

# GW International Ophthalmology Residency Training Manual

In collaboration with  
Surgical Eye Expeditions (SEE)  
International and  
The George Washington  
University

School of Medicine  
& Health Sciences

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THE GEORGE WASHINGTON UNIVERSITY

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# Foreword

**A**t The George Washington University each senior resident and a faculty member may attend a SEE International clinic under the supervision and direction of the local ophthalmologist with the approval of the appropriate health and civic authorities. A comprehensive manual has been developed to assist in planning a surgery clinic.

The purpose of this manual provides both an overview and a behind-the-scenes perspective on international eye surgery clinics. With over 3 decades of mobilizing volunteer eye surgeons in bringing sight to the blind throughout the developing world, we've found that many ophthalmologists would like to donate their professional skills to transform the lives of the disadvantaged, but don't know how to get started.

The estimated number of people visually impaired in the world is 285 million, (39 million blind and 246 million having low vision); 65% of people visually impaired and 82% of all blind are 50 years and older.

Globally the principal causes of visual impairment are uncorrected refractive errors and cataracts, 43% and 33% respectively. Other causes are glaucoma 2%, and age related macular degeneration (AMD), diabetic retinopathy, trachoma and corneal opacities, all about 1%. A large proportion of causes, 18%, are undetermined.

The main causes of blindness are cataracts, 51%, glaucoma, 8%, AMD, 5%, childhood blindness and corneal opacities, 4%, uncorrected refractive errors and trachoma, 3%, and diabetic retinopathy 1% (WHO 2010).

To address the burden of world cataract blindness, Surgical Eye Expeditions (SEE) International and The George Washington University School of Medicine and Health Sciences established a cooperative program designed to stimulate medical students and residents toward career opportunities in international ophthalmology. "International ophthalmology" involves much more than a firm grounding in clinical ophthalmology and surgery. Surgery is the easy part. Quickly, the volunteer physicians will be faced with a myriad of obstacles, including inadequate instrumentation, transportation difficulties, necessary medical equipment and logistic issues. These physicians will have to work together to solve these challenges in the most effective and economical way possible.

The ability to effectively plan and execute surgical clinics in foreign lands requires knowledge and skills generally not taught in medical school or ophthalmologic residency programs. A personal exposure to an eye surgery clinic in a foreign country is a dramatic awakening to what can be accomplished and an appreciation of the complexities of carrying out a successful clinic.

We hope that the following pages will provide answers to many of the basic questions of new and prospective volunteers, and urge you to get involved.

When you finish this manual, you should be able to plan and execute a short-term ophthalmic surgical clinic in a developing country. Planning and executing an expedition includes; an invitation from a local ophthalmologist with the approval of health and civic authorities, recruiting a team of ophthalmologists, procuring supplies, and evaluating the clinic personnel and site, as well as knowledge of community demographics, infrastructure, and support systems.

This cooperative project combining university ophthalmologic residency programs with the resources of an international non-profit health organization such as SEE International, is one option available to engage ophthalmologists at an early stage in their careers to attack the humanitarian emergency of cataract blindness in the developing world.

If you have questions about SEE International, please call SEE Headquarters at (805) 963-3303 or visit their website at [www.seeintl.org](http://www.seeintl.org). For questions about the ophthalmology program at GW, please call (202) 741-2825. We've included links to up-to-date country information, recent experiences of visiting ophthalmologists, and more useful resources not contained in this manual.

# Important Learning Objectives from the Resident Manual



1. The estimated number of blind people in the world, according to the World Health Organization.
2. Of that number, the percentage of the population unable to afford or access eye care.
3. The percentage of world blindness that is unnecessary.
4. Proposed solution(s) to preventable world blindness, and why.
5. The three requirements for participating personnel.
6. Clinic task timeline: (number of months) before the clinic each task should be accomplished. (e.g. Identify funding sources = 9-12 months before the clinic date).
  - a. Reserve microscopes and instruments
  - b. Order supplies
  - c. Make travel arrangements
  - d. Completed Expedition Site Profile (ESP)
  - e. Determine lecture program
7. In establishing a international clinic, the five responsibilities of a host ophthalmologist.
8. The four responsibilities of GW in the overall planning and administration of the visiting team.
9. The reason it is essential to have a letter of invitation from the host country before planning a clinic.
10. The purpose of an ESP.
11. Who procures your supplies.
12. The purpose of a donation request form.
13. Type of documentation needed for the boxes you plan to bring to the international clinic site.
14. Method used to stretch viscoelastic.
15. How to document patient surgical data.

# Why SEE International?

A Personal Perspective  
Harry S. Brown, M.D., F.A.C.S.  
SEE Founder

Upon completion of my ophthalmology residency, I spent a year abroad in various countries working with ophthalmologists in their clinics, on their patients, under local conditions. As a result, I concluded that existing systems of surgical eye care delivery in many countries are incapable of dealing effectively with the tremendous scope of world blindness.

As a clinical ophthalmologist, I was frustrated that there were so few opportunities to put the skills of trained clinical eye surgeons to more effective use. The problem is wide-ranging, involving not just medicine, but also organization, administration, transportation, communication, finances, logistics, and socio-political barriers. I realized that a worldwide reservoir of trained ophthalmic surgeons wishing to help the disadvantaged blind, lacked an effective mechanism for action.

Although many programs and organizations provide education, training, research, glasses, supplies, equipment, and medicines, too few are dedicated exclusively to restoring sight through surgery. Moreover, existing organizations tend to place demands on ophthalmic surgeons that discourage their sustained participation, throughout their lifetime. I sought an approach to combat surgically correctable world blindness that would overcome problems of time constraints, logistics, and financing and operate with continuity and social sensitivity.

Surgical Eye Expeditions (SEE) International is that solution.

Developed and tested in the early 1970's and incorporated as a non-profit organization in 1974, Surgical Eye Expeditions (SEE) International deploys small teams of qualified personnel recruited for short-term, sight-restoring clinics held on a recurring basis in medically underserved communities all over the world. By not disrupting their careers, the SEE strategy proved successful in enlisting volunteer ophthalmologists, nurses, and technicians for periodic participation. Moreover, brief, recurring clinics do not exhaust the facilities and resources of host countries. SEE International's surgical expeditions and

collaborations with other organizations, such as the George Washington University, have been effective in reducing the number of surgically correctable, disadvantaged blind throughout the developing world, transforming languishing lives into productive ones.

Most volunteer ophthalmologists became involved with SEE International mid-career. In order to encourage younger ophthalmologists, SEE International developed this prototype program with The George Washington University School of Medicine and Health Sciences, Department of Ophthalmology.

## THE RESULT....

For the last 15 years GW residents have been fortunate to participate in International missions across the globe. Residents understand that it's a privilege for them to provide their services in a respectful, thoughtful and professional manner to the underserved in the host country.

At GW we encourage our second year Ophthalmology residents to begin planning and preparing for their international trips right after their OKAP examinations. This way the residents are encouraged to participate early on in the intense, yet rewarding planning process. This lessens their load as they become third year residents and start focusing on solidifying their surgical skills and residency surgical numbers. By the latter part of their 3rd year, residents are ready to impart their knowledge and skills under a fairly stress free environment. What a way to end their residency career!

To date our residents and their counterpart surgical mentors have performed a variety of cases such as cataract extractions, pterygia excisions, glaucoma cases, as well as eyelid and orbital procedures. We believe that this privilege should be extended to all residents of the various Ophthalmology residencies in the country.

**Tamer Mansour, M.D.**  
*GW International Mission Trip Leader*



# The George Washington University International Ophthalmology Program

Craig Geist MD, MS, FACS, Professor and Chair, Department of Ophthalmology  
The George Washington University School of Medicine and Health Sciences, Washington D.C.

It is truly a privilege to train and practice in the field of ophthalmology in the United States. Despite the healthcare coverage woes, our patients are able to receive state of the art medication and treatment for their eye conditions. However in many developing countries treatment of vision threatening disease may be unavailable, or if present, may be limited for a portion of the population.

The International Ophthalmology Program at GW is part of the residency program in the senior year and all residents participate. Our association with SEE International allows us to draw on their longstanding work and broad perspective on eye world health. They have generously provided equipment and supplies which have been integral to providing the eye care needed in many of these underserved areas. Our residents travel with a team comprised usually of an anterior segment specialist and an oculoplastic surgeon. They generally spend one full work week at the clinic examining and treating patients, performing surgery and where possible teaching staff in both practical and didactic sessions.

It is our goal to provide an opportunity for our residents to see the bigger picture of world eye care needs. To put them in experiential situations where they see the tremendous need meshed with their ability to restore sight or prevent blindness. We believe in a team approach to all of our mission trips that involves the residents working together to ensure the mission trips are organized, well run, and a great learning experience for them as well as our partners in host countries. Each resident has a task to perform to ensure this is the case. They learn how to plan, organize, equip themselves and commit to providing these services for a short block of time. At mission sites they meet with organizers and the caring physicians who have arranged the patient visits. They examine the patients and discuss the best care practice which, in most of these cases, is surgery.

We also understand that mission trips are not only an educational experience for residents and faculty but for our host physicians, nurses and technicians. Learning is reciprocated between our hosts and team of physicians. This is done in a collegial and cultural-

ly sensitive manner. The residents often times come away from these expeditions having learned and gained as much from the experience as do the patients and healthcare workers they encounter there.

The fact that The George Washington University Department of Ophthalmology is located in the Nation's Capital, may influence and facilitate our interest in world eye health needs. Our residents have the opportunity to visit embassies of many underserved countries here. They can arrange contacts with health care givers, obtain travel information and documents, and obtain letters of introduction to the officials in the host country. Our desire is not only to provide them with skills to become health care givers but an understanding of how best to deliver excellent care in underserved areas as health care ambassadors.



# The Facts About Avoidable World Blindness

## The Problem

According to the World Health Organization, 37 million people worldwide are blind. About 90 percent live in developing countries, where they are unable to afford or access eye care. If current population trends continue, the number of blind in the world could double by 2020.

Approximately 75% of world blindness is unnecessary – preventable or curable with proper medical care. About half of the correctable blindness is due to cataracts. These patients' sight can be restored with a 30-minute operation performed under a local anesthetic.

Sight-restoring surgery is a life-transforming event. Children gain the opportunity to receive an education and livelihood, parents resume support and care of their families, and elderly persons are able to live with independence and dignity. In addition, the burden of care that formerly fell on family members and caregivers is relieved, allowing them to pursue more productive activities.

## The Solution

### Team Approach with SEE and University Institutions

The full coordination of effort between the academic ophthalmic institutions and organizations such as SEE International can address correctable vision loss issues in the underserved in partner countries throughout the world. GW has been proudly involved with international medical missions to underserved areas since 2001. Mission locations have included the following countries: Ethiopia, Niger, the Philippines, India, Ecuador, Bolivia, Honduras, Guatemala, and the Dominican Republic.



# Summary of Responsibilities

## Host Ophthalmologists

He or she is an ophthalmic surgeon residing in a developing country overburdened by disadvantaged blind individuals in his/her community who volunteers in order to assist these individuals.

- Schedule partner expedition 3-6 months in advance.
- Secure ESP, letters of invitation & clearances from appropriate health authorities (2 months prior).
- Select hospital facility and collaborate with local clinic or hospital to provide:
  - Suitable space to conduct patient screening, operating rooms and area for post-operative recuperation.
  - Support personnel to assist patients and surgeons.
  - Water and electrical power (running and stable).
  - Perform life-enhancing surgery.
- Screen patients based on medical and socioeconomic status.
- Encourage support and cooperation of other local ophthalmologists.
- Supervise the eye expeditions and exchange skills with the visiting affiliates.
- Administer post-operative patient care (immediate and long-range as required).
- Provide in-country transportation and when possible, food and lodging for the visiting surgical team.
- Possess a working knowledge of English and provide translators for the team if needed.

## Visiting Ophthalmologists

Is a board-certified (or foreign equivalent) ophthalmic surgeon with the desire to give all individuals the right to sight and improved quality of life worldwide.

- Perform life-enhancing surgery.
- Serve as volunteers and pay own travel expenses including: airfare, excess baggage, accommodations, food, and transportation (if not provided by the host).
- Promote skills exchange and education with local ophthalmologists by assisting one another and presenting lectures on topics suggested by the host ophthalmologist.
- Transport supplies and equipment to the clinic site. SEE International and other partner organization can provide supplier and equipment to the surgeon on the medical mission.

## Costs

The cost of surgical clinics is spread across a broad base:

- 1) Professional personnel serve voluntarily.
- 2) Use is made of local clinics and hospital facilities.
- 3) Microscopes and instrument sets are provided on a loan basis.
- 4) Many surgical supplies and medicines are donated.
- 5) Post-op care is provided by local ophthalmologists.
- 6) Food and lodging of visiting professionals is frequently taken care of by local agencies.

## Educational Exchange

Educational programs have been developed to meet local conditions, but always involve performing sight-restoring, life enhancing surgery. Educational seminars, hands-on wet labs, lectures and demonstration surgeries may be included. Each surgical clinic results in a skills exchange among participating ophthalmologists and technical personnel. The large number of cases compresses the learning curve, providing a surgical environment conducive to developing new skills in a short period of time.



# Part I: Pre-Clinic

## I. Recommended Timeline

## II. Establishing a Clinic

1. Guidelines for Surgeons
2. Invitation from Host Country
  - a. Sample letter of Invitation (from Ethiopian Government)
3. ESP (Expedition Site Profile)

## III. Travel Preparation

1. Personal Travel Arrangements
  - a. International Travel Documentation
  - b. Personal Emergency Information
  - c. Dress Code
2. Team Travel Arrangements
  - a. Departure Checklist for Doctor/Team
  - b. Team Roster
  - c. Emergency Contact List

## III. Supplies and Equipment

1. Procuring Supplies
  - a. SEE International Guidelines for Supplies
  - b. Donation Request Form
2. Packing Supplies
  - a. Expedition Packing Checklist
  - b. Instrument Checklist
  - c. Cataract Surgery Case Supplies
  - d. Itemized Box List
  - e. Packing Manifest
  - f. Capital Equipment Loan Form

# Expedition Timeline

## Countdown to International Trip

### **2nd YEAR RESIDENTS:** (latter part of the year)

1. Prepare for possible site location and obtain host information.
2. Start collecting OR disposables, such as towels, that can be sterilized in host country for future use.

### **3rd YEAR RESIDENTS (PGY4)**

#### **Months 6-5:**

1. Start visa process.

#### **Months 4-3:**

1. Receipt of appropriate documents from Host:
  - a) invitation from ophthalmologist.
  - b) approval from health/civic authorities.
2. Sponsoring Organization, Host, and Resident to set dates for clinic.
3. ESP received from Host.
4. Resident and sponsoring organization to identify funding sources (corporate, private, foreign/local).
5. Letter to local congressional representative.
6. Meet with the Ambassador from host country in Washington, DC (and/or their medical director if possible) to discuss project. Seek a letter of support from the Ambassador. Also, inform the US Ambassador in the host country that you are conducting a medical mission, you seek their assistance. You should also invite them to the clinic, etc.

#### **Months 3-2:**

1. Resident to determine caseload (upon consultation with Attending Surgeons).
2. Resident to confirm team members.
3. Sponsoring Organization to determine custom clearance arrangements.
4. Resident to secure appropriate licenses and send to Sponsoring Organization.
5. Resident to reserve microscopes and instruments.

#### **Months 2-1:**

1. Resident to make travel arrangements.
2. Resident to procure visas as needed.
3. Resident and Host to determine lecture program.
4. Resident to get sample course material and translate if necessary (if site includes host physicians/residents/students).
5. Resident to make up course packets.

#### **Month 1:**

1. Resident to confirm host arrangements.
2. Sponsoring Organization to order supplies.
3. Resident to check with the US State Department and the CDC for any updates or new information.
4. Resident to prepare course packets.
5. Sponsoring Organization to pack supplies.
6. Resident to depart.

# Guidelines for Traveling Ophthalmic Surgeons

## **Board Certified / Board Eligible**

- Extra Capsular Cataract Extraction (ECCE) skills and Manual Small Incision Cataract Surgery (MSICS) skills
- Limbal incision, tunnel, suture closure
- Use of PC and/or AC IOLs
- Familiarity with use of Simcoe hand held cortex clean up system

Working knowledge of:

- Pterygium removal and repair
- Manual clean up of vitreous loss
- Dropped nucleus
- Plastic lid repair
- Evisceration, Enucleation, Entropion, and Ectropion
- Eyelid malpositions
- Eyelid cancer/reconstruction
- Basic orbital surgery
- Yag laser capsulotomy
- Diode laser

## **Resident in Training**

Third Year Surgical Resident (observer or assist only) should be aware of or familiar with:

- Non Phaco ECCE
- Limbal incision, tunnel, suture closure
- Use of rigid IOL, PC and AC, and IOLs
- Manual Simcoe handheld cortex clean up system
- Pterygium removal and repair
- Manual clean up of vitreous loss
- Dropped nucleus
- Basic plastic lid repair
- Evisceration, enucleation, basic entropion, and ectropion repair
- Yag laser capsulotomy

## **Resident Program: Responsibilities of the Professor or Attending Surgeon**

The developing world cataract patient will often have “black” or difficult dense white cataracts which are best removed by manual ECCE rather than Phaco. Attending physicians should therefore be comfortable with:

- Skills in non-phaco ECCE and Teaching of Residents manual ECCE
- Simcoe cortex clean up
- Conversion to ECCE from phaco
- Tunnel and limbal incisions
- Closure of ECCE limbal or tunnel incision

## **Note:**

1. Visiting physicians should not bring medications that will be out of date during their visit to any international location.
2. Visiting physicians should not get involved in challenging cases but should stick to straight forward surgical cases because you will not be there long enough to provide follow-up or specialized care. Do not undertake the position of being the primary surgeon; assist the local surgeon with complicated cases.
3. Physician team leaders must be in active clinical practice. Team leader should bring CVs and copies of medical degrees and residency training certificates for all team members. If possible, summarize the skills of team members to eliminate potential criticism and allow for host country news stories about the mission.

# Letter of Invitation from Host Country

- It is imperative to receive an invitation from the Ministry of Health of the host country. All surgical expeditions should be planned and carried out in countries where the surgical team is invited.
- The letter should be as specific as possible with information such as the clinic date, location, and purpose.
- A letter of invitation must be obtained by requesting it from the host physician.
- You should also request from the host country physician the requirements for providing humanitarian aid.
- Please see an example of an invitation letter on the next page.

*(NOTE: this invitation is a sample from another medical mission organization, but the principle is the same)*



# Sample Letter of Invitation from Host Country



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FEDERAL MINISTRY OF HEALTH  
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St. Paul's Hospital Millennium Medical College

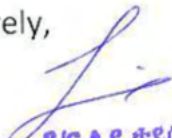
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Ref. No. 1-4/454  
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Date April 05, 2012

**To: The Ethiopian Consulate in USA, UK, Egypt, Canada, Kuwait and Austria**

This is to request your good offices to kindly facilitate Business Visa for the attached list of specialists who will form the Coptic Medical mission visiting Ethiopia between 12 and 19 May 2012 to give wide range of Medical Services here in Ethiopia.

Your cooperation is very highly appreciated.

Sincerely,

  
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In reply please refer to our ref. No.

Fax: 0112- 77 47 87  
Addis Ababa, Ethiopia



# Expedition Site Profile (ESP)



- The ESP was created by SEE International to assess the **Host Ophthalmologist's** skills, surgical supplies, equipment, facilities, experience, needs and goals.
- The host ophthalmologist should complete the profile **at least 3 months** before the clinic in order to properly plan for the expedition.
- It is the visiting team's responsibility to make sure that the ESP is completed and returned to the sponsoring medical organization.
- Equipment - can be brought by you from own inventory, donated by a pharmaceutical or equipment company, supplied by the host physician(s) as long as an inquiry by visiting team is made to ensure quality and confirm supply, or the equipment can be loaned to your team by SEE International.

# Expedition Site Profile

*Please complete accurately and thoroughly, all information is required*

## Host Ophthalmologist Information

Local Host Ophthalmologist's Name:			Date:		
Address Line 1:					
Address Line 2:					
Address Line 3:					
Country:		Phone:		Fax:	
Email:		Is the host a SEE Affiliate?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

*\*Please note if the host ophthalmologist is not an affiliate they must also complete a SEE Affiliate Application*

Indicate the number of surgeries performed annually by the host ophthalmologist at this hospital/clinic

ECCE		MSICS		Phaco		Retina	
Diode		Strabismus		Pediatric		Other	

## Host Facility Information

Name of Facility:							
Address Line 1:							
Address Line 2:							
Address Line 3:							
Country:		Phone:		Fax:		Cell:	
Contact Name (if different than host)						Email:	

How many cases do you anticipate during the clinic?

Types of cases?

Number of operating rooms available for clinic:

Number of operating tables:

How many local ophthalmologists will participate in the International clinic:

Is there a retina specialist at your site? Yes ☐ No ☐ If yes, who?

Are your nurses familiar with scrubbing for eye surgery cases? Yes ☐ No ☐ Notes:

Is English translation available in the operating room? Yes ☐ No ☐ Notes:

Do you have running water Yes ☐ No ☐ Do you have steady electricity? Yes ☐ No ☐

Do you have any eyelid/plastic equipment ☐ Yes ☐ No ☐ If yes, what?

## Needs Assessment

Are there any other international organizations with whom you collaborate?	
Estimated distance from your facility to the nearest clinic or hospital?	
Estimated number of individuals who seek ophthalmic care at your facility annually:	
What are the major ocular health problems of the communities served by your eye care facility?	
Is there charge for services at this facility? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, how is the amount of the charge determined?

## Equipment

*Please indicate the equipment that is in working condition and will be available for the upcoming clinic*

Equipment	Yes or No	How Many?	Make	Model
Microscope	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Ophthalmic Instruments	Yes <input type="checkbox"/> No <input type="checkbox"/>			N/A
A-Scan	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Keratometer	Yes <input type="checkbox"/> No <input type="checkbox"/>			
YAG Laser	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Argon Laser	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Diode Laser	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Vitrectomy Machine	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Phaco Machine	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Indirect Ophthalmoscope	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Slit Lamp	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Fundus Camera	Yes <input type="checkbox"/> No <input type="checkbox"/>			

## Sterilization Technique

Do you have an autoclave/sterilizer	Yes <input type="checkbox"/> No <input type="checkbox"/>	Make and Model:	
Is it located in the operating room?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sterilization time:	
Do you have a transformer?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Distilled Water?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Chemical sterilization used:	Cidex? <input type="checkbox"/>	Acetone? <input type="checkbox"/>	Alcohol 70% <input type="checkbox"/>
Do you have sterile water for rinsing?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Your electrical voltage?	

## Supplies

*From the list below, please indicate the medications that are needed for the clinic*

Medicines	Type/Style/Quality	Surgical Supplies	Type/Style/Quantity
Anesthetics		Suture	
BSS		Knives	
Glaucoma		IOL's	
Miotics		Viscoelastics	
Steroids		Other	

## Participants, Logistics & Educational Seminar

How many visiting ophthalmologists would you like to invite?		
Will visiting ophthalmologists need to apply for a medical license in your country?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Will the host provide accommodations for visiting International team?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Name, Address, Phone and other contact information for the accommodations (or recommended hotel):		
Will the host provide transportation to and from the airport and the clinic site?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Will the host provide accommodations for visiting SEE team with customs?		
Would you like the visiting team to provide and educational seminar?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Please list the topics that you would like the visiting international team to present:		
Please indicate the audio/visual equipment available:		
Do you treat Diabetic Retinopathy Patients?		
Would you be interested in additional support (personnel, equipment, clinics) for a Diabetic Retinopathy program?		

# International Travel Documentation



- **Passports**

Plan Ahead! It is advised to apply for a passport, if needed, at least 3 months before your international expedition. Make sure that your passport has blank pages for stamping. Otherwise the visa service will charge you to make an addendum. Also be sure that your passport is not going to expire for at least six months after the clinic date. Information about applying for a passport can be found at: [www.travel.state.gov/passport\\_services.html](http://www.travel.state.gov/passport_services.html).

- **Visas**

Visas are your ticket into the host country. Visit the [www.travel.state.gov/](http://www.travel.state.gov/) to see if you need a visa to enter the host country. Also, a visa can be obtained from Zierer Visa Service which can be contacted at [www.passportsandvisas.com/visas/index.asp](http://www.passportsandvisas.com/visas/index.asp). Processing time for visas varies by country, so please plan ahead.

- **U.S. State Department**

Travel information/alerts for all countries can be found at the State Department website: [www.travel.state.gov](http://www.travel.state.gov).

- **Immunizations**

Contact the Centers for Disease Control (CDC) or your local infectious disease physician for information regarding recommended immunizations. CDC: 1-800-232-4636; [www.cdc.gov/vaccines/adults/index.html](http://www.cdc.gov/vaccines/adults/index.html).

- **Medical/Travel Insurance**

Your local travel or insurance agent can advise you concerning travel insurance or you can obtain information from the State Department website at: [www.travel.state.gov/content/passports/english/go/health/providers.html](http://www.travel.state.gov/content/passports/english/go/health/providers.html).

- **U.S. Embassies Abroad**

Foreign embassies in Washington, D.C., [www.embassy.org/embassies/](http://www.embassy.org/embassies/)

## Personal Emergency Information

Date:					
Your Name:					
Blood Type:		Medications:			
Allergies:					
Completed Hepatitis B Series:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:		
Passport Number:			Expiration Date:		
Emergency Contact Person:			Relationship:		
Address:					
City:		State:		Zip	
Home Phone:			Cell Phone:		
Personal Physician:					
Phone Number:					
Business Address:					
City:		State:		Zip	



# Dress Code

As a professional and U.S. representative, you should be prepared to be interviewed by local or international press, either upon departure or arrival in the host country. In order to convey our respect and present a professional appearance, we suggest the following dress code guidelines:

- Upon departure and arrival from your home or host country, ties and jackets/skirts or pantsuits are appropriate attire. You may wish to bring some comfortable clothes to change into while in-flight.
- Once in-country, try to dress as formally as our professional counterparts. If in doubt, dress more rather than less formally.
- There will probably be at least one festive evening planned by our hosts. You will want to bring attire for those occasions.
- Shorts, short skirts and, in some countries, sleeveless garments are not appropriate.
- Please bring your own scrub suits for the operating room. You will be insured that the suit will fit and not cause extra laundry for your host hospital.

## By the way...Baggage:

In order for you to avoid or reduce excess baggage charges on your expedition, it is recommended that each team member “carry on” all personal luggage. The team should travel together. This allows for two pieces of checked luggage to go towards two boxes of medical supplies and equipment for each person. Some airlines may make some exceptions but they need to be contacted well before your planned trip to see if taking more luggage is possible.

# Cultural and Historical Information

U.S. representatives should try at all times to be sensitive to local culture in the host country. For general information obtain information from the U.S. State Department, when available. We also suggest reading a Fodor or Lonely Planet Country Guide for the country you will be visiting.

Please remember that our hosts always try to give the visiting team the very best they can—we try to give them our best as well.

# Tours of Host Country

Said simply, we recommend asking your host colleagues for recommendation on local attractions. Alternatively, use only reputable tour companies that will provide the security and expertise necessary to ensure a safe and enjoyable environment.

# Departure Checklist for Doctor/Team

Tasks	Check	Comments
Airline Tickets		
Visa & Passport		
5 extra passport photos and 3 copies of front page of a Passport and airline tickets.		
Packing Manifest (w/ 5 extra copies for customs)		
Medical Supply Boxes		
Instruments Set		
Scrub Suit & Comfortable Shoes		
Personal Luggage (carry on)		
Read Clinic Packet		
Return Mandatory Forms Including Surgical Logs		
Flashlight and Headlamp		

## By the way...Vacation Plans:

Many of you would like to take time to enjoy the enriching culture of the country of your Clinic. We ask that you schedule your "vacation time" after the clinic is completed. This enables you to fully focus on the surgery during the clinic and fully focus on relaxing during your vacation. Thank you!

# EXPEDITION SHIPPING & TRAVEL LOGISTICS

Clinic Location:

Clinic Date(s) Cases

(# & type):

OP:

LOI:

Roster on:

By:

Collaboration:

Bringing own Instruments:

Other:

Ship supplies/equipment to:

as noted below, OTD by

## SHIPPING ADDRESS

Name:

Address:

Ship By:

Phone #:

Return By:

## TRAVEL ITINERARY

Airline(s):

Depart:

Arrive:

Traveler:

Depart:

Arrive:

## FACILITY INFORMATION

Host:

Clinic Site:

Bus: Fax:

Bus: Fax:

Cell:

Contact:

E-Mail:

Cell:

Clinic Site (Address):

E-Mail:

Accommodations:

## TEAM MEMBERS

Team Lead:

,MD

Team Member:

,MD

Address :

Address:

Type:

Type:

Bus:

Bus:

Fax:

Fax:

Res:

Res:

Cell:

Cell:

E-Mail:

E-Mail:

Glove Size:

Glove Size:

License State & #:

License State & #:

Alternate Shipping/Dr.'s Home Address:

## SEE SUPPLIES

Qty

Product Code

Description

## SEE EQUIPMENT

Instruments	Microscope	Autoclave	A-Scan	K-Meter	YAG	Diode	Other

## SHIPPING INFORMATION

Name:

Address:

SHIP BY:

Phone No:

RETURN BY:

**SAMPLE**

## Emergency Contact Information

### SEE International Contact Information

A SEE International representative is available 24 hrs. a day to receive your call 805-963-3303

Luis Perez	805-478-5252 (cell)	Director of Operations
Randal Avolio	805-680-0789	President and CEO
Dr. John Crowder	805-448-8601(cell) 805-949-3780 (home)	Medical Director

### U.S. Government Contact Information

	(phone number)	(your) State Governor
	(phone)	(Your) State Congressman
	(phone)	(your) State Senator
Center for Disease Control	404-332-4555 800-311-3435 877-394-8747	Traveler's Hotline Public Inquiries Traveler's Health
US State Department	202-647-4000  202-647-4747 (within the US) 202-501-4444 (outside US)  202-647-5225	Main Office  Citizens Emergency Center  Office of American Citizen Services

### Important Numbers (at my University/Medical School)


### Other Contact Information

Global Rescue	800-381-9754	Evacuation Service
MED JET Assist	800-527-7478	Evacuation Service

# Procuring Supplies

1. The expedition leader is responsible for ensuring that his/her team has the appropriate supplies and equipment for the clinic. At least three to six months of lead time is necessary.
2. Most often, your own contacts will be delighted to assist you with donated products. If you have your own surgical center or access to pre-packaged surgical packs, you may want to ask the suppliers to donate items like: drapes, cannulas, disposable cauteries, and disposable blades.
3. Other medical mission trips have been sponsored by companies. Generally, many pharmaceutical companies will generously donate pharmaceutical and surgical supplies on request.
4. If you seek donated supplies from your pharmaceutical reps, use the checklists located in the "Packing Supplies" section of the manual. These lists can serve as a list to request donated supplies and a packing checklist to ensure you have all the supplies you need for a successful medical mission.
5. Once supplies are obtained, it is imperative to ensure the requested supplies are reflected adequately in the supplies list obtained from the pharmaceutical and surgical companies with the sent medicines and equipment.





# Packing Supplies

Pages (24-32) are the various lists when preparing and packing all the supplies and equipment that will be used at the international clinic site.

## **Expedition Supplies Checklist:**

Can be used as a general packing list to ensure that no essential supplies are left behind. The attached SEE International Standard list of Supplies serves as a guide of what is necessary to bring.

The majority of international ophthalmic surgical clinics focus on cataract surgery. Experience has shown that the surgical clinics are most efficient when the cataract supplies are pre-sterilized and pre-packed.

## **Oculoplastic Set**

Oculoplastic Set is designed to perform oculoplastic surgery (Oculoplastics) which includes a wide variety of surgical procedures that deal with the orbit (eye socket), eyelids, tear ducts. The set allows you to perform a reconstruction of the eye and associated structures.

## **Itemized Box List and Packing Manifest:**

Upon your arrival into the host country, airport customs will need to know exactly what each box contains, and important information about the boxes such as: the dimension, weight, origin and destination, person responsible, contents, value, and whether the contents are disposable. The contents of each box should be documented on paper and handed over to the customs officers to avoid having to open the boxes and unpack the contents (remember to keep several copies for yourself). Being unprepared at the customs counter can be quite a headache after a long flight! Therefore, it is essential to keep track of every item that is packed.

## SEE International Standard List of Supplies Cataract Surgery | 50 Cases

Updated 9/3/2014

### Supplies Shipped by Alcon

Surgical Log.....	1	Prep/ Surgical Packs (sterile).....	50
BSS Admin IV Sets.....	50	<u>Prep:</u> 4x4s, Q-Tips, Gloves, 2oz Cup, 10cc Irrigation Syringe	
BSS 500cc (Glass Bottles).....	18	<u>Surgical:</u> 4x4s, Q-Tips, Syringe 1cc, 5cc, 10cc, Gloves for	
		Scope Handle & Cautery Sleeve, Needles 18g x1, 25g x2,	
		BSS cup	
Drapes - Incise, Cataract (40x48") .....	50		
Mydracyl 1% gtts 15cc.....	6	Eye Shields.....	50
Cyclomydril 5ML.....	12	Weck Cell Sponge Spears (packs of 10).....	5
Atropine 1% (5cc).....	2	ProVisc, 0.85 or 0.55cc (Refrigerate).....	50
Proparacaine (Alcaine) 0.5%, 15cc gtts.....	6	Knife, Crescent, Bevel Up.....	24
Triamcinolone, 1cc vial .....	3	Knife, Keratome.....	24
Miostat 1.5cc inject., Miotic .....	6	Knife, Sideport.....	24
Pilocarpine 2%, 2cc (Sterile Bottles) .....	2	(PC) IOLs (Acrylic, 3pc, 6mm 17-24.0D).....	50
Pilocarpine 1%, 15cc.....	2	(AC) IOLs (13mm, 17-30.0D).....	3
Tobradex gtts 10cc.....	50	Suture 10-0 Nylon, Dbl Arm Spatula.....	24
Ciloxan gtts 5cc.....	24	Suture 4-0 Silk, Single Arm, Taper Pt.....	24
Nevanac Oph Susp 0.1% 3ML.....	12		
Vigamox 0.5%.....	24		
Omnipred 1% 10ML.....	24		
Maxitrol Ung 1/8 oz Tube.....	6		
Betoptic-S gtts 10cc or 5cc .....	6		
Betadine 5%.....	1		

### Supplies Shipped by SEE International †

Povidone Iodine (Betadine) 10%, (8oz).....	2	Alcohol Wipes.....	100
Povidone Iodine (Betadine) 5% gtts, 30cc.....	1	Lidocaine 2%, 50cc vial.....	3
		Bupivacaine 0.75%, 30cc vial.....	5
18g 1 1/2" Needle.....	25	Post-OP Packs (Shield, Eye Pad, Tape).....	50
25g 1 1/2" Needle.....	50	Gloves - Surgical, Ltx (Size 6.5-8.5).....	50
10cc Syringes.....	50	Surgeon Hats and Masks.....	30
4x4's. Sterile (2 per pack).....	50	Patient Hats (Bouffant).....	60
Ancef/Cephazolin (1 gram, 5cc diluted).....	5	Shoe Covers (Pair).....	15
Sterile Water (Cephazolin Dilutant), 20 cc.....	2	Gowns (Non-sterile).....	5
Dexamethasone, 5cc Inject.....	3		

### ADDITIONAL INFORMATION

† SEE International will package these supplies into as few boxes as possible.

• Please do not solicit Alcon for donated materials. All supplies subject to availability.

## SEE International Instrument Set Basic Anterior Segment / Cataract / Glaucoma

### Instrument Case | 2 Tier

Muscle Hook.....	1	#18 Cannula Straight.....	1
Lens Loop.....	1	Simcoe I/A Cannula and Tubing.....	1
Bever Handle and Chuck.....	1	Olive Tip Cannula.....	1
Iris Spatula.....	1	#27 Cannula Angulated.....	1
Sinsky Hook.....	1	#19 Cannula Flat Angulated.....	1
Large Needle Holder.....	1	Lens Loop Irrigating Cannula.....	1
Small Needle Holder.....	1	Irrigating Handpiece.....	1
Lid Speculum.....	1	Jaffe Lens Manipulator.....	1
Caliper.....	1	AC Maintainer.....	1
		Cystotome.....	1
Stevens Scissors.....	1	Utrata Forceps (available upon request).....	1
Wescott Scissors.....	1	J-Cannula (available upon request).....	1
Corneal Scissors L/R.....	2		
Vaness Scissors .....	1		
Colibri Forceps.....	1		
Fine Tooth Forceps.....	1		
Large Fixation Forceps.....	1		
McPhearson Tying Forceps.....	2		
Mosquito Hemostat.....	2		

### ADDITIONAL INFORMATION

- Sterilize instruments in steam autoclave OR Acetone. Flush all tubing with BSS
- Please comment on any damaged, missing or inadequate instruments
- Instruments can be packed with your personal items in checked luggage
- Upon return, please send the instruments back to SEE headquarters with a reliable courier
- Tray contents may vary

**SEE Intl. Instrument Checklist**

## STEAM AUTOCLAVE

**OR**

**ACETONE SOAK 5 MIN, FLUSH ALL TUBING WITH BSS**

Date in \_\_\_\_\_

Oculoplastic Set      Box 1 of 2

Checked by\_\_\_\_\_

CONDITION BEFORE CLINIC

### CONDITION AFTER CLINIC

Checked by\_\_\_\_\_

[illegible]

INSTRUMENTS ARE COLOR CODED WITH TAPE. RETURN INSTRUMENTS TO SAME CASE  
CHECK INSTRUMENTS FOR DAMAGE BEFORE AND AFTER SURGERY  
PLEASE COMMENT ON ANY DAMAGED, MISSING, OR INADEQUATE INSTRUMENTS

**Clinic Site** \_\_\_\_\_ **Surgeon** \_\_\_\_\_

Color code

Blue/Orange

**SEE Intl. Instrument Checklist****STEAM AUTOCLAVE****OR****ACETONE SOAK 5 MIN, FLUSH ALL TUBING WITH BSS**

Date out \_\_\_\_\_

Date in \_\_\_\_\_

Oculoplastic Set Box 2 of 2

Checked by \_\_\_\_\_

CONDITION BEFORE CLINIC

CONDITION AFTER CLINIC

Checked by \_\_\_\_\_

GOOD	FAIR	QUANT	TYPE OF INSTRUMENT	GOOD	FAIR	POOR	COMMENTS
			Ptosis clamp				
			Lid clamp Erhardt				
			Lid clamp Snellen				
			Bone rongeur Citelli				
			Bone chisel 5mm				
			Bone rasp				
			Eviseration soon				
			grooved director				
			Periosteal elevator				
			Lid speculum Guyton/Park				
			Nasal speculum				
			Tying forceps angled large				
			Tying forceps delicate				
			Spatula delicate angled				
			Spatula flat maleable				
			Muscle hook Graefe				
			Tenotomy hooks				
			Probe delicate blunt				
			Forceps jewelers delicate				
			Forceps Adsons teeth				
			Forceps Adsons serrated				
			Forceps Castroviejo .5				
			Forceps nasal bayonette				
			Corneal shield metal				
			Lacrimal sac retractor				
			Knife handle /chuck Bever				
			Knife handle Bard Parker				
			Forceps wetfield fine tip				
			Forceps wetfield serrated				
			Instrument case				

INSTRUMENTS ARE COLOR CODED WITH TAPE. RETURN INSTRUMENTS TO SAME CASE

CHECK INSTRUMENTS FOR DAMAGE BEFORE AND AFTER SURGERY

PLEASE COMMENT ON ANY DAMAGED, MISSING, OR INADEQUATE INSTRUMENTS

Clinic Site \_\_\_\_\_ Surgeon \_\_\_\_\_



# SEE International

6950 Hollister Ave., Suite 250  
Santa Barbara, CA 93117-2807

Phone: (805) 963-3303 TF: (877) 937-3133  
Fax: (805) 965-3564 info@seeintl.org

## Sample Manifest

Ship Date	Expedition
2/1/2008	Nicaragua:M

Ship To

**MEDICAL DONATIONS ONLY NO  
COMMERCIAL VALUE  
(value less than \$100 USD)**

**\*Means Please Return to SEE**

		Affiliate	Clinic Begins		Clinic Ends	Clinic Location
		Dr. Mark Drabkin	2/25/2008	thru	2/29/2008	Nicaragua:Managua/...
Quantity	Item	Description/ Notes				
1	BOX #1 Surgical Log (*)	50 Case(s) Documentation				
50	Drapes, Incise 40x48	1040				
50	Gloves Size 7 1/2 Non Pd Lx					
2	Mydriacyl, gtts 1% 15 cc	MYDRIATIC, (tropicamide)				
5	Mydfrin gtts 2.5% 5 cc	MYDRIATIC, (phenylephrine)				
2	Cyclogel gtts 2% 5 cc	MYDRIATICS, (cyclopentolate)				
1	Atropine gtts 1% 15cc	15cc				
1	Proparacaine gtts 15 cc	Alcaine, 0.5%, exp. 10/2008				
75	Alcohol Wipes					
50	Needles 18 g, 1 1/2"					
50	Needles 25g 1 1/2					
50	Syringe 10cc					
50	4x4 Sterile	Packs of 2				
8	Lidocaine 2%, 20cc	regional block				
9	Bupivacaine 0.75% 30cc	regional block				
15	Gentamicin 2cc	injection, expires 6/2009				
2	Kenalog-10 Vials 5cc	Injection, (triamcinalone)				
3	Miostat 0.01%, 1.5cc vial	(carbachol intracular solution), inject.				
3	Pilocarpine gtts 2% 2cc	Sterile Bottles, exp 11/2008				
1	Pilocarpine gtts 2% 15cc	Miotic				
50	Weck Cell Sponges Spears	(10 per pack)				
10	Cautery, LO temp					

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## Sample Manifest

Ship Date	Expedition
2/1/2008	Nicaragua:M

Ship To

**MEDICAL DONATIONS ONLY NO  
COMMERCIAL VALUE  
(value less than \$100 USD)**

**\*Means Please Return to SEE**

Affiliate	Clinic Begins		Clinic Ends	Clinic Location
Dr. Mark Drabkin	2/25/2008	thru	2/29/2008	Nicaragua:Managua/...

Quantity	Item	Description/ Notes
5	PC/IOL - 18.0	MA60AC, Acrylic 3pc, 6mm - expires 2/2012
5	PC/IOL - 18.50	MA60AC, Acrylic 3pc, 6mm - expires 2/2012
10	PC/IOL - 23.0	MA60AC, Acrylic 3pc, 6mm - expires 2/2012
15	PC/IOL - 20.50	MA60AC, Acrylic 3pc, 6mm - expires 2/2012
5	PC/IOL - 22.50	MA60AC, Acrylic 3pc, 6mm - expires 2/2012
10	PC/IOL - 23.50	MA60AC, Acrylic 3pc, 6mm - expires 2/2012
4	AC/IOL - 20.0	PMMA, 13mm
3	AC/IOL - 19.50	PMMA, 13mm, expires 9/2012
3	Lens Glides	
25	Crescent Knives	w/handle, bevel up
25	Keratome Knives	w/handles (slit)
25	Sideport Knives	w/handle
10	Cystotome Knives	
50	PC/IOL - Assorted	Assorted - Power from 1.0 through 30.00
4	AC/IOL - 19.50	PMMA, 13mm, expires 9/2012
4	Lens Glides	
40	Nylon 10-0	Suture - Nylon Double Armed, Spatula
50	Silk 4-0	Suture - Single Arm, Taper-point
50	Tobradex gtts 5cc	Tobramycin/Dexamethasone 0.1%, expires 5/2009
25	Ciloxan gtts 5cc	(Ciprofloxin)
25	Econopred Plus gtts 1% 10cc	(Prednisolone 1%)
3	Maxitrol Oint., Sterile	8 oz Tube (Neomycin / Polymycin / Dexamethasone)
10	Beptoptic S, gtts 0.25% 10cc	(betaxalol)

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## Loaned Equipment Info & Policy

The purpose of this form is to provide you with information regarding SEE International instruments and capital equipment available for temporary loan. If you plan on borrowing SEE International instruments and/or capital equipment, please review, complete and return this form to us at least one month prior to your departure.

### EQUIPMENT INFORMATION

Please note the following:

- All equipment is assembled and tested prior to shipment
- Check all equipment prior to expedition
- Assemble, set voltage, test and repack
- Take special note how equipment is packed and repack carefully
- Use UPS/FedEx ONLY for return shipping

### AUTOCLAVE

Estimates Value \$1,000

#### SPECS:

- 110 volts AC minimum to maintain temperature.
- 12 amps (about 1300 watts).

**OPERATION:** Be sure a transformer of at least 1500 watts to convert from 220 volts to 110 volts and distilled water are available on site. SEE has a 1500 watt transformer available for loan (~20 lbs.). The autoclave takes about 10 minutes to cycle once hot. If used continuously during the day, it will cycle for 15 minutes out of every half hour. It can steam 2 sets of SEE instruments if placed properly.

### MICROSCOPE

Estimated Value \$5,000

Tripod Estimated Value \$900

#### SPECS:

- Halogen bulbs and fiber optic cables included.
- The bulb draws 50 watts.
- 110 or 220 volts variable. Set to country standards. Transformers are not needed.

**OPERATION:** The scopes may be on continuously. Turn off lights when not needed to conserve bulb. Use plug adapters included in the case. **Confirm voltage is set appropriately to avoid damaging the bulbs or fuses.**

### DIODE & YAG LASER

Estimated Value \$30,000 & \$18,000

#### SPECS:

- Check local voltage and set for 110 or 220 volts.

5638 HOLLISTER AVE., SUITE 210 SANTA BARBARA, CA 93117 | PHONE: (805) 963-3303 | FAX: (805) 965-3564

Surgical Eye Expeditions (SEE) International is a non-profit 501(c)(3) humanitarian organization that provides medical, surgical and educational services by volunteer ophthalmic surgeons with the primary objective of restoring sight to disadvantaged blind individuals worldwide.

**OPERATION:** Please take a special note of how YAG laser is packed and test-assemble prior to your departure. If there appears to be any malfunction, or if you have questions, contact SEE International immediately. Note: wait three-seconds between firing laser.

## **KERATOMETER**

*Estimated Value \$3,500*

### **SPECS:**

- The keratometer uses 110/220 volts to charge a small battery. Electrical current requirements are minimal.

**OPERATION:** The batteries should be charged for at least 12 hours prior to your departure and again upon your arrival in your destination. Make sure to re-charge each night to prevent battery drainage.

## **A-SCAN**

*Estimated Value \$3,000*

### **SPECS:**

- The voltage needs to be stable at 110/220 volts – check local voltage and set.
- The power requirement is minimal – less than 1/2 amp.

## **INSTRUMENTS SETS**

*Estimated Value \$2,500*

**POLICY:** Instrument sets can be provided upon request and it is the responsibility of the visiting team to ensure all pieces of the set are kept together and returned to SEE. All instruments in the set will be denoted by a colored piece of tape. If upon return instruments are missing, you may be asked to replace them. Sets are subject to availability.

**INSTRUMENTS:** A list of what is included in the instrument sets can be provided by SEE. Additional instruments, such as Utrata forceps, muscle forceps or special needle holder, must be specially requested.

## **CUSTOMS**

*Please note the following:*

**LEAVING THE US:** Consider registering the equipment with the nearest US Customs and Border Protection office prior to your departure. All registered items will be guaranteed a duty-free entry upon your return. For more details, please call the US Customs and Border Protection helpline at 1-877-227-5511.

**ARRIVING IN COUNTRY:** In your SEE Travel Manual, you will receive documents appealing to local authorities regarding the equipment. Some countries may require that you register equipment upon arrival

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and confirm its return upon departure. Failure to comply may result in fines and/or confiscation of equipment. SEE is not responsible for these costs incurred.

If you encounter any difficulties, key words to use in reference to supplies and equipment are: donated, disposable, no commercial value, the equipment will return to the US.

## RETURNING EQUIPMENT TO SEE

Please ship equipment no later than one week upon your return to the US. Ship with a reliable courier such as UPS or Fed-Ex and maintain tracking information.

**Insure equipment for the full amount listed below.** You are responsible to pay for insurance and shipping costs for the return of equipment.

Please return all equipment in original packing cases or boxes. Save original packing materials so that the equipment can be repacked properly.

## EQUIPMENT & INSTRUMENT VALUES

DESCRIPTION:	VALUE:
Slit Lamp	\$2,500.00
Phaco Machine	\$28,000

## ACCEPTANCE OF RESPONSIBILITY

*I have read the above information and made myself aware of the equipment operation. I confirm my responsibility for the following capital equipment on loan and will return it to SEE International within a week of returning:*

Microscope	<input type="checkbox"/> (deposit required)	A-Scan	<input type="checkbox"/> (deposit required)
YAG Laser	<input type="checkbox"/> (deposit required)	Keratometer	<input type="checkbox"/> (deposit required)
Autoclave	<input type="checkbox"/>	Instrument Set	<input type="checkbox"/> (deposit required)
Phaco (Laureate/Sovereign)	<input type="checkbox"/> (deposit required)	Oculo Instr. Set	<input type="checkbox"/> (deposit required)
Diode Laser	<input type="checkbox"/> (deposit required)	Other (list):	

Name:		Signature:	
Expedition Site:		Date:	

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## DEPOSITS (if required)

Should there be a need a for substantial repair or replacement of loaned equipment, a full report will be given to you and if any further action is needed, it will be discussed with you.

Please complete this form and return to SEE along with a check or credit card information at least one month prior to the clinic. Once the equipment is returned in good condition, the security deposit will be released.

Please mark below the items you would like to borrow from SEE and sign to acknowledge you have read and agree to the terms of the equipment policy.

Equipment	Deposit Amt.	Quantity
Microscope	\$ 1,000.00	
YAG Laser	\$ 1,000.00	
Phaco Laureate/Sovereign	\$ 1,000.00	
A-Scan	\$ 250.00	
Keratometer	\$ 250.00	
Instrument Set	\$ 250.00	
Oculo Instr. Set	\$ 500.00	
Diode Laser	\$ 1,000.00	
<b>Total Amount</b>		

Credit Card Number		Expiration Date	
Signature:		OR a check is included	

**Send in this form via mail or fax to your clinic coordinator at SEE International. Do not send credit card information via e-mail. We recommend that you make a copy for your own records before submitting.**

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and educational services by volunteer ophthalmic surgeons with the primary objective of  
restoring sight to disadvantaged blind individuals worldwide.



## Part II: Clinic



### I. Patient Documentation

1. Patient Surgical Information Form
2. Recording Patient and Surgical Data
3. Surgical Operative Log
4. International Classification of Disease

### II. In the Operating Room

# Patient Documentation

SEE International suggests the use of several simple forms to keep track of patients and seeks your feedback on your International experience to help improve future programs. In addition to documenting the expeditions, it is vital for the visiting team to maintain accurate and complete statistical reports on surgeries. This helps to pinpoint particular needs, to make projections regarding efficient allocation of resources, and to provide accurate documentation for contributors.



## **By the way . . . Post-Op Surgical Responsibility:**

You have the same surgical and post operative responsibilities as a visiting volunteer surgeon that you have in your hometown hospital; i.e. IOL sticker on patient chart, IOL card to the patient. This includes appropriate documentation in both the host hospital chart and the clinic form (attached). It is particularly important to note any complications during surgery or post operatively. Responsible record keeping for both host faculty and the visiting team is extremely important for documentation and follow-up studies.



## Expedition Surgical Information Form

Please complete accurately and thoroughly, all information is required.

### Clinic Overview

Today's Date		Host Ophthalmologist	
Team Leader			
Clinic Location		Clinic Dates	
Facility Name		Total Days of Surgery	

Total # of Patients Screened (est.)		Total # of Surgeries	
-------------------------------------	--	----------------------	--

### Surgical Breakdown

Cataract		Retina		Strabismus		Oculoplastics	
Cornea		Glaucoma		Pterygia		YAG Laser	
Diode		Other					

Of the total number of surgeries performed, how many were pediatric procedures?

Cataract		Strabismus		Other (list)	
----------	--	------------	--	--------------	--

### Participating Surgeons

1		2	
3		4	
5		6	

### Nurses and Support Personnel

1		2	
3		4	
5		6	

Is this form required? Yes! For each and every clinic supported by SEE.

Why is this important? SEE is required by law to track the amount and type services provided. This output is also important for reporting purposes and future planning.

**Thank you for your time and efforts to complete and submit these forms to:**

5638 HOLLISTER AVE., SUITE 210 SANTA BARBARA, CA 93117 | PHONE: (805) 963-3303 | FAX: (805) 965-3564  
Surgical Eye Expeditions (SEE) International is a non-profit 501(c)(3) humanitarian organization that provides medical, surgical and educational services by volunteer ophthalmic surgeons with the primary objective of restoring sight to disadvantaged blind individuals worldwide.

# Recording Patient and Surgical Data

## **Surgical Operative Log**

The following form is a sample of the surgical operative log. It is vital to maintain accurate and complete statistical reports on our surgeries.

Upon arrival, identify the person in charge of the Operating Room and enlist his/her help to identify a secretary, nursing aide, service club volunteer, or team volunteer to fill out the information.

Please have the information printed and as complete as possible. The surgical log should be returned to the headquarter's program director. (Post-op VA is not always feasible.)

Note that the most common ICD-9 codes are:

Cataract: 366.1  
Pterygium: 372.4  
Yag Laser: 366.5 (posterior capsulotomy)  
Estropia: 378.0  
Exotropia: 378.1

Disclaimer: As of late 2014 - early 2015, ICD-10 codes will be required. ICD-10 consists of a vast more specific codes than its predecessor ICD-9. It is important that physicians start reporting ICD-10 codes as soon as possible.

## **Notes on Entering Patient Information**

- 1 Please print all information as clearly as possible and be as complete as possible.
- 2 Please include the Pre-operation and Post-operation Visual Acuity measurements whenever possible. The POST-OP VA should be taken during the post-op examination on the day after surgery.
- 3 For the ICD-9 code, use the attached table. Be as specific as possible in choosing a code for the condition of the patient, e.g.: Senile Cataract = 366.1.
- 4 "Eye" is the eye (right, left or both) upon which surgery is to be performed.
- 5 For "IOL POWER", please include the power of the IOL plus "AC" or "PC" for anterior chamber lens or posterior chamber lens.
- 6 The operating surgeon should sign for his or her patients, and make any comments relevant to the surgery and outcome for the patient.

# Surgical Operative Log Sample

Date:  
City:  
Clinic:

**SAMPLE**

\*ICD Codes: Cataract: 366.1  
Pterygium: 372.4  
Yag: 366.5  
Strabismus: 378.1 or 387.0

## Surgical Operative Log Sample

No.	Name	Sex	Age	*ICD Code	Eye	IOL Power, Brand of Lens Used	Pre-Op VA	Post-Op VA	Surgeon	Comments: Please include all complications & follow up, i.e. Vitreous loss/Vitrectomy/AC IOL, medications, need for further surgery
1							R			
							L			
2							R			
							L			
3							R			
							L			
4							R			
							L			
5							R			
							L			
6							R			
							L			
7							R			
							L			
8							R			
							L			
9							R			
							L			
10							R			
							L			

Please return this original, completed surgical log to SEE International



# International Classification of Disease (ICD-9)

## A Digit Code for Ophthalmology

### I

930.0 Corneal foreign body  
 940.2 Bum, alkaline  
 940.3 Bum, acid  
 940.4 Bum, heat, other  
 370.9 KERATITIS, unspecified  
 370.0 Comeal ulcer  
 370.1 Dendritic keratitis  
 370.2 Superficial keratitis, other  
 370.3 Special ker-conj; vemal,sicc  
 370.4 Other kerato-conjunctivitis  
 370.5 Interstitial, deep keratitis  
 370.6 Corneal neovascularization  
 370.8 Other keratitis  
 371.0 Scars, opacities  
 371.1 Pigmentations, deposits  
 371.2 Edema  
 371.3 Folds, rupt. comeal membrane  
 371.4 Degenerations  
 371.5 Hereditary dystrophies  
 371.6 Keratocomis  
 371.7 Other deformities; desmetocel  
 743.4 Congenital anomalies, ant. sgmt.  
 371.8 Other comeal dis.; paresthesia

### II.

918.2 Superficial injury  
 930.1 Foreign body  
 372.0 CONJUNCTIVITIS, Acute  
 372.1 Chronic  
 077.9 Viral  
 076.9 Trachoma  
 372.2 Blopharo-conjunctivitis  
 372.3 Rosacea, pemphigoid  
 372.4 Pterygium  
 372.5 Degenerations, deposits  
 372.6 Scars, symblepharon  
 372.3 Hemorrhage, edema, cysts  
 190.3 NEOPLASM, malignant  
 234.0 Carcinoma in situ  
 224.3 Benign  
 372.8 Other disorders of conjunctiva

### III.

360.0 Glaucoma suspect  
 743.2 Congenital glaucoma  
 365.1 Open Angle glaucoma  
 365.2 Primary angle-closure glaucoma  
 365.3 Corticosteroid induced glaucoma  
 365.4 Glaucoma w/ Congenital anomalies  
 365.5 Disorders of the lens  
 365.6 Other ocular disorders  
 365.8 Other forms of glaucoma

### IV.

379.0 Scleritis, episcleritis  
 379.1 Other disorders

### V

871.4 LACERATION, unspecified  
 871.0 Without prolapse  
 871.1 With prolapse  
 871.2 Rupture eyeball  
 871.3 Avulsion eyeball  
 940.5 Bum, destruction of eyeball  
 871.5 FOREIGN BODY, Perf., magnetic  
 871.6 Perforating, nonmagnetic  
 360.5 Retained, magnetic  
 360.6 Retained, nonmagnetic  
 360.0 ENDOPHTHALMITIS, Purulent  
 360.1 Other; sympathetic, parasitic  
 360.2 Degen. dis.; high myopia, siderosis  
 360.3 Hypotony; fistula, flat chamber  
 360.4 Degenerated condition; plithisis  
 360.5 Loss of eye, w/wo implant  
 743.9 CONGENITAL ANOM., unspec.  
 743.0 Anophthalmos  
 743.1 Microphthalmos  
 760.8 Other disorders; luxation

### VI.

373.9 INFLAMATION, unspecified  
 373.0 Blepharitis  
 373.1 Hordeolum, deep inflammation  
 373.2 Chalazion  
 373.3 Dermatoses; eczema, allergy  
 373.4 With deformity; lupus, leprosy  
 373.5 Dermatitis; herpes, impetigo  
 373.6 Parasitic infestation  
 373.8 Other inflammations  
 918.0 INJURY, superficial  
 920.0 Black eye  
 921.1 Contusion, eyelids  
 870.0 Laceration, Skin  
 870.1 Full thickness  
 870.2 Involving lacrimal passages  
 940.0 BURN, Chemical  
 940.1 Heat, other  
 374.0 Entropion, trichiasis  
 374.1 Ectropion  
 374.2 Lagophthalmos  
 374.3 Ptosis  
 374.4 Retraction, lid lag, spasm, etc.  
 374.5 Degenerative disorders; xanthelasm  
 374.6 Congenital anomalies, ocular adnex  
 172.1 NEOPLASM, malignant melanoma  
 173.1 Skin, malignant, other  
 232.1 Skin, Carcinoma in situ  
 216.9 Skin, benign  
 171.0 Tarsus, malignant  
 215.0 Tarsus, benign  
 374.8 Other disorders; hemorrhage, edema



# International Classification of Disease (ICD-9)

(Continued)

## VII.

- 376.1 chronic; pseudotumor
- 376.2 EXOPHTHALMOS, Endocrine
- 376.3 Other
- 376.4 Deformities of orbit;
- 376.5 Enophthalmos hypertelorism
- 376.6 Retained foreign body
- 802.4 FRACTURE, Malar area, closed
- 802.5 Malar area, open
- 802.6 Orbital floor, blow out
- 801.0 Orbital roof, base of skull
- 802.0 Nasal bones, closed
- 802.1 Nasal bones, open
- 870.9 WOUND, unspecified
- 870.3 Perforation, orbit
- 870.4 Perforating foreign body
- 921.2 Contusion, orbit
- 190.1 NEOPLASM, Contents, malignant
- 224.1 Contents, benign
- 170.0 Walls, malignant
- 213.0 Walls, benign
- 276.8 Other dis.; cysts, myopathy

## VIII.

- 361.9 DETACHMENT, unspecified
- 361.0 Rhegmatogenous detachment
- 361.1 Retinoschisis, retinal cysts
- 361.2 Serous detachment
- 361.3 Break without detachment
- 361.8 Other forms of detachment
- 362.01 RETINOPATHY, diabetic, bkgmd.
- 362.02 Diabetic, proliferative
- 362.1 Non-diabetic, background
- 362.2 Non-diabetic, proliferative; RLF
- 362.3 Vascular occlusion
- 362.4 RPE detachment, central serous
- 362.5 DEGENERATION, Macula, post. pole
- 362.6 Peripheral
- 362.7 Hereditary; pigmentosa, etc.
- 190.5 NEOPLASM, Retina, malignant
- 224.5 Retina, benign
- 362.8 Other changes; hemorrhage, exudate
- 363.0 CHORIORETINITIS, Focal
- 363.1 Disseminated
- 363.2 Other forms; pars planitis
- 363.3 Chorioretinal scars

## IX.

- 367.0 Hypermetropia
- 367.1 Myopia
- 367.2 Astigmatism
- 367.3 Anisometropia, uniseikonia
- 367.4 Presbyopia
- 367.5 Disorders of accommodation
- 367.8 Other disorders: transient

## X.

- 377.1 Atrophy
- 377.2 Other; drusen
- 377.3 Papillitis, retrobulbar neuritis
- 950.0 OPTIC NERVE, Injury
- 743.5 Congenital anom., post. segment
- 192.0 Neoplasm, malignant
- 225.1 Neoplasm, benign
- 377.4 Other dis.; ischemic neuropath
- 950.2 OPTIC CHASM, Injury
- 377.5 Other disorders
- 950.2 VISUAL PATHWAYS, Injury
- 377.6 Other disorders
- 950.3 VISUAL CORTEX, Injury
- 377.1 Other dis.; cortical blindness
- 377.8 Visual system, other disorders

## XI.

- 375.0 LACRIMAL GLAND, inflammation
- 190.2 Neoplasm, malignant
- 224.2 Neoplasm, benign
- 375.1 Other disorders
- 375.2 Epiphora
- 375.3 PASSAGES, Acute inflammation
- 375.4 Chronic inflammation
- 375.5 Insufficiency
- 375.6 Fistula, status post surgery
- 930.2 Foreign body in punctum
- 190.7 Neoplasm, malignant
- 224.7 Neoplasm, benign
- 243.6 Congenital anom., ocular adnexa
- 375.8 Passages, other disorders

## XII

- 378.0 Esotropia
- 378.1 Exotropia
- 378.2 Intermittent tropia
- 378.3 Other forms and aspects
- 378.4 Heterophoria
- 378.5 Paralytic strabismus
- 378.6 Mechanical strabismus
- 378.7 Other forms of strabismus
- 378.8 Dis. of gaze, converg., diverg.
- 379.6 Nystagmus, irregular movement
- 369.0 Blindness, both eyes (20/400 down)
- 369.1 Blindness W/ low vision other eye
- 369.2 Low vision, both eyes (20/70 down)
- 369.3 Unclassified vis. loss, both eyes
- 369.4 "Legal blindness" (20/200 down)
- 369.6 Blindness, one eye (20/400 down)
- 369.7 Low vision, one eye (20/70 down)
- 369.8 Unclassified visual loss, one eye

## XIV.

- 250.9 Diabetes NOS
- 242.9 Thyroid disease NOS
- 289.9 Blood, disorder NOS
- 401.9 Hypertension NOS
- 437.9 Cerebro-vascular disorder NOS
- 348.8 Brain, disorder, NOS
- 779.9 Pre-, peri-natal disorder NOS
- 759.9 Congenital anomaly NOS
- 959.9 Injury NOS
- 994.9 Adverse effect, poisoning NOS
- 999.9 Complication of medical care NOS

## XV.

- 364.0 Iridocyclitis, Acute, recurrent
- 364.1 Chronic
- 364.2 Special; heterochronic
- 364.3 Hyphema, rubeosis
- 364.4 Degenerations
- 364.5 Cysts
- 364.6 Synechiae, iridodialysis, recession
- 743.4 Congenital anomalies, ant. seg.
- X90.0 NEOPLASM, Intraoc., malignant
- X24.0 Intraocular, benign
- 364.8 Other dis. of iris, ciliary body
- 379.4 Pupillary dysfunction

## XVI.

- 363.4 Degenerations; angioid streaks
- 363.5 Hereditary dystrophies
- 363.6 Rupture, hemorrhage
- 363.7 Choroidal detachment
- 743.5 Congenital anom., post. segment
- 190.6 NEOPLASM, Choroid, malignant
- 224.6 Choroid, benign
- 363.8 Other disorders of choroid
- 379.2 VITREOUS, hemorrhage, etc.

## XVII

- 368.0 Amblyopia ex anopsia
- 368.1 Subjective disturbances
- 368.2 Diplopia
- 368.3 Binocular vision, other
- 368.4 Visual field defects
- 368.5 Color vision deficiencies
- 368.6 Night blindness
- 368.7 Electrophysiologic disturbances
- 368.8 Other visual disturbances

## XVIII.

- 743.3 CATARACT, Congenital
- 366.0 Infantile, juvenile, presenile
- 366.1 Senile
- 366.2 Traumatic
- 366.3 Secondary to ocular disorders
- 366.4--Systemic dis., drugs, X-ray
- 366.5 After cataract
- 366.8 Other forms of cataract
- 379.3 Aphakia, dislocation
- Pseudophakia

## International Classification of Disease – ICD-10 Codes

(Digit code for Ophthalmology - limited to the more common diseases treated on international trips)

### ENTROPION AND TRICHIASIS

H02 Other disorders of eyelid  
H02.0 Entropion and trichiasis of eyelid  
H02.00 Unspecified entropion of eyelid  
H02.01 Cicatricial entropion of eyelid  
H02.02 Mechanical entropion of eyelid  
H02.03 Senile entropion of eyelid  
H02.04 Spastic entropion of eyelid  
H02.05 Trichiasis without entropion

### ECTROPION

H02.1 Ectropion of eyelid  
H02.10 Unspecified ectropion of eyelid  
H02.12 Mechanical ectropion of eyelid  
H02.13 Senile ectropion of eyelid  
H02.11 Cicatricial ectropion of eyelid  
H02.14 Spastic ectropion of eyelid  
H02.2 Lagophthalmos  
H02.53 Eyelid retraction

### DERMATOCHALASIS/BLEPHAROCHALASIS/ PTOSIS

H02.83 Dermatochalasis of eyelid  
H02.84 Edema of eyelid  
H02.3 Blepharochalasis  
H02.41 Mechanical ptosis of eyelid  
H02.42 Myogenic ptosis of eyelid  
H02.43 Paralytic ptosis of eyelid

### LACRIMAL

H04.54 Stenosis of lacrimal canaliculi  
H04.55 Acquired stenosis of nasolacrimal duct  
H04.56 Stenosis of lacrimal punctum  
H04.57 Stenosis of lacrimal sac  
H04.6 Other changes of lacrimal passages

### EYELID LESIONS/MASSES

H00.03 Abscess of eyelid  
H00.1 Chalazion  
H02.82 Cysts of eyelid

### CATARACT CODES

Type 2 Excludes capsular glaucoma with  
pseudoexfoliation of lens (H40.1-)  
H25 Age-related cataract  
H25.0 Age-related incipient cataract

H25.01 Cortical age-related cataract

H25.011 ..... right eye  
H25.012 ..... left eye  
H25.013 ..... bilateral  
H25.019 ..... unspecified eye

H25.03 Anterior subcapsular polar age-related  
cataract

H25.031 ..... right eye  
H25.032 ..... left eye  
H25.033 ..... bilateral  
H25.039 ..... unspecified eye

H25.04 Posterior subcapsular polar age-related  
cataract

H25.041 ..... right eye  
H25.042 ..... left eye  
H25.043 ..... bilateral  
H25.049 ..... unspecified eye

H25.09 Other age-related incipient cataract

H25.091 ..... right eye  
H25.092 ..... left eye  
H25.093 ..... bilateral  
H25.099 ..... unspecified eye

H25.1 Age-related nuclear cataract

H25.10 ..... unspecified eye  
H25.11 ..... right eye  
H25.12 ..... left eye  
H25.13 ..... bilateral

H25.2 Age-related cataract, morgagnian type

H25.20 ..... unspecified eye  
H25.21 ..... right eye  
H25.22 ..... left eye  
H25.23 ..... bilateral

H25.8 Other age-related cataract

H25.81 Combined forms of age-related cataract  
H25.811 ..... right eye  
H25.812 ..... left eye  
H25.813 ..... bilateral  
H25.819 ..... unspecified eye  
H25.89 Other age-related cataract  
H25.9 Unspecified age-related cataract



# Protocol for O.R. Setup

TOP ROW	BOTTOM ROW
Antibiotic Ointment Betadine Swabs Drape Supports Gloves BSS, 15 ml. Cannulas Cystotomes 10-0 Nylon Suture 4-0 Silk Suture	Blades Cauteries Cryos Extra Baggies Miochol Paper Tape Tubing Viscoelastic Weckcell Sponges

## Setup:

Tape top row of bags at a comfortable level within reach of local circulators; label and put in alphabetical order so everything is easy to find. Remember not to weigh down BSS -15 ml. or gloves by putting too many in bag. Bottom row will include those items that are not used in every case; e.g., miochol, viscoelastic, BSS administration sets, cryos, wecks, etc. Tape garbage bags to the wall and label *For Garbage Only, Gloves Only, Syringes Only, etc.*

## Procedure:

- Open tray, take off post-op baggie; prep and put on drape retractor.
- Circulator preps, draws up multiple blocks and labels syringes. It is helpful if one of the surgeons does all blocks in a separate room, but some surgeons prefer to do their own blocks.
- Use a 30cc bag of mercury or super pinky for pressure.
- See "Stretch Your Viscoelastic: for tips on multiple use of each syringe.



### **By the way . . . Sterilization:**

Instruments must be sterilized for each individual invasive procedure. If instruments are cold sterilized in liquid agents such as Cidex, they must be vigorously and thoroughly rinsed and flushed in sterile water or BSS. Corneal decomposition has been reported due to contamination from these sterilizing agents.

## **STRETCH Your Viscoelastic**

Supply constraints preclude using an entire syringe of viscoelastic per case. There are several safe and effective ways to stretch your viscoelastic to do 1,2,3 or more cases per syringe. The main point to remember is to use just enough to safely perform the procedure, but economize sufficiently so there will be adequate supply for your entire clinic. The thing you want to avoid is to be at the end of your clinic with a difficult case and an inadequate supply of viscoelastic to safely complete the operation. We recommend that one full syringe be kept aside in case of an "emergency".

### **Method**

Circulator opens viscoelastic and puts 0.2ml (using sterile cannula or sterile 18g needle) into front end of sterile TB syringe held by scrub nurse. Transfer must be done smoothly and gently to avoid or minimize air bubbles. Process can be repeated if the surgeon needs more viscoelastic but usually this is sufficient.

**Note:** *Be sure to use a fresh, sterile cannula.*

### **By the way . . . O.R. Protocol:**

It is important that appropriate operating room protocol is followed. In order to provide an optimum clinical and educational experience, we strongly suggest no more than one or two "observers" (including local surgeons, nurses, photographers, etc.) per operating table be present at any one time. This allows adequate room for the critical surgical staff. It is very uncomfortable to be performing delicate eye surgery with ten people crowding around you, and there is always a danger of being accidentally bumped at an inopportune time.

## Part III: Post-Clinic



- I. Clinic Evaluations
  - 1. Post-Clinic Evaluation Survey
  - 2. Clinic Questionnaire

# Post-Clinic Evaluation Survey

Country \_\_\_\_\_ Site \_\_\_\_\_ Date \_\_\_\_\_

Host Ophthalmologist \_\_\_\_\_

Team Ophthalmologists \_\_\_\_\_

Rating Scale: Please fill in your rating for each item.

1 = Did not meet standards.

2 = Met standards, but areas identified that need immediate compliance.

3 = Met standards.

4 = Exceeded standards; please comment.

**Host Doctor Rating    Team Doctor Rating**

## **Patients** - number planned vs. completed

Appropriate patients chosen vs. VIP's ..... \_\_\_\_\_

Ophthalmology screening completed ..... \_\_\_\_\_

Preop. medical assessment completed ..... \_\_\_\_\_

Preop. ophthalmological assessment completed ..... \_\_\_\_\_

Surgical complications action noted ..... \_\_\_\_\_

Postop. rounds completed/issues discussed and resolved ..... \_\_\_\_\_

Translators available ..... \_\_\_\_\_

## **Equipment**

Equipment functioning ..... \_\_\_\_\_

Sterilizer ..... \_\_\_\_\_

Microscope ..... \_\_\_\_\_

Bulbs/fuses ..... \_\_\_\_\_

A-scan ..... \_\_\_\_\_

Keratometer ..... \_\_\_\_\_

Slit lamp ..... \_\_\_\_\_

SEE ..... \_\_\_\_\_

Local ..... \_\_\_\_\_

## **Physical Site**

Surgical facility as noted on profile ..... \_\_\_\_\_

Surgical environment meets standards ..... \_\_\_\_\_

Sterilization equipment available ..... \_\_\_\_\_

Surgical instruments available ..... \_\_\_\_\_

Water source reliable and dependable ..... \_\_\_\_\_

Electrical source reliable and dependable ..... \_\_\_\_\_

System in place for safe reuse of disposables ..... \_\_\_\_\_



### **Host Country**

Invitation from and cooperation of host ophthalmologist .....  
Invitation from and cooperation of health/civic authorities .....  
Customs considerations.....  
Public relations - newspapers, TV stations present.....  
Support of local service clubs .....  
Local and in-country transportation provided .....  
Condition of supplies upon arrival .....  
Pre-surgery plan developed at the hospital with doctors and staff.....

### **Visiting Team Needs**

Local and in-country transportation provided .....  
Condition of supplies upon arrival .....  
Pre-surgery plan developed at the hospital with doctors and staff ....  
Pre-op staff identified and knowledgeable of duties .....  
Surgery staff identified and knowledgeable of duties .....  
Post-op staff identified and knowledgeable of duties .....  
Operative log completed by administrative support.....  
Post clinic evaluations completed by team members.....

### **Educational Program**

Symposium director coordinates participants and facility .....  
Audio/visual equipment/VCR/projector available .....  
Educational program provided in language of the country .....  
Number of participants.....  
Program evaluation forms completed .....  
Translators available .....

### **Security**

US embassy notified by team upon arrival in country .....

# Clinic Questionnaire

Location \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Please provide the following information in as much detail as possible.

1. What were your overall impressions of the expedition? What surprised you the most? What impressed you the most?
  
2. Please recount up to three of the most colorful or moving incidents regarding the clinic and its impact on patients and/or their family members. How were lives changed by surgery? Please include patient names, occupations, and direct quotations where possible. (Use additional paper if necessary.)
  
3. Do you feel that the reception to the expedition suggests the potential for future collaborations? Please explain.
  
4. What specific contributions did the expedition make to medical professionals (e.g., exposed them to new techniques, instruments, etc.)? Will the visit improve their long-term ability to take care of their correctable blind? If so, how?
  
5. For the team leader: What was the total number of surgeries performed, and how many in each category (cataract, corneal transplant, etc.)?

## Part IV: Resident Manual Quiz

1. According to the World Health Organization, what is the estimated number of blind people in the world?

\_\_\_\_\_

2. Of that number, what percentage of the population is unable to afford or access eye care? \_\_\_\_\_

3. What percentage of world blindness is unnecessary? \_\_\_\_\_

4. Name one proposed solution to preventable world blindness. \_\_\_\_\_

\_\_\_\_\_

5. Why is this a solution? \_\_\_\_\_

\_\_\_\_\_

6. Name three requirements for participating personnel.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

7. Place each task in a timeline of the number of months before the clinic the task should be accomplished.  
(e.g. Identify funding sources = 12-9 months before the clinic date).

1. Reserve microscopes and instruments: \_\_\_\_\_

2. Order supplies: \_\_\_\_\_

3. Make travel arrangements: \_\_\_\_\_

4. Completed Ophthalmology Profile: \_\_\_\_\_

5. Determine lecture program: \_\_\_\_\_

8. In establishing a international clinic, what are the five responsibilities of host ophthalmologists?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

9. What are four responsibilities of GW in the overall planning and administration of the visiting team?

- 1.
- 2.
- 3.
- 4.

10. Why is it essential to have a letter of invitation from the host country before planning a clinic?

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11. What is the purpose of an ESP? \_\_\_\_\_

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12. Who will you contact to procure your supplies? \_\_\_\_\_

---

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13. What is the purpose of a donation request form? \_\_\_\_\_

---

---

14. Do you need documentation of all the boxes you plan to bring to the international clinic site? What type of information needs to be included on this document?

---

---

15. Describe one method used to stretch viscoelastic. \_\_\_\_\_

---

---

16. How do you plan to document patient surgical data? \_\_\_\_\_

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17. What changes would you make to the Post-Clinic Evaluation Survey? \_\_\_\_\_

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# School of Medicine & Health Sciences

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THE GEORGE WASHINGTON UNIVERSITY

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