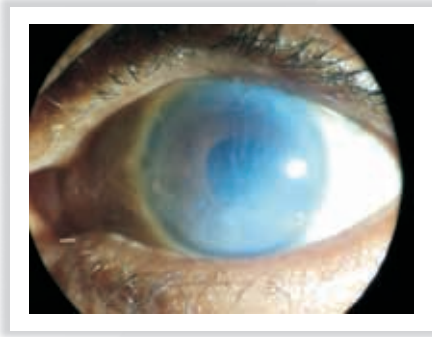


Fig.3A

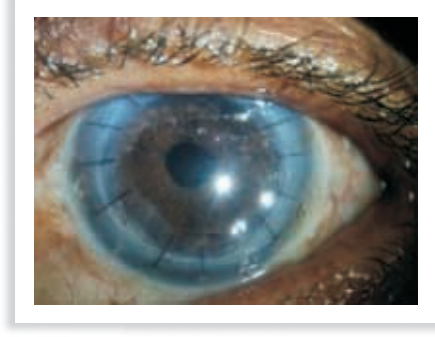


Fig.3B

Case 3: A 60 year old female came with pain and redness for nearly 10 months and had been taking treatment elsewhere without improvement. She had a central corneal scar possibly following trauma and also dense cataract (Fig 4A). She was advised cataract extraction+ Intra ocular lens implantation+penetrating keratoplasty for improvement of her vision. After the surgery her vision improved dramatically (Fig.4B).



Fig.4A

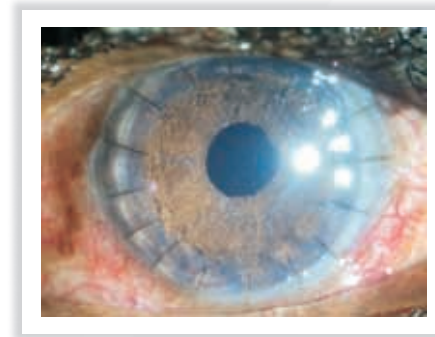


Fig.4B

Eye Injuries : Injury to the eye is a common problem though the mode of injury vary region-wise globally. It is more common in young males either following road traffic accidents or work place related. Managing injured patients is always a challenge due to multiple reasons. Immediate management is of utmost importance and some of the badly injured eyes managed very successfully in our hospital is shown below.

Case 4: A 9 year old boy came with injury to his right eye with a tile. On examination he had a large full thickness corneal laceration extending from one end of the cornea to the other. His vision was only 5/60 at the time of presentation. We could see the prolapse of the intra ocular contents through the laceration and a small white speck at one end of the laceration from the broken tile (Fig 5A). He was admitted after complete examination and corneal laceration was sutured successfully after removing the small tile piece under general anaesthesia. Post operatively he was doing well and his vision at the time of last examination was 6/9 (Fig 5B)

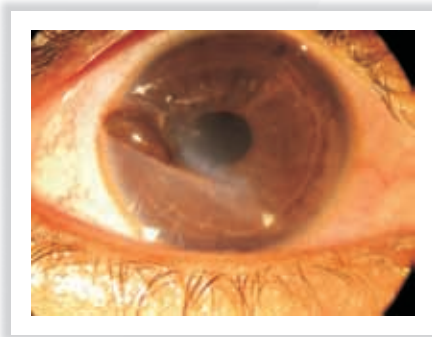


Fig 5A



Fig 5B

Case 5: A 20 yr old came with injury while at work and he had full thickness corneal laceration along with traumatic cataract because of the severity of the impact (Fig 6A). His vision was so poor that he could only count fingers close to his face. Corneal laceration repair was done on an emergency basis on the same day. Cataract surgery with intra ocular lens implantation was done 2 weeks later. His vision improved to 6/18 after the surgery (Fig 6B)

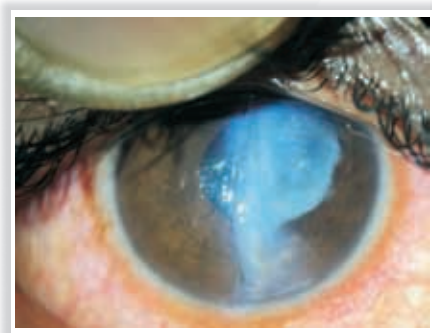


Fig 6A

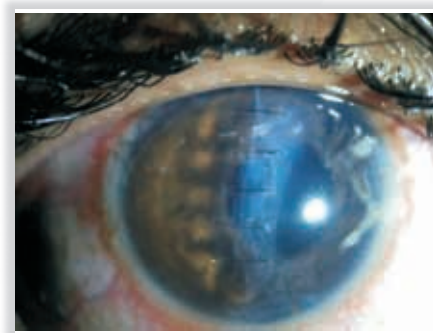


Fig 6B

Case 6: A 32 yr old industrial worker came with full thickness corneal laceration while cutting a tile which was repaired under local anaesthesia. Left sided picture shows open corneal wound (Fig 7A) and on the right side the post operative picture is shown with sutures (Fig 7B)

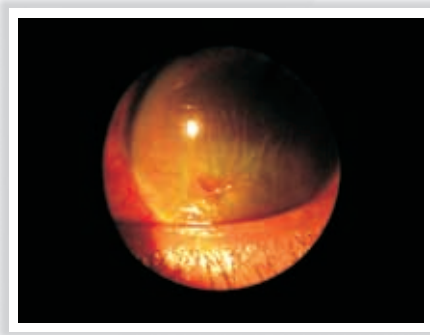


Fig 7A

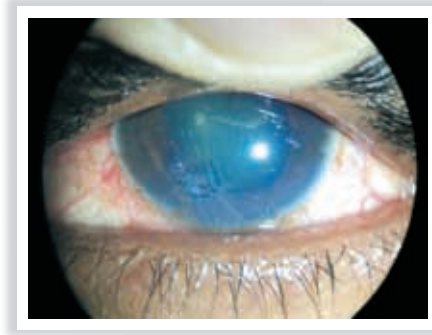


Fig 7B

Case 7: A 19 years old patient had injury while cutting a metal piece at work. He had a small full thickness corneal laceration and a metal piece had gone inside the eye through the laceration which was seen as a small white patch on the iris (Fig 8A). The metal piece was removed and cornea sutured (Fig 8B).



Fig 8A

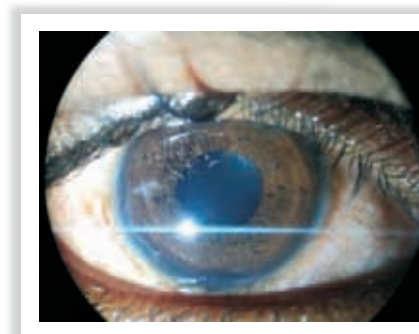


Fig 8B

Case 8: A 24 year old patient came with history of injury at home and she was found to have full thickness corneal laceration with traumatic cataract (Fig 9A). Corneal repair was done first (Fig 9B) followed by cataract surgery with IOL implantation two weeks later (Fig 9C). Her vision improved from counting fingers 1/2 meter at the time of initial presentation to 6/36 after the surgery.



Fig 9A

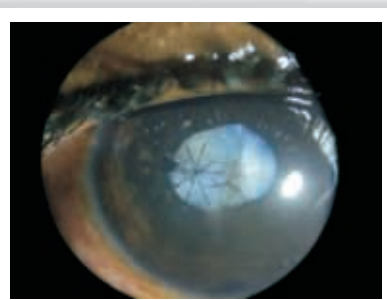


Fig 9B



Fig 9C

Corneal Infections : Infection of the cornea is a common problem and timely diagnosis and management with either medications or corneal transplantation (Therapeutic Keratoplasty) is important to save vision. Corneal infections can be devastating if not diagnosed and treated promptly.

Case 9: A 55 year old patient had injury while working in the fields and developed corneal ulcer. She was taking treatment elsewhere and when she came to us her entire cornea was involved (Fig 10A). Therapeutic penetrating keratoplasty was done to save the eye and vision (Fig 10B).

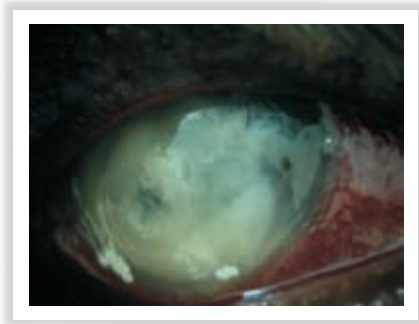


Fig 10A



Fig 10B

Case 10: A 50 year old man was seen with corneal ulcer treated elsewhere with topical medications. His ulcer was progressive inspite of intensive medical therapy(Fig 11 A). When the integrity of the cornea was threatened he was advised to undergo therapeutic corneal transplantation (Fig 11 B).



Fig 11A



Fig 11B

PAMMAL SANKARA EYE BANK

Sankara Eye Hospital has an Eye Bank that was started in June 2008. The Eye Bank comes under the Cornea Department of the Hospital. We have a well trained eye call response system in place and our response to eye calls has received excellent reviews. We maintain a waiting list of patients requiring corneal transplantation and harvested corneas are immediately put to use to restore vision to those in need. Since inception, we have retrieved 758 corneas of which 337 have been utilized. The performance of the Cornea Department for the last year is summarized below:

Service	2014-15
OP screening including referrals	2395
Specular Microscope (includes free camp cases)	2253
Topo	87
Corneal Surgeries	40
Corneal Collagen Cross Linking (C3R)	17

SHARING WITH THE OPHTHALMIC COMMUNITY

Keratometry, Visual Acuity and Pachymetry Analysis After Corneal Collagen Cross-Linking

- Presenting Author: Dr. Nadisha Puri, Co-Authors: Dr. Srinivas K. Rao; Dr. Balamurugan P.R. A free paper presentation in the Hyde-Park session on 07.02.2015 in the 73rd Annual Conference of All India Ophthalmological Society held in New Delhi between 5th and 8th February 2015.

Aim: To analyse keratometry, visual acuity and pachymetry after reducing power and duration of standard corneal collagen cross linking (CXL).

Method: 138 eyes of 78 patients, mean age of 23.5+7 years (11to 48 years) with keratoconus who underwent CXL using 2.5mW/cm² for 26 minutes after removing corneal epithelium were studied retrospectively. Preoperative mean best corrected visual acuity (BCVA) was log MAR 0.3 (0 to 2.6), keratometry 51.66+5.6D (40.9 to 65.7D), central ultrasonic pachymetry 469.6+47.6µm (372 to 663µm). Mean epithelial healing time was 2+0.7 days.

Results: At 6 months (n=67), BCVA was logMAR 0.3 (0 to1), keratometry 51.58+6.52 D(41.22 to 69.86D) and pachymetry 461.06+46.73µm (342 to 552µm). No significant changes in visual acuity and keratometry were noted. Pachymetry revealed increase of 31.8µm in 31.8% eyes, decrease of 38.4µm in 36.4% and 31.8% had same reading within +10µm. No complications were observed.

Conclusion: Reducing power and duration of CXL is a safe alternative in Indian eyes..

Orbit & Oculoplasty At Sankara



Outpatient Diagnostic Nasal Endoscopy Being Performed Prior To Planning Lacrimal Surgery

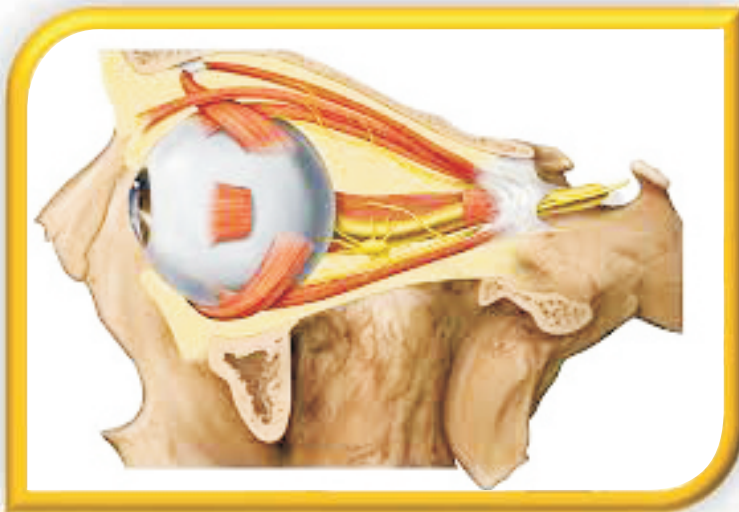


DCR (Dacryocystorhinostomy) Surgery in Progress

OVERVIEW

Oculoplasty is one of the youngest and most rapidly growing super-specialties of Ophthalmology. This area of specialisation deals with the following areas.

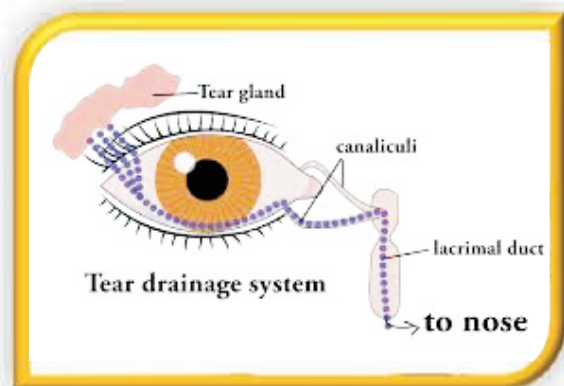
- 1. Eyelids:** Eyelids are the protective covering of the eye. Any disease or injury affecting them can seriously threaten vision. In addition the eyes and eyelids have the greatest contribution to a person's appearance and beauty and any defect in the eyelids is accorded utmost importance, particularly in this day and age when physical appearance and beauty is increasingly important.
- 2. Orbit:** Orbit is the space around the eye and within



the bony hollows in the skull, and comprises of muscles, nerves, fat and other tissues. Diseases, and injuries involving the orbit can threaten vision and need specialized care including complex surgery.

- 3. Tear Drainage System :** The tears are essential for normal health of the eye

and for vision. Tears are normally produced in glands called the lacrimal glands and after lubricating the eye, they come out through a system of tiny tear drainage tubes which drain into the nose. Any blockage of the tear drainage system leads to the very troubling condition of watering and discharge.



4. Socket : Persons who have lost an eye due to injury or cancer or rarely, due to poor development of the eye suffer from a serious cosmetic blemish and have serious difficulties in their everyday life. Adding to the disability of a lost eye, the lack of a normal appearance of the face leads to social stigma, poor self esteem and social withdrawal. Personal and professional development and growth is seriously hampered. Surgical reconstructive operations help to develop tissues within the socket and create space where an artificial eye made of plastic material similar to that used for making intraocular lenses used after removal of cataract, is placed. Such an artificial eye is made using elegant technique and detailed, meticulous artwork by a specialist called an Ocularist. This helps such unfortunate individuals lead a normal personal and professional life.



Anophthalmic Socket

5. Aesthetic Oculoplastics : The triangle formed by the eye and the nose is vital for an individual's appearance. Research has shown that when we meet a person for the first time, we look at this area for 90% of the time of our interaction. Even the smallest defect or blemish in this area does not escape our attention. In addition to the defects and deformities due to disease or injury, this periocular area undergoes a number of changes as we age. This includes drooping of the eyebrows, drooping of the eyelids, bags below the lower lids, hooding of the upper lids due to excess growth of skin, wrinkles and "crow's feet" among others. Correction of these and restoring a youthful appearance is an exciting new frontier in the area of Oculoplasty.



Ageing Eye lids

DEPARTMENT AT SANKARA EYE HOSPITAL

The department was formally established in early 2011 by Dr. E. Ravindra Mohan, Former Director of Oculoplasty and Orbit Service at Sankara Nethralaya, Chennai and an internationally acclaimed Oculoplastic and Orbital Surgeon. Since inception about 4000 patients have been seen and nearly 400 surgical operations and specialised procedures carried out. The service has now developed as a referral centre with patients being referred from not only different parts of Chennai and other districts of Tamil Nadu but also from Andhra Pradesh and other states.

In addition to the routine operations, complex and difficult operations have been carried out with a high degree of success.

Oculoplastic surgery often needs team-work and support from other specialists for optimal outcomes. Service of ENT surgeon Dr. S.K. Ravichandran, Oral Maxillofacial Surgeon Dr. Abhilash Bhaskaran, Radiologist Dr. Veena Noronha as also Dr. S. Krishna Kumar, Ocular Pathologist have been sought from time to time. This interdisciplinary co-ordination has been of great benefit to the patients. In January 2014, Dr. Arthi Dwarakanath joined the Department as a Consultant.

COMMON OCULOPLASTIC CONDITIONS AND THEIR TREATMENT

Eyelids :

a. **Ptosis Or Blepharoptosis** : This refers to droopy eyelids. This can be present from birth (congenital) or occur later in life. Surgical operations are required for preserving vision in patients with severe drooping, but mainly for improved appearance. The patients with ptosis are mistakenly labelled as being “dull”, “sleepy” or “lazy” if both lids are droopy, and the presence of one droopy lid also leads to serious psychological disturbances and serious handicap in finding a spouse, employment and in public life. Surgical operations done by an experienced surgeon dramatically improves the defect and restores a normal appearance.



Acquired Ptosis Of Left Eye



Following Surgery,
A Normal Appearance Is Achieved

b. Eyelid Injuries And Scars : With increase in number of road traffic accidents, eyes and



Facial And Eye Lid Injury



Appearance Following Timely Repair

eyelids are frequently injured despite the relatively small size of these organs. The high propensity of injuries to these organs is estimated at 15 times of what is expected based on

the small size of these parts. Scars and deformities are correctable by surgery. Complex reconstruction involving multiple operations and at times grafting of tissues like skin are needed **to restore function and an acceptable appearance**

c. Eyelid Tumors Or Cancers : Cancers can involve the eyelids and can be life threatening. Timely recognition and optimal management can save lives and permit the individual to lead a near normal life. Surgical treatment is challenging and needs expertise but can give gratifying results. At times, patients also need radiation treatment or use of anti cancer medications for comprehensive management.



Elderly Lady With A Lower Lid Malignant Tumour



After Complex Two Stage Surgery To Remove The Entire Lower Lid, And Use Upper Lid To Reconstruct The Missing Lower Lid. This is a Life Saving Surgery

- d. **Other Eyelid Conditions :** A large number of eyelid conditions including entropion (inward turn of lid margin with lashes rubbing on the eyes), ectropion (outward flipping of eyelid margins), lagophthalmos (incomplete closure of eyelids), facial nerve weakness and a large number of various tissue growths and abnormal deposits like fatty substances are known. These are also treated predominantly by precise and specialized surgery but at times, other treatment modalities including medications, injections, laser therapy, radiation therapy and use of an ice ball (cryotherapy) is used.



Post Burns Scarring Causing Outward Flipping Of The Eye Lids



Ectropion Repair With Skin Graft On The Patient's Right Eyelids Leading To Excellent Correction Of The Condition



Eye Lid Coloboma - Defective Development With Large Gaps In Both Upper Lids. This Can Result In Infections And Even Loss Of Vision



Following Repair Of The Defects Using Delicate Specialized Oculoplastic Techniques

Orbit

- a. **Orbital Tumours :** A bewildering number and type of different benign and malignant (cancer) tumours can affect the orbital tissues leading to protrusion of eyeball, double vision, drop in vision and even loss of vision. Surgery to remove these tumours involve the highest degree of challenge in the realm of surgery and is fraught with risks due to the delicate nature of tissues like the eyelids , eye nerves , muscles and blood vessels in these spaces. Dr. E. Ravindra Mohan, a pioneering orbital surgeon has innovated new techniques like minimally invasive orbital surgery and sutureless orbital surgery which have dramatically revolutionised this field.



Scan Showing A Large Orbital Tumour. This Was Removed By Minimally Invasive Orbital Surgery Technique

- b. **Orbital Fractures:** Injuries resulting in breakage of bones of the face and orbital walls needs meticulous treatment. A variety of different materials are used to heal and enhance the tissues .The treatment of more extensive fractures involves a team of Oculoplastic surgeon, and Oral Maxillo Facial Surgeon and the combined expertise results in a vastly improved outcome thereby greatly benefitting the patient.



A Child With Extensive Orbital Fractures And Eye Damage Who Underwent Surgical Repair And Fitting Of An Artificial Eye

- c. **Orbital Decompression** : This is a special operation for the treatment of bulgy eyes resulting from abnormal function of thyroid gland. The patient has “ big, bulgy, toad like” eyes. In addition to the grotesque appearance, the vision in these eyes is also often seriously threatened. Surgery aims at saving vision and restoring as normal an appearance as possible. These are complex operations, lasting for 3 - 4 hours and have been pioneered in India by Dr. E. Ravindra Mohan.



Thyroid Related Eye Disease With Severe Protrusion Of Both Eyes And Threatened Vision

Following Orbital Decompression Surgery Done On Both Sides

- d. **Orbital Infections:** These can develop and spread rapidly. In addition to threatening vision, such infection can, if inadequately treated, even spread to the brain and lead to death. Urgent specialized care and surgery results in dramatic cure



This Child With Severe Orbital Infection Needed Emergency Surgery, Which Resulted In Complete Cure, Thereby Saving The Child's Life And Sight

Lacrimal Drainage System

Blockages of lacrimal drainage system can occur in children and adults. Bypass operations involve opening of the block in case of young children or bypassing the blocked area and creating a passage to move the tears from the eyes into the nose. These operations are very successful in relieving the troubling symptoms of watering, discharge and infection

Diagnostic nasal endoscopy is routinely used prior to surgery to evaluate the condition of the nasal passages in adult patients with lacrimal diseases. When disease conditions of the nose are detected, timely referral to an ENT surgeon and appropriate treatment greatly helps in the alleviation of the patient's condition.

Socket

1) Reconstruction Of An Anophthalmic Socket

These operations to reconstruct a socket where the eye has been lost, is done using a variety of techniques including, at times, tissue grafts from the mouth (mucous membrane graft) and from the hip (dermis fat graft) to achieve a space suitable for the fitting of an artificial eye, a customized ocular prosthesis. These rehabilitative reconstructive operations are challenging for the patient and surgeon alike.



Can You Guess Which Eye Is The Artificial One? A High Quality Cosmetic Shell Made By An Ocularist Makes It Virtually Impossible To Find Out. The Patient Can Lead A Normal Life.

2) Evisceration, Enucleation And Exenteration

These are the so called destructive operations whereby badly injured eyes, or painful blind eyes or seriously infected eyes are removed, either in part (evisceration) or completely (enucleation, for tumours of the eyeball, at times for other reasons) to save the patient's life as in tumours and infections, and for relief of pain or the correction of a disfigured eye to restore an acceptable appearance. An orbital implant is placed within the socket to replace the lost volume and permit excellent cosmetic rehabilitation.

Aesthetic Oculoplastics

A number of rejuvenative operations and non surgical techniques are available for the aesthetic surgeon for restoring a youthful appearance. As society changes and an active lifestyle including productive work is carried out till later years, there is a greatly increased demand for these treatments.

1) Non Surgical Treatments

The availability of Botulinum toxin, or BOTOX has revolutionized the treatment of ageing changes including wrinkles and facial lines that appear with age. Another way in which these changes can be reversed, though not permanently involves the injection of materials called FILLERS. Amazing restoration of a youthful appearance can be achieved in skilled hands by using these materials, but cost remains high.

2) Surgical Periocular Rejuvenation

Using judicious removal and redistribution of tissue, surgical operations use combinations of techniques and operations including upper lid blepharoplasty, lower lid blepharoplasty and brow plasty to restore an youthful and more aesthetically pleasing appearance. Radiosurgical techniques permit relatively bloodless surgery and much faster recovery.



Drooping Of Eye Brows With Excess Upper Lid Skin



Following Surgery For Fixing The Brow Position And Excess Skin Removal

Future Plans

Medicine is ever growing as innovations in technology and techniques offer increasingly better solutions. An endoscopic unit for performing lacrimal bypass surgery without a skin scar, by the technique of endoscopic dacryocystorhinostomy (DCR) is planned to provide the option to our patients. In addition, a comprehensive state of art photographic and videographic documentation and recording system to permit detailed archiving of patient data and surgical operations performed is also planned.

SHARING WITH THE OPHTHALMIC COMMUNITY

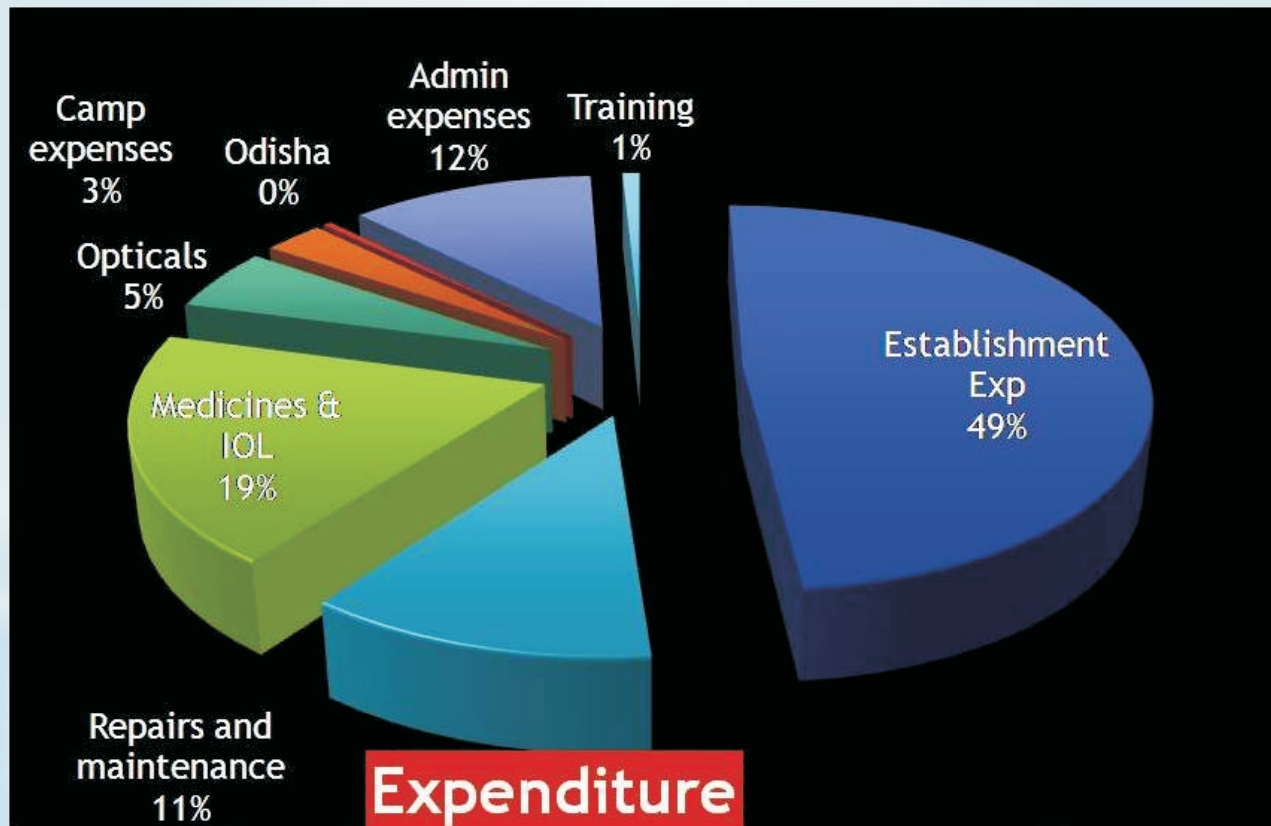
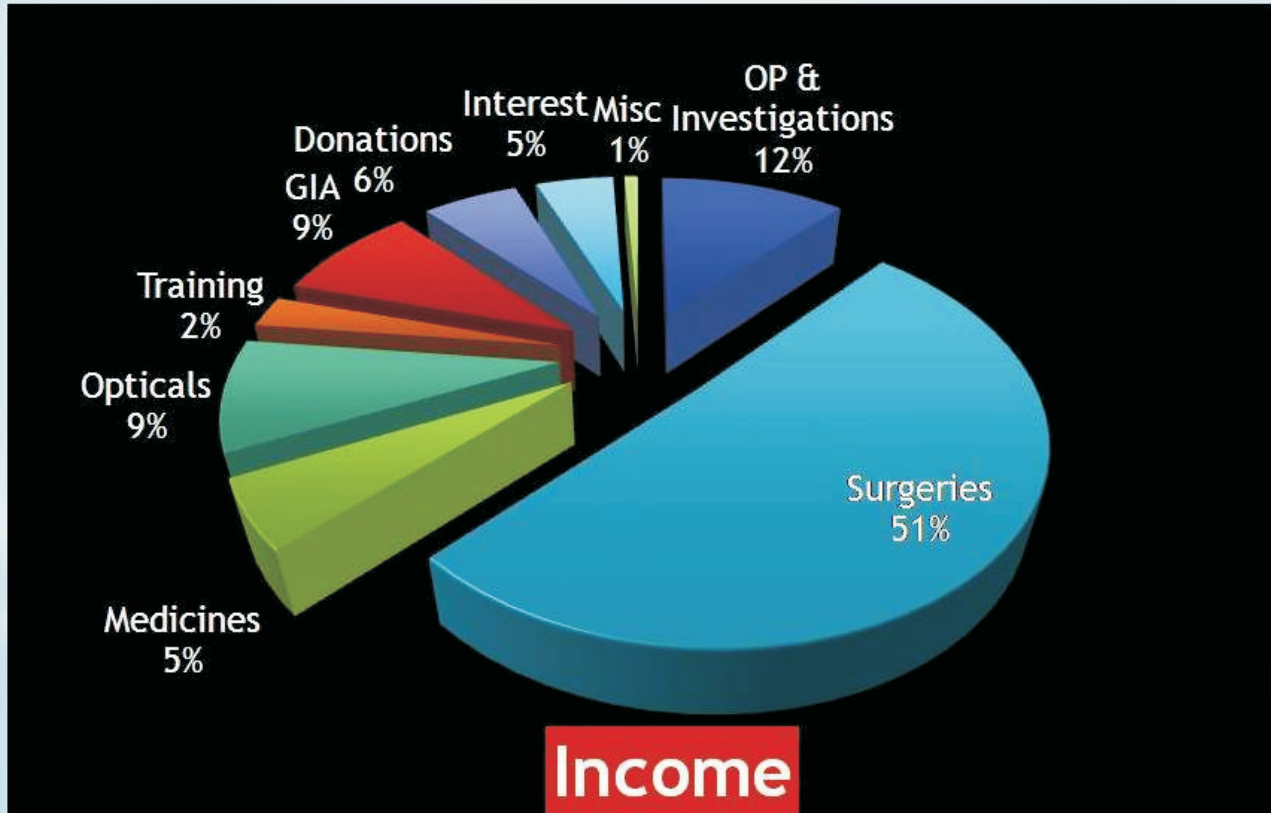
Dr E Ravindra Mohan (Senior Orbit and Oculoplasty Consultant) and Dr Arthi Dwarakanath (Consultant) had presented a paper at the All India Ophthalmic Conference held at New Delhi in January 2015. The title of the paper was “Adult Onset Xanthogranulomatosis (AOX) With Massive Involvement Of All Four Eyelids”.

The purpose of this paper was to report a rare case of Adult Onset Xanthogranulomatosis which had involved all four lids of an elderly female and causing defective vision and significant cosmetic blemish. The lesion is more commonly associated with severe systemic features and very rarely localised to the structures around the eye. She underwent extensive debulking and cosmetic surgery with excellent cosmetic and functional result.

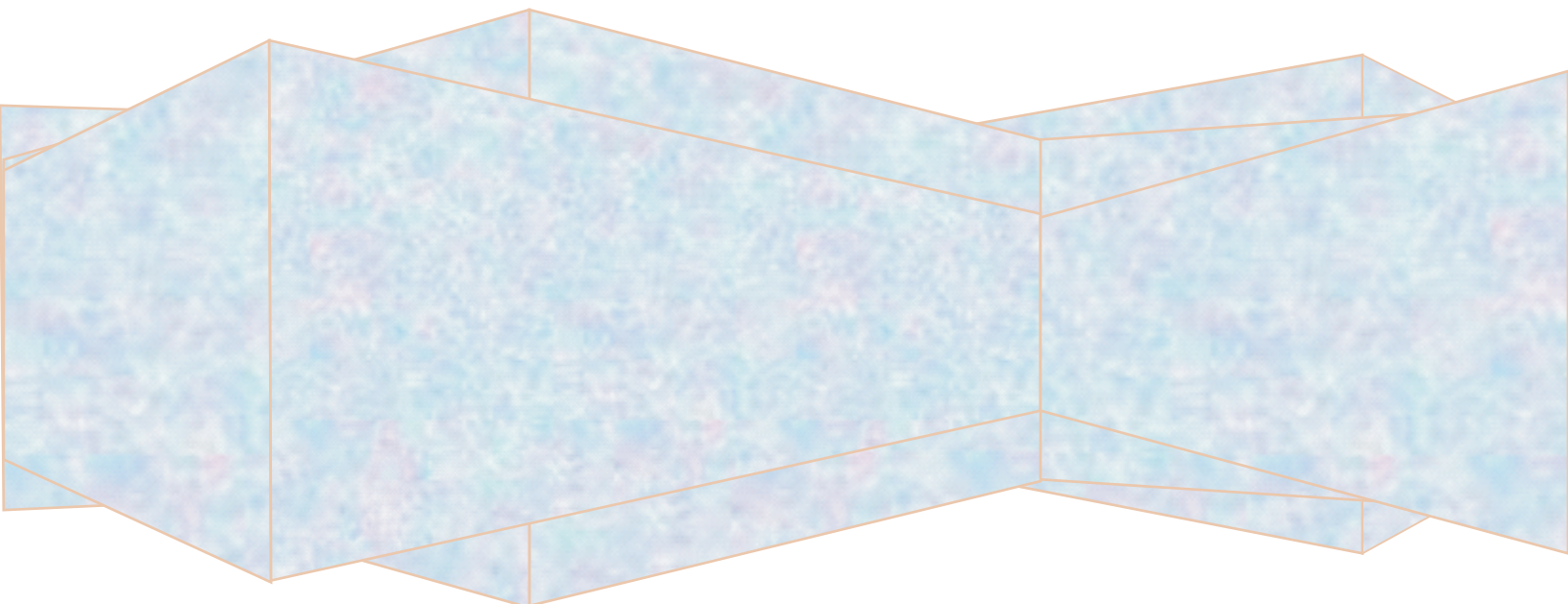


Dr E Ravindra Mohan and Dr Arthi Dwarakanath had also presented an ePoster at the All India Ophthalmic conference titled “Myriad Presentations Of Pigmented Naevi” where rare anatomical locations of pigmented Naevi had been described.





Financial Highlights 2014-15



FINANCIAL POSITION OF THE HOSPITAL

The year saw the Hospital venturing into two new initiatives. The first was setting up a branch hospital at Nanganallur, about 12 km from the base hospital. The intention of setting up the Centre was to attract paying patients to augment our move towards self-sustenance. The new Hospital was inaugurated by HH Sri Jayendra Saraswathi Swamigal on 8th June 2014. The cost of setting up the new facility including the cost of new equipment was close to Rs 70 lakhs. It is expected that the Hospital will become profitable from the third year.

The second initiative was taking the initial actions for setting up Sankara Eye Hospital at Samarjholia Odisha. Initial financial outlays for this included the cost of training of 22 Vision Care Technicians recruited from Odisha at our Hospital in Pammal. In addition, there were other expenditures towards registration of the land at Samarjholia and related costs. The year has seen a rise in our revenues by about 17% from about Rs 10 crores to about Rs 11.8 crores. Our expenditures have also grown by 5% from about Rs 9.7 crores to Rs 10 crores primarily on account of increased establishment costs and the outlays towards training of VCTs and other expenses on the eye hospital in Odisha

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

	2013-14			2014-15		
	Income	Expenditure	Nett	Income	Expenditure	Nett
Hospital Operations	81,961,631	91,661,688	(9,700,057)	97,547,451	95,496,836	2,050,615
Opticals	8,262,612	4,588,744	3,673,868	10,707,676	5,407,102	5,300,574
Training	3,536,727	1,029,332	2,507,395	3,087,725	1,252,516	1,835,209
Other Income	6,936,651		6,936,651	6,529,584		6,529,584
Total	100,697,621	97,279,764	3,417,857	117,872,436	102,156,454	15,715,982

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 training of the Vision Care Technicians, recruitment of a CEO and other staff for the Hospital at Odisha and their training. We also anticipate costs on setting up a City Centre Hospital at Brahmapur in the third quarter next year which would cost about Rs 75 Lakhs.

AUDITED FINANCIAL RESULTS

SANKARA EYE HOSPITAL	
1THIRD CROSS STREET, SRISANKARANAGAR, PAMMAL, CHENNAI-600075	
ABRIDGED RECEIPTS AND PAYMENTS ACCOUNT FOR THE YEAR ENDED 31/3/2015	
Opening balance of Cash and Bank	66,852,008.95
RECEIPTS	
General Donations	17,352,865.77
Endowment Donations	3,054,112.00
IP Receipts	59,726,945.00
OP Receipts	30,998,800.18
Interest from deposits	5,833,397.65
Miscellaneous receipts	1,989,508.66
Ophthalmic course, Training fee	3,087,725.00
Project Odisha	30,000,000.00
Opening Balance and Receipts	218,895,363.21
PAYMENTS	
Establishment (Salaries etc)	49,604,196.00
General Maintenance	11,786,931.53
Medicines and Opticals	24,534,819.00
Food for patients	893,550.00
Other Administration expenses	8,679,862.40
Travelling, Conveyance, Telephone	191,414.11
Eye Bank expenses	2,857,799.00
Eye Camp expenses, Vanavil	101,200.00
Interest charges	230,662.66
Scholarship	10,251.00
Project - Berhampur	366,262.00
Loan repaid	987,104.28
Additions to fixed assets	8,780,093.00
Project Odisha Expenses	3,409,429.00
Closing balance of Cash and Bank	106,461,789.23
Closing balance and Payments	218,895,363.21

SANKARA EYE HOSPITAL	
ABRIDGED INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED	
31/3/2015	
INCOME	
General Donations	17,352,865.77
IP income	59,726,945.00
OP Income	30,998,800.18
Interest on deposits	5,833,397.65
Ophthalmic course fees, other training fee	3,087,725.00
Miscellaneous Income	872,702.46
Total income	117,872,436.06
EXPENSES	
Establishment (salaries etc)	49,652,442.00
General Maintenance	11,786,931.53
Medicines and Opticals	24,534,819.00
Food for patients	893,550.00
Other Administration expenses	4,646,230.90
Travelling, Conveyance, Telephone	189,414.11
Eye Bank expenses	101,200.00
Eye Camp expenses, Vanavil	2,857,799.00
Interest charges	230,662.66
Project expenses	366,262.00
Scholarship	10,251.00
Depreciation	6,886,891.38
Total Expenses	102,156,453.58
Excess of Income over Expenditure	15,715,982.48

SANKARA EYE HOSPITAL	
ABRIDGED BALANCE SHEET AS ON 31/03/2015	
SOURCE OF FUNDS	
General Fund	78,120,790.83
Endowment fund	30,063,863.00
Building Fund - Tata Steel	30,000,000.00
Loan funds - Vehicle loan	1,642,924.18
Hospital Equipment Loan	1,325,600.00
Total source of funds	141,153,178.01
APPLICATION OF FUNDS	
Fixed Assets	29,377,481.91
Current Assets	428,506.00
Advances and Deposits	5,430,958.12
Stock of medicines	559,718.50
Cash and bank balances	106,461,789.23
LESS: Current liabilities	-1,105,275.75
Total Application of Funds	141,153,178.01

Details of Board Members as on 31/03/2015			
Name	Position on Board	No. of meetings attended	Remuneration and reimbursements in Rs.
Dr. P. Janakiraman	Managing Trustee	2	Zero
S. Visvanathan	Trustee & Secretary	2	Zero
V. Lakshmanan	Trustee & Treasurer	2	Zero
Dr. R.V. Ramani	Trustee	1	Zero
B.P. Jain	Trustee	2	Zero
Jagdish M Chanrai	Trustee	NIL	Zero
Wg Cdr V Shankar	Trustee & Executive Director	2	Zero

Distribution of Consultants & staff according to salary levels as on 31/03/2015			
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	20	48	68
10,000 - 25,000	32	28	60
25,000 - 50,000	2	3	5
50,000 - 1,00,000	2	4	6
Greater than 1,00,000	3	5	8
Total	59	88	147

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)	2,19,000
Lowest paid person in the organisation (staff or consultant):	Sri.Ravikumar	Ward Assistant	5,200

What some of our well wishers had to say

“Gurubyo Namah”. It was a wonderful experience spending three hours in the hospital. The dedication & passion with which the doctors, surgeons and the administrators provide CARE is truly inspiring. The anxiety of the patients & the relief in their face after care is what gives meaning to life.

A truly enjoyable experience & what makes this place unique is the people & the culture that they have built. Wonderful people, values & culture of care. Our best wishes from Cognizant



N Lakshmi Narayanan
Vice Chairman, Cognizant &
Director, Cognizant Foundation
16 Apr 14

“Excellent facility & clean environment. Keep up the good work. Look forward to a healthy partnership



S Venkataraman
HelpMeSee Inc
6 May 14

” Extremely happy to have visited this great Institution. This is a great service to the mankind”



Arun Misra
Vice President
Tata Steel Ltd
20 Sep 14

“At Sankara Pammal, the trustees and staff have an eye for everything, from the simplest to the sublime. Cognizant Foundation is privileged to be associated with Sankara.

Jaya jaya sankara, Hara Hara Sankara



NR Krishnan IAS (Retd)
Director, Cognizant
Foundation
16 Apr 14

“The Hospital is blessed by Kanchi Periyava. Excellent Team work and Hospitality with 100% success. Congrats for completing 2 lakhs operations successfully.

Endrum Anbudan

IF GOD BE WITH US, WHO CAN BE AGAINST US!



S Ve Shekher
Actor-Director
6 Dec 14

“ To put it in a nutshell: My visit to this hospital revoked my faith in mankind. Moved and touched. God bless!

Sarjana
Editor - Cosmic Tmes
6 Oct 14

SANKARA EYE HOSPITAL

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Chennai - 600 061 (India)

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🌐: www.kannoli.net