



Jyotirmay Eye Clinic

For Children < 16 yrs and Squint

Annual Activity Report

10th September, 2006 to 9th September, 2007

Dear Colleague,

This report is an account of the activities undertaken by us in the past year. We have mentioned the enhancement in the quality and type of services in our clinic since we started on 10th September, 2005. We sincerely thank **you** for your continued support and wishes that made these activities possible.



We would continue to provide state of the art eye care to the children, patients with squint or any other ocular motility disorder at every age and children with low vision. It will be our relentless efforts to provide care with compassion and highest ethical standard.

We exist to serve....

We look forward to your continued support and suggestions to enhance our performance.



Clinical Work:



A child being examined with Hand-held Slitlamp



Child with Squint being examined

In the past year we examined 581 patients in the clinic. Out of this, 140 patients received Charitable/Free consultation.

We performed 74 eye surgeries ranging from state of the art Fornix incision adjustable suture technique squint surgeries, pediatric cataract surgeries to Pediatric plastic surgeries (enucleation, orbital implant, probings, frontalis sling surgery for ptosis, probing for nasolacrimal duct obstruction etc).



A squint surgery using state of the art *small (fornix) incision adjustable suture technique* in progress



ROP screening in an NICU



We treated patients referred by 105 Doctors in and around Thane district. We remain thankful for their kind patronage and pledge to provide the patients a medical care of highest clinical standard that is affordable.

Screenings for the retinopathy of prematurity was performed for 27 babies. We routinely visit NICU for ROP screening. This year we visited NICU at Kaushalya Medical Foundation Trust Hospital, Thane, Sri Sai Children's Hospital, Thane and Puja Nursing Home, Mulund.

This year 44 patients were treated in Pediatric Low Vision Center. We have dispensed Low Vision Aids to nearly 15 children. Low vision center is a charitable clinic and remains very close to our heart. We derive immense joy by seeing happiness on the face of a child who otherwise can not be helped by medical care.



Ms. Hiral, teaching vision stimulation technique to the mother of a child with cerebral vision impairment



Dr Mihir teaching use of stand magnifier



Facilities added to the existing clinic:

Department of Orthoptics:

This department is equipped with computerized software to detect and treat abnormalities of fusion (ability of brain to superimpose two images), accommodation (ability to focus an object), saccade (fast *eye* movement) and pursuit (slow *eye* movement). We also have Hess chart for plotting the field and direction of binocular single vision. We use internet based state of the art Campimetry (modified perimetric analysis of visual fields) and computer based highly specific FM 100 Hue test for testing patients with abnormalities in colour perception.



Child with Exodeviation being tested on HTS software for Convergence Insufficiency



Child with Anisometric Amblyopia being tested on TNO test for Stereoacuity and Binocularity

Electronic Medical Record:

We use electronic medical records system (**Visual Info-soft Inc.**) to store the patient's data including their photographs, video documentations and medical reports such as MRI and CT scans etc. The printed reports are provided to the patients for their permanent



record. We have always endeavored to inform every referring doctor about the diagnosis and treatment of the patient sent by them.

Patient Education in the Clinic:

We show an educational power point presentation to the parents in the patients' waiting area. This strategy has met with high success in terms of parental attitude towards the disease and its treatment. We believe the compliance to the treatment has significantly increased since the time we introduced the presentation.



Partner Hospitals:

We provide our expertise to many partner hospitals. Some of them are fully or partially charitable hospitals others are state of the art, tertiary Eye Care centers..

With the passage of time, we intend to engage in increasing amount of charitable work.

Our partner hospitals are.

1. Aditya Jyot Eye Hospital, Wadala www.adityajyot.org
2. Shrimad Rajchandra Hospital, Dharampur, Valsad
http://shrimadrajchandradharampur.org/activities/html/act_med_srh.htm
3. Mahatme Eye Hospital and Eye Bank, Nagpur www.mahatmehospital.com
4. Civil Hospital, Thane
5. Mehta Eye Clinic, Ghatkopar www.mehtaeyeclinic.com



Children at Civil Hospital during a Surgical Camp



Hospital Based Program by ORBIS international:

We conducted Hospital Based Program sponsored by ORBIS international at Kalinga Eye Hospital and Research Center, Dhenkennal, Orissa.

During a 3 days program we examined and treated the children with eye diseases, operated children with cataract, squint and other eye diseases and trained local ophthalmologists. A CME on Pediatric Ophthalmology was conducted for the physicians.

We look forward to be partners of ORBIS international towards achieving the goal of elimination of avoidable blindness in children by the year 2020.



Dr Mihir teaching the local doctors in an Out Patient Clinic and in a CME

Eye Camp for Children by Lions Club of Thane:

We are keen to be part of numerous community based eye care activity for children. We collaborate with the local philanthropic organization for such activities.





Academic Work:

Publications:

1. Clinical characteristics of spontaneous late-onset comitant acute nonaccommodative esotropia in children Indian J Ophthalmol. 2007 Mar-Apr;55(2):117-20.
2. Can the Bruckner test be used as a rapid screening test to detect significant refractive errors in children? Indian J Ophthalmol. 2007 May-Jun;55(3):213-5.
3. Primary superior oblique muscle-levator muscle synkinesis. J AAPOS. 2007 Apr;11(2):204-5.
4. Precaruncular approach for the periosteal transfixation of the globe in congenital third nerve palsy. J AAPOS. 2007 Apr;11(2):207-8.
5. A report on 65th Annual conference of All India Ophthalmic Society. *Sunayana 2007 Expert Rev Ophthalmol 2(3). 341-342,2007.*
6. Kothari MT, Maiti A. Ophthalmic artery occlusion: A cause of unilateral visual loss following spine surgery. Indian J Ophthalmol. 2007 Sep-Oct;55(5):401-2.
7. Spontaneous dislocation of the sulcus fixated IOL into Anterior Chamber (*In Press: Indian Journal of Ophthalmology*)
8. Fornix incision, hangback suture technique for squint surgery. Text book of Ophthalmology. Edited by H V Nema
9. Clinical characteristics of spontaneous late-onset comitant acute nonaccommodative esotropia in children. Letter to the Editor. Indian J Ophthalmol. 2007 Jul-Aug;55(3):319.

Presentations:

1. Recent advances in the management of Amblyopia. CME on Pediatric Ophthalmology and Strabismus, Jalgaon, 21st Jan, 2007
2. Evaluation of a case of Strabismus. CME on Pediatric Ophthalmology and Strabismus, Jalgaon, 21st Jan, 2007
3. Evaluation and management of Abnormal Head Posture. CME on Pediatric Ophthalmology and Strabismus, Jalgaon, 21st Jan, 2007



4. Evaluation and management of Nystagmus. CME on Pediatric Ophthalmology and Strabismus, Jalgaon, 21st Jan, 2007
5. **Chief Instructor**, Instruction Course on Current Trends in the Management of Amblyopia., at AIOC, Feb 2007, Hyderabad
6. Paper Presentation: Is Cycloplegic Refraction Necessary for Myopic Children where subjective refraction is possible? at AIOC, Feb 2007, Hyderabad
7. Paper Presentation: Are there biometric differences between an Accommodative Esotropia with Hyperopia and Simple Hyperopia? at AIOC, Feb 2007, Hyderabad
8. Prescribing guidelines for Refractive Errors and Amblyopia in children. CME on Pediatric Ophthalmology and Strabismus. Karnataka Ophthalmic Society and Mysore Ophthalmic Society, Mysore. July 22nd, 2007.
9. Probing and failed probing for CNLDO. CME on Pediatric Ophthalmology and Strabismus. Karnataka Ophthalmic Society and Mysore Ophthalmic Society, Mysore. July 22nd, 2007.

Current Ongoing Research:

1. A randomized controlled trial of Midazolam and Chloral hydrate for Pediatric Eye Examination under sedation
2. Comparison of Viewer's comprehension of surgical steps on a 2D and a 3D power point presentation
3. Assessment of reliability of fixation behavior measured by CSM grading to predict visual acuity and inter eye visual acuity difference in children with strabismus

Winner of the National Ophthalmic Quiz at AIOC, Feb 2007, Hyderabad

From left: Dr. Nishant Patel, Dr. Santhosh Honavar (Quiz master), Dr. Dharmesh Kar and Dr. Mihir





Continuing Medical Education:

Attended:

ORBIS DC-10 Flying eye Hospital program at **Mumbai** from 30-Mar-2007 to 12-Apr-2007

Observership:

This year Dr. Manish Samkul (Currently a fellow in Pediatric Ophthalmology and Strabismus, LVPEI, Hyderabad) and Dr. Maulik Zaveri (Currently pursuing MD in University of Pennsylvania, Philadelphia, USA) visited us as observers.



Our Team:

Mr. Sushant Kalambade: Manager

Mrs. Vishakha Govalkar: Secretary

Mr. Dilip Singh: Driver

Ms. Hiral Dholakia: Low Vision Specialist (D. Optom, SNTD, Mumbai, Fellow:
LVPEI, Hyderabad)

Dr. Reena Gautam: Pediatric Anesthetist

Dr. Mihir Kothari: Director

Dedication

To the Teachers



From Left

1. Prof Dr. Ravi Thomas, Sydney University Hospital, Australia
2. Dr. P. Vijayalaksmi, Aravind Eye Hospital, Madurai
3. Dr. David L Guyton, Wilmer Ophthalmological Institute, Baltimore, USA
4. D. Kulin Kothari, Bombay City Eye Institute and Research Center, Mumbai