



香港眼科醫學院

# "I want to see": the elimination of cataract blindness in China

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"I want to see" will be the cry of 10 million cataract victims after intracapsular cataract extraction (ICCE).

International organizations will be severely criticized if they continue to recommend another 10 million ICCEs for blind cataract victims. Five million will remain blind because they have no cataract glasses; and because of cataract glasses, the other 5 million usually suffer the agony of optical disturbances so eloquently described in the 1952 *American Journal of Ophthalmology* editorial by the eminent American professor, Alan Woods,<sup>1</sup> himself a victim of cataract glasses after ICCE.

Eye surgeons who performed cataract surgery without implants 30 years ago would frequently have to listen to intensely unhappy patients, who despite successful ICCE, would prefer to remain blind without cataract glasses, as they could not tolerate cataract glasses.

In 1990, Sommer<sup>2</sup> reported that, "At least half of the people who have undergone allegedly successful surgery are blind, because they do not have aphakic glasses."

The ophthalmic aberrations, the distortion of images, the enlarged images, the problem of judging distances, the limited field of vision, and the jack-in-the-box phenomenon become terrifying for the patients, especially when their cataract spectacles are ill fitting and of poor quality. Walking and physical activity requiring vision become difficult, even dangerous. These are the optical horrors of the 50% of patients termed successes, as described in Sommer's report.

Why are the international organizations still recommending

ICCE? Why is an obsolete operation that is no longer used in the West and in the major cities of Asia still recommended for the poor, rural, blind cataract victims of the People's Republic of China? What is the justification?

I will write frankly, because if we are not open to alternative views we will close the door to truth and lock out solutions to cataract blindness in the 21st century.

It has been estimated that blindness from cataract in the world may increase from 20 to 40 million in 10 years. In addition, in 1995, Taylor<sup>3</sup> stunned us with the analysis that only 1 of 6 blind cataract victims underwent surgery and the other 5 died without surgery.

Why have we failed red when normal vision can be restored to all patients today at low costs? Why should this happen when, for 20 years the World Health Organization (WHO), the International Agency for the Prevention of Blindness, and many other international organizations have been spending millions of dollars every year to combat world blindness?

We know that one reason is the increased number of patients who suffer blindness from cataract because people now live longer. Another reason is the resistance of international organizations to new approaches.

For example, these organizations have been indifferent to the successful and exciting new approach to teaching extracapsular cataract extraction (ECCE) and posterior chamber intraocular lens implantation (PCIOL) by setting up training centers in developing nations.



In 1989, the Tianjin International Intraocular Implant Center<sup>4</sup> was formed, and by 1998, it will have trained 2000 ophthalmologists. The Center is founded on one basic principle: "Each time you perform a cataract surgery, you restore sight to one man. But if you teach quality cataract surgery to your fellow eye surgeons, you will restore sight to millions."

By working with other centers, the Tianjin Center hopes to restore normal vision to 1 million people in 5 years. With the establishment of more training centers, 10,000 eye surgeons can be trained in 5 years. If each performs 200 cataract operations a year, this would mean 2 million cataract operations performed each year. The Tianjin Center has succeeded, let the world follow.

Success in controlling cataract blindness in the People's Republic of China will be historic, as the world has failed after 20 years.

I appeal to the eye surgeons of Asia to teach their Asian colleagues low-cost ECCE with lens implantation. For what greater value have eye surgeons than to help restore vision to the blind? I also appeal to all eye surgeons of the world to work with Asian eye surgeons so that we can succeed rapidly.

## WORLD BANK

I appeal to the WHO and to international non-government organisations (NGOs) to follow the historic programme that the World Bank<sup>5</sup> has planned for India. If we can work together, we can control this major world surgical problem within 10 years in the People's Republic of China.

On June 11, 1996, the World Bank explained its outstanding and practical approach to the problem of cataract blindness in India. The plan is to restore vision to 11 million cataract victims in the country in 5 years, with a loan of more than \$100 million to the Indian government.

The key steps introduced in India are similar to those used in Tianjin. The World Bank programme includes the following:

1. Promoting a rapid change to ECCE.
2. Training medical students in 7 medical colleges to perform ECCE, as well as training more than 1,500 government surgeons.
3. Encouraging private physicians to work together with NGOs and government to provide quality surgery to

the poor.

4. Building and equipping facilities for ECCE.

Few people expected the World Bank to initiate such a wonderful programme in India. It would be useful for China to study the World Bank's programme and to consider adopting what is appropriate. Let me emphasize: "When human misery of millions of blind cataract victims continues to increase in the poor areas of our world, at a time when medical advances can restore normal vision to them at low costs, we will press for change, for action."<sup>6</sup>

## THE 21ST CENTURY

It is sad how opposition to major changes in surgery can delay progress. It is human nature to resist change and this has become the major obstacle to success in the control of mass cataract blindness.

Fortunately, the tide is changing.

In the 21st century, ECCE with PCIOL will become universally accepted. This is because the governments and leaders of Asia cannot close their eyes to the millions blind from cataract, any more than they can close their eyes to the needs of housing, education, food, transportation, and basic medical care.

In addition, phacoemulsification and other methods of small incision cataract surgery with foldable implants, with their advantage of rapid rehabilitation, have already spread to all Asian cities and the more developed areas of Asia. Although phacoemulsification remains controversial in eye camps, it has been recently successfully performed in India. It is wrong not to move forward in the Twenty-first century.

China's success will be historic, and Tianjin will be a model for all other developing countries to follow in the 21st century. There is a saying: "It is easier to stop an invading army than to stop a right idea at the right time."<sup>7</sup>

The solution to mass cataract blindness in the People's Republic of China is complex and difficult, requiring us to work together for success. I appeal for unity.

I appeal for ECCE and implants for all cataract victims as we must respond to their cry, "I want to see!"

## References:

1. Woods AC. The adjustment to aphakia. *Am J Ophthalmol.* 1952; 35: 118-22.
2. Sommer A. Obstacles and Opportunities: New Frontiers in Ophthalmology: Proceedings of the XXVI ICO, March 1990. New York: Elsevier Science Inc. 1990: 18-24.
3. Taylor HR. Public health perspective for cataract surgery. *Proceedings of the 2nd International Ophthalmologic Conference, July 1995 Beijing.*
4. Lim ASM. *Vision for the World.* Singapore: World Scientific Publishing Co Ltd. 1996: 27-8.
5. Lim ASM. Eye surgeons' essential role in cataract blindness. *Proceedings of the 16th Congress of the Asia Pacific Academy of Ophthalmology, March 1997 Kathmandu.*
6. Lim ASM. Eye surgeons: seize the opportunity. *Am J Ophthalmol.* 1996; 122: 571-3.
7. Lim ASM. *Human Right to Normal Vision.* Singapore: World Scientific Publishing Co Ltd. 1997.