# GW International Ophthalmology Residency Training Manual

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

School of Medicine & Health Sciences
THE GEORGE WASHINGTON UNIVERSITY

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# Table of Contents

# Foreword

At 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. 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 culturally 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.

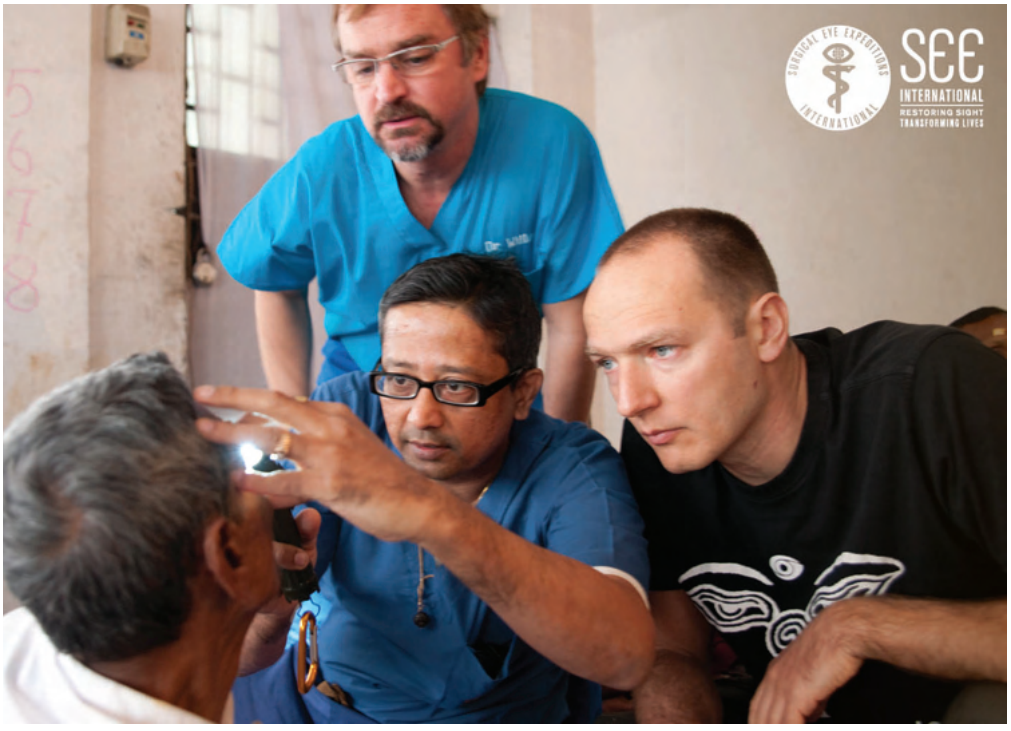
Approximately 75% of world blindness is unnecessary – preventable or curable with proper medical care. About half of the correctable blindness is due to cataracts. These patients' sight can be restored with a 30-minute operation performed under a local anesthetic.

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 Instituitions**

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: Responsibilites 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

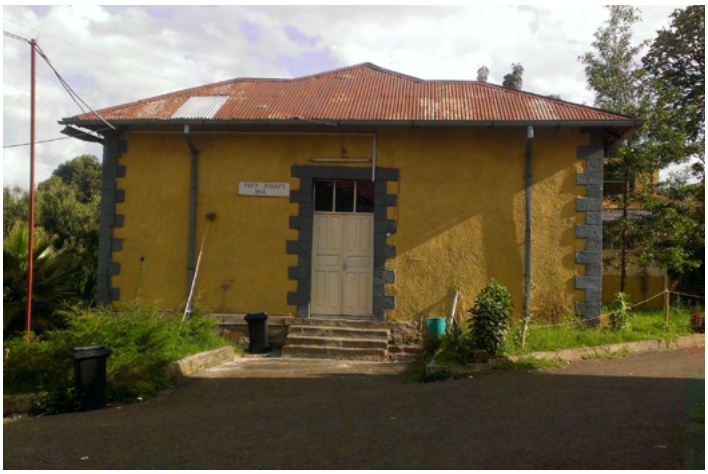
**Note:**

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.

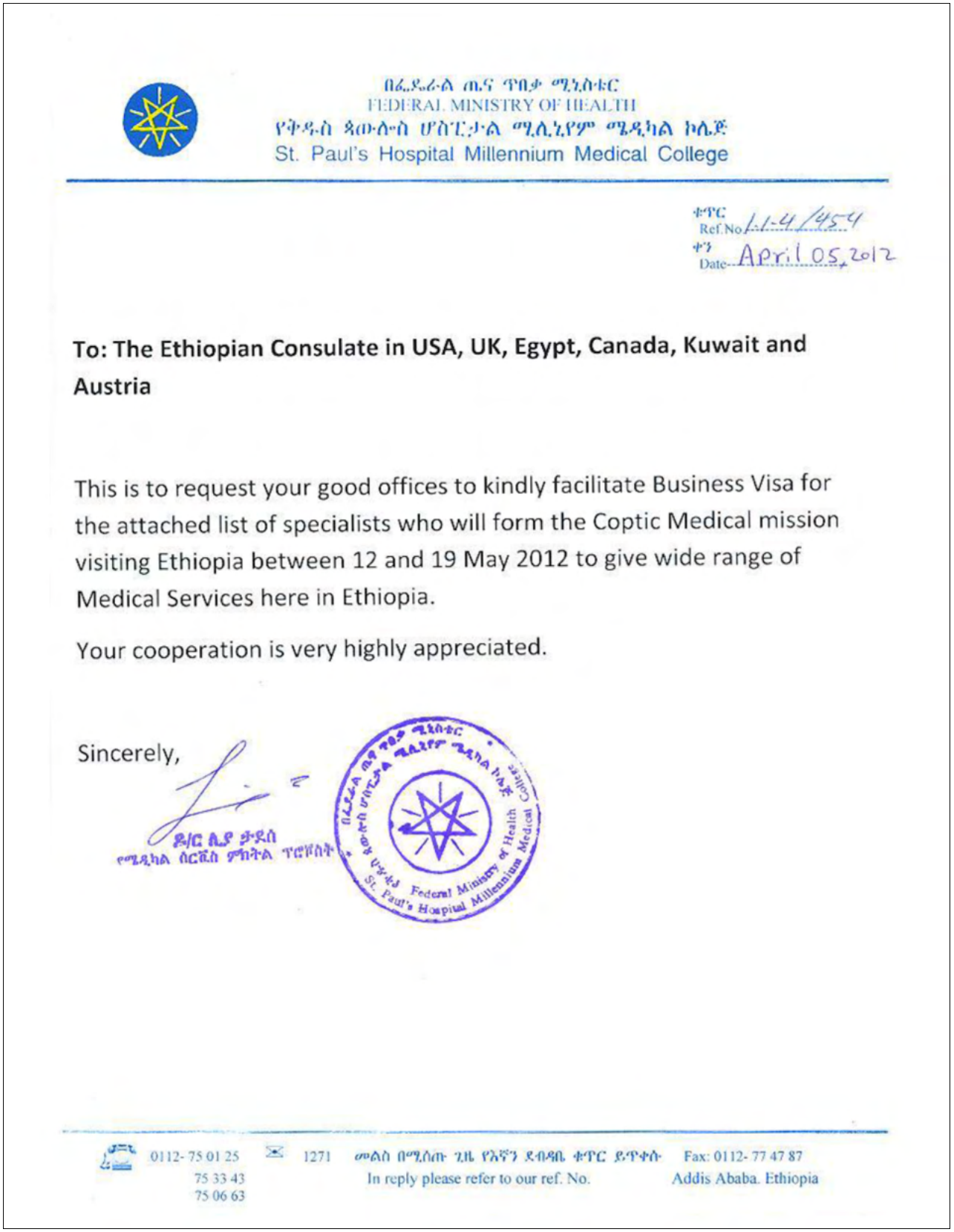
# Letter of Invitation from Host Country

- 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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St. Paul's Hospital Millennium Medical College

ቁጥር Ref.No. L-1-4/454
ቀን 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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Federal Ministry of Health
St. Paul's Hospital Millennium Medical College

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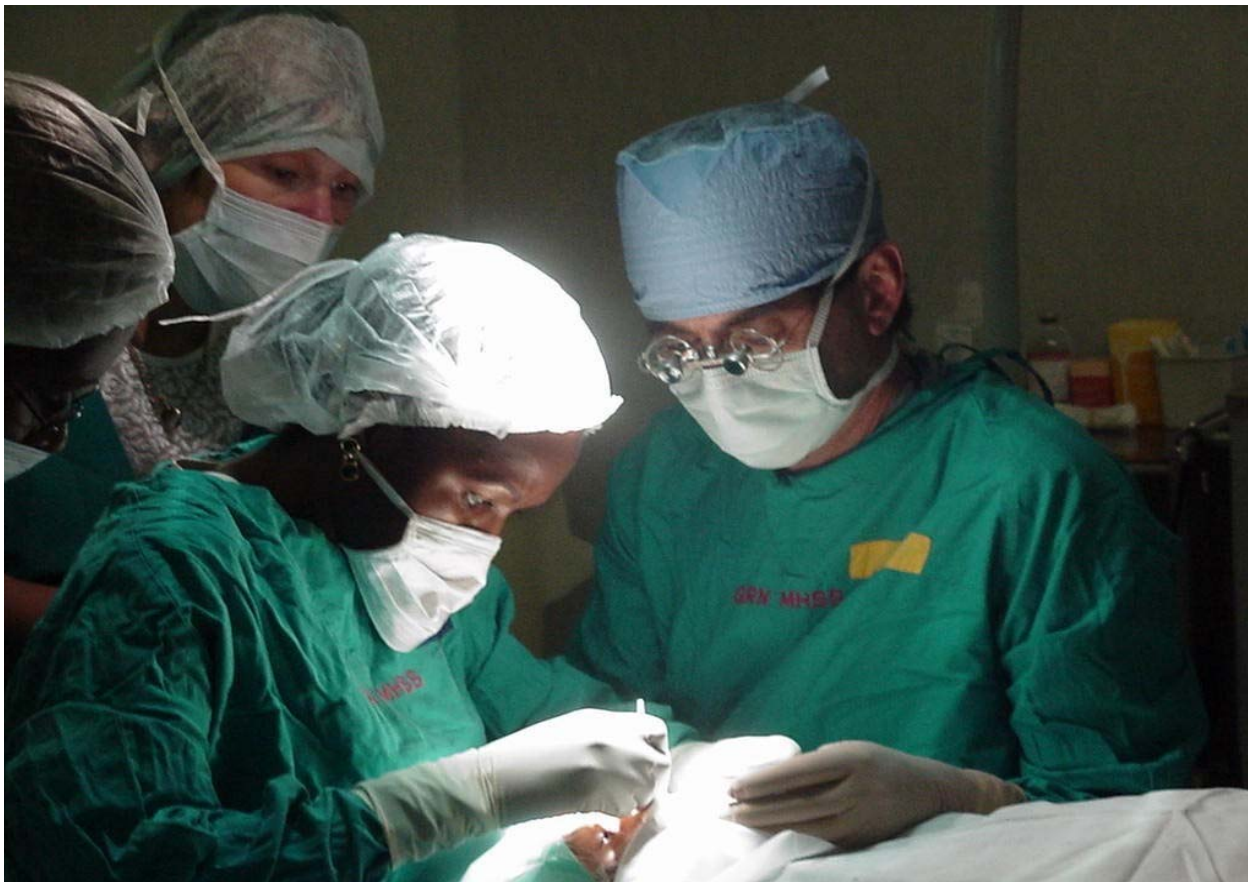
Fax: 0112-77 47 87
Addis Ababa. Ethiopia

# 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.

THE GEORGE WASHINGTON UNIVERSITY

WASHINGTON, DC

SAMPLE

# 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: | | Cell: | |
| Email: | | | | Is the host a SEE Affiliate? | | Yes ☐ No ☐ | |

**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 ☐ No ☐ | 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 ☐ No ☐ | | | |
| Ophthalmic Instruments | Yes ☐ No ☐ | | | N/A |
| A-Scan | Yes ☐ No ☐ | | | |
| Keratometer | Yes ☐ No ☐ | | | |
| YAG Laser | Yes ☐ No ☐ | | | |
| Argon Laser | Yes ☐ No ☐ | | | |
| Diode Laser | Yes ☐ No ☐ | | | |
| Vitrectomy Machine | Yes ☐ No ☐ | | | |
| Phaco Machine | Yes ☐ No ☐ | | | |
| Indirect Ophthalmoscope | Yes ☐ No ☐ | | | |
| Slit Lamp | Yes ☐ No ☐ | | | |
| Fundus Camera | Yes ☐ No ☐ | | | |

## Sterilization Technique

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

## Supplies

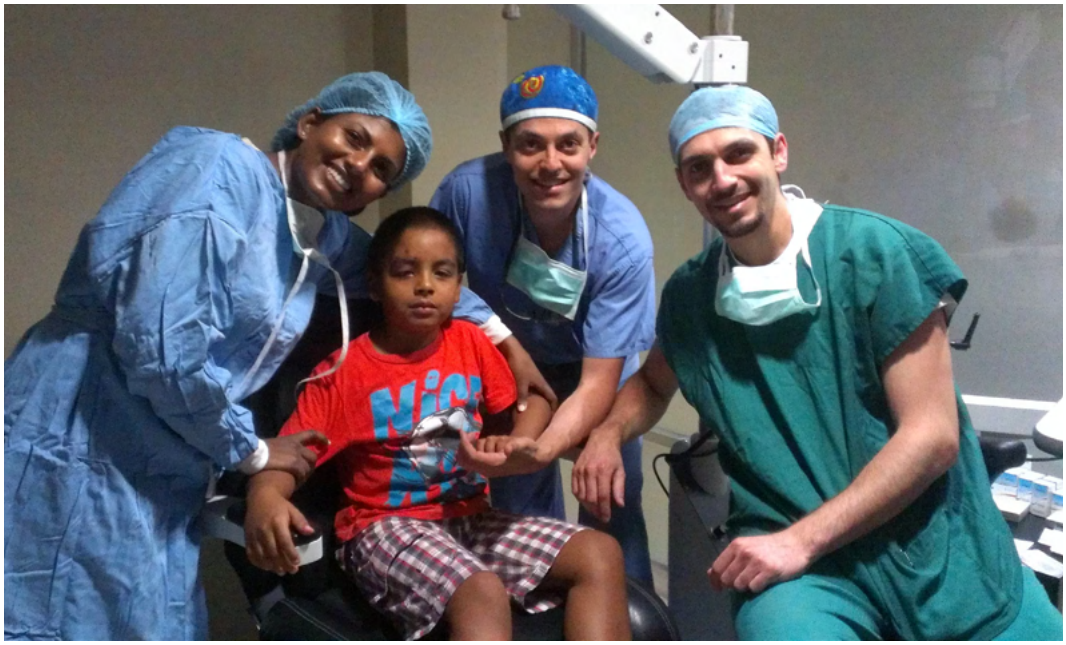
*From the list below, please indicate the medications that are needed for the clinic*

| 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 ☐ No ☐ |
| Will the host provide accommodations for visiting International team? | Yes ☐ No ☐ |
| 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 ☐ No ☐ |
| Will the host provide accommodations for visiting SEE team with customs? | |
| Would you like the visiting team to provide and educational seminar? | Yes ☐ No ☐ |
| 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 in 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.
- **Visas**
  Visas are your ticket into the host country. Visit the 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. 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.
- **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.
- **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.
- **U.S. Embassies Abroad**
  Foreign embassies in Washington, D.C., www.embassy.org/embassies/

THE GEORGE WASHINGTON UNIVERSITY

WASHINGTON, DC

SAMPLE

# Personal Emergency Information

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Date: | | | | | | | |
| Your Name: | | | | | | | |
| Blood Type: | | Medications: | | | | | |
| Allergies: | | | | | | | |
| Completed Hepatitis B Series: | | | Yes ☐ No ☐ | | 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:**
Bus: Fax:
Cell:
E-Mail:
Clinic Site (Address):
Accommodations:

**Clinic Site:**
Bus: Fax:
Contact:
Cell:
E-Mail:

**TEAM MEMBERS**

**Team Lead:** ,MD
Address:
Type:
Bus:
Fax:
Res:
Cell:
E-Mail:
Glove Size:
License State & #:

**Team Member:** ,MD
Address:
Type:
Bus:
Fax:
Res:
Cell:
E-Mail:
Glove Size:
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**

THE GEORGE WASHINGTON UNIVERSITY

WASHINGTON, DC

# 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)<br>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<br>800-311-3435<br>877-394-8747 | Traveler's Hotline<br>Public Inquiries<br>Traveler's Health |
| US State Department | 202-647-4000<br><br>202-647-4747 (within the US)<br>202-501-4444 (outside US)<br><br>202-647-5225 | Main Office<br><br>Citizens Emergency Center<br><br>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

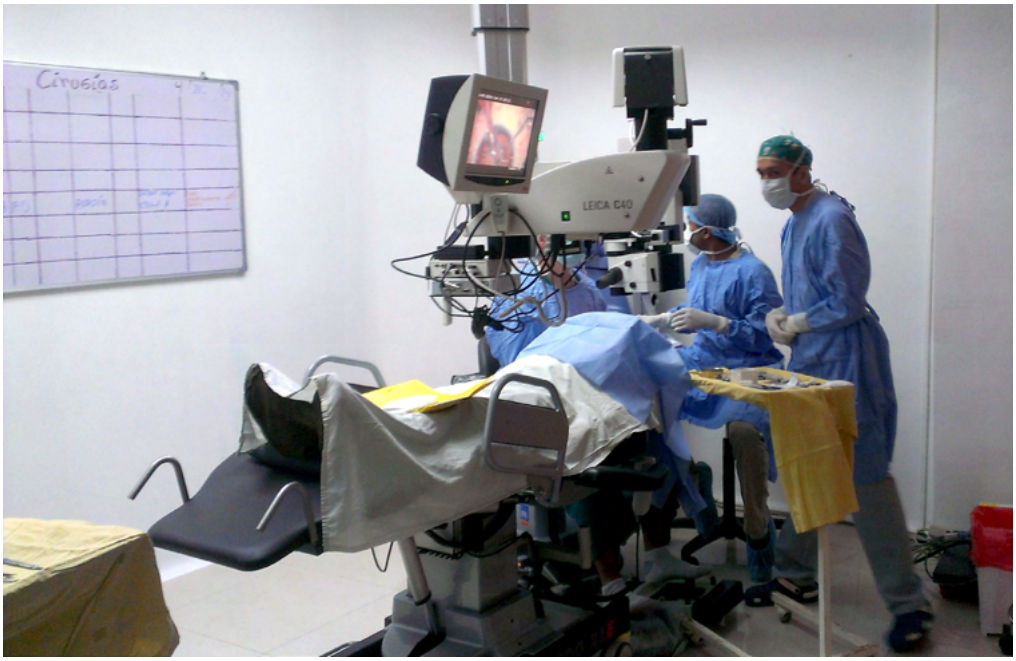
1. The expedition leader is responsible for ensuring that his/her team has the appropriate supplies and equipment for the clinic. At least three to six months of lead time is necessary.

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 pharmacutical 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 surgicial clinics are most efficient when the cateract 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 |
| BSS Admin IV Sets | 50 |
| BSS 500cc (Glass Bottles) | 18 |
| Drapes - Incise, Cataract (40x48") | 50 |
| Mydriacyl 1% gtts 15cc | 6 |
| Cyclomydril 5ML | 12 |
| Atropine 1% (5cc) | 2 |
| Proparacaine (Alcaine) 0.5%, 15cc gtts | 6 |
| Triamcinolone, 1cc vial | 3 |
| Miostat 1.5cc inject., Miotic | 6 |
| Pilocarpine 2%, 2cc (Sterile Bottles) | 2 |
| Pilocarpine 1%, 15cc | 2 |
| Tobradex gtts 10cc | 50 |
| Ciloxan gtts 5cc | 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 |

| | |
|---|---|
| Prep/ Surgical Packs (sterile) | 50 |

Prep: 4x4s, Q-Tips, Gloves, 2oz Cup, 10cc Irrigation Syringe
Surgical: 4x4s, Q-Tips, Syringe 1cc, 5cc, 10cc, Gloves for Scope Handle & Cautery Sleeve, Needles 18g x1, 25g x2, BSS cup

| | |
|---|---|
| Eye Shields | 50 |
| Weck Cell Sponge Spears (packs of 10) | 5 |
| ProVisc, 0.85 or 0.55cc (Refrigerate) | 50 |
| Knife, Crescent, Bevel Up | 24 |
| Knife, Keratome | 24 |
| Knife, Sideport | 24 |
| (PC) IOLs (Acrylic, 3pc, 6mm 17-24.0D) | 50 |
| (AC) IOLs (13mm, 17-30.0D) | 3 |
| Suture 10-0 Nylon, Dbl Arm Spatula | 24 |
| Suture 4-0 Silk, Single Arm, Taper Pt | 24 |

### Supplies Shipped by SEE International †

| | |
|---|---|
| Povidone Iodine (Betadine) 10%, (8oz) | 2 |
| Povidone Iodine (Betadine) 5% gtts, 30cc | 1 |
| 18g 1 ½" Needle | 25 |
| 25g 1 ½" Needle | 50 |
| 10cc Syringes | 50 |
| 4x4's. Sterile (2 per pack) | 50 |
| Ancef/Cephalozin (1 gram, 5cc diluted) | 5 |
| Sterile Water (Cephazolin Dilutant), 20 cc | 2 |
| Dexamethasone, 5cc Inject | 3 |

| | |
|---|---|
| Alcohol Wipes | 100 |
| Lidocaine 2%, 50cc vial | 3 |
| Bupivicaine 0.75%, 30cc vial | 5 |
| Post-OP Packs (Shield, Eye Pad, Tape) | 50 |
| Gloves - Surgical, Ltx (Size 6.5-8.5) | 50 |
| Surgeon Hats and Masks | 30 |
| Patient Hats (Bouffant) | 60 |
| Shoe Covers (Pair) | 15 |
| Gowns (Non-sterile) | 5 |

### 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 availibility.

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

### Instrument Case | 2 Tier

| | |
|---|---|
| Muscle Hook | 1 |
| Lens Loop | 1 |
| Bever Handle and Chuck | 1 |
| Iris Spatula | 1 |
| Sinsky Hook | 1 |
| Large Needle Holder | 1 |
| Small Needle Holder | 1 |
| Lid Speculum | 1 |
| Caliper | 1 |
| Stevens Scissors | 1 |
| Wescott Scissors | 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 |
| #18 Cannula Straight | 1 |
| Simcoe I/A Cannula and Tubing | 1 |
| Olive Tip Cannula | 1 |
| #27 Cannula Angulated | 1 |
| #19 Cannula Flat Angulated | 1 |
| Lens Loop Irrigating Cannula | 1 |
| Irrigating Handpiece | 1 |
| Jaffe Lens Manipulator | 1 |
| AC Maintainer | 1 |
| Cystotome | 1 |
| Utrata Forceps (available upon request) | 1 |
| J-Cannula (available upon request) | 1 |

### 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 courrier
- Tray contents may vary

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 1 of 2

Checked by_____
CONDITION BEFORE CLINIC

CONDITION AFTER CLINIC Checked by_____

| GOOD | FAIR | QUANT | TYPE OF INSTRUMENT | GOOD | FAIR | POOR | COMMENTS |
|---|---|---|---|---|---|---|---|
| | | | Suction cannula short | | | | |
| | | | Suction cannula long | | | | |
| | MISSING | | Lid plate plastic | | | | |
| | | | Lid plate metal | | | | |
| | | | Orbital retractor R/L | | | | |
| | | | Allis forceps fine tooth | | | | |
| | | | Hemostat 6 in. | | | | |
| | | | Hemostat 3 in | | | | |
| | | | Globe retractor Schepens | | | | |
| | | | Desmarres retractor | | | | |
| | | | short retractor desmar | | | | |
| | | | Skin hook sharp single | | | | |
| | | | Skin Hook double end retrac | | | | |
| | | | Skin hook 4 tooth blunt | | | | |
| | | | Skin hook 4 tooth sharp | | | | |
| | | | Periosteal elevator blunt | | | | |
| | | | Periosteal elevator sharp | | | | |
| | | | Periosteal elevator single | | | | |
| | | | Needle holder Kalt | | | | |
| | | | Needle holder sm locking | | | | |
| | | | Scissors sharp tip westcot | | | | |
| | | | scissors sharp ring handle | | | | |
| | | | Scissors Curved enuc | | | | |
| | | | Scissors Stevens blunt | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | Instrument case | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

INSTRUMENTS ARE COLOR CODED WITH TAPE. RETURN INSTUMENTS 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 soons | | | | |
| | | | 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 jewlers delicate | | | | |
| | | | Forceps Adsons teeth | | | | |
| | | | Forceps Adsons serrated | | | | |
| | | | Forceps Castroviejo .5 | | | | |
| | | | Forceps nasal bayonette | | | | |
| | | | Corneal shield metal | | | | |
| | | | Lacrimal sac retractor | | | | |
| | | | Knife hadle /chuck Bever | | | | |
| | | | Knife handle Bard Parker | | | | |
| | | | Forceps wetfield fine tip | | | | |
| | | | Forceps wetfield serrated | | | | |
| | | | | | | | |
| | | | Instrument case | | | | |
| | | | | | | | |

INSTRUMENTS ARE COLOR CODED WITH TAPE. RETURN INSTUMENTS 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 |
|---|---|---|
| | BOX #1 | |
| 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, (phenylepherine) |
| 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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| 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/Deyzmethasone 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 / Dexmethasone) |
| 10 | Beptoptic S, gtts 0.25% 10cc | (betaxalol) |

6950 Hollister Ave., Suite 250
Santa Barbara, CA 93117-2807
Phone: (805) 963-3303 | TF: (877) 937-3133 | Fax: (805) 965-3564

# 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

**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

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 | ☐ (deposit required) | A-Scan | ☐ (deposit required) |
| YAG Laser | ☐ (deposit required) | Keratometer | ☐ (deposit required) |
| Autoclave | ☐ | Instrument Set | ☐ (deposit required) |
| Phaco (Laureate/Sovereign) | ☐ (deposit required) | Oculo Instr. Set | ☐ (deposit required) |
| Diode Laser | ☐ (deposit required) | Other (list): | |

| | | | |
|---|---|---|---|
| Name: | | **Signature:** | |
| Expedition Site: | | **Date:** | |

5638 Hollister Ave., Ste 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.

## 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 | |
| **Total Amount** | | |

| | | | |
|---|---|---|---|
| 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.***

5638 Hollister Ave., Ste 210 Santa Barbara, CA 93117 | Phone: (805)963-3303 | Fax: (805)965-3564

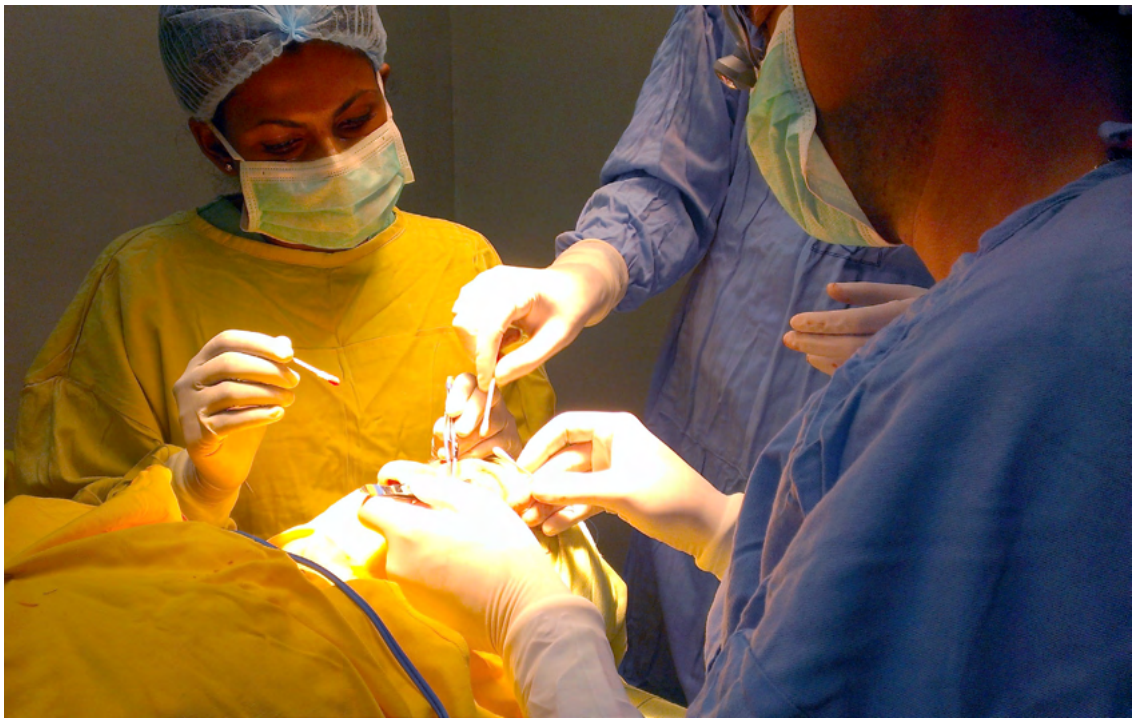
# Part II: Clinic

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.

SEE INTERNATIONAL
RESTORING SIGHT TRANSFORMING LIVES

# 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:***

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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

Disclamer: 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. Viteous loss/Vitrectomy/AC IOL, medications, need for further surgery |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | | | | | | | R<br>L | | | |
| 2 | | | | | | | R<br>L | | | |
| 3 | | | | | | | R<br>L | | | |
| 4 | | | | | | | R<br>L | | | |
| 5 | | | | | | | R<br>L | | | |
| 6 | | | | | | | R<br>L | | | |
| 7 | | | | | | | R<br>L | | | |
| 8 | | | | | | | R<br>L | | | |
| 9 | | | | | | | R<br>L | | | |
| 10 | | | | | | | R<br>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, pemphigold
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 conjuntiva

III.

365.0 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 Mieroplithalmos
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
S73.4 With deformity; lupus, leprosy
373.5 Dermatitis; herpes, impetigo
373.6 Parasitic infestation
373.8 Other inflammations
918.0 INJURY, superficial
92LO 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
s173.1 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 detachnient
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; hemorraliage, 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 Cogenital anomoly NOS
959.9 Injury NOS
994.9 Adverse effect, poisoning NOS
999.9 Complication ofmedical 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 dysfuntnction

**XVI.**
363.4 Degenerations; angioid streaks
363.5 Hereditary dystrophies
363.6 Ruture, hemorrhage
363.7 Choroidal detachment
743.5 Congenital anom., post. segment
190.6 NEOPLASM, Choroid, malignant
224.6 Choroid, benign
363.8 Other disorders ofchoroid
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
3664--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 entropian

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 | Blades |
| Betadine Swabs | Cauteries |
| Drape Supports | Cryos |
| Gloves | Extra Baggies |
| BSS, 15 ml. | Miochol |
| Cannulas | Paper Tape |
| Cystotomes | Tubing |
| 10-0 Nylon Suture | Viscoelastic |
| 4-0 Silk Suture | 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:***

a) Open tray, take off post-op baggie; prep and put on drape retractor.
b) 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.
c) Use a 30cc bag of mercury or super pinky for pressure.
d) 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 responsibilites 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?

_____

_____

_____

11. What is the purpose of an ESP? _____

_____

_____

12. Who will you contact to procure your supplies?_____

_____

_____

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 strech viscoelastic. _____

_____

_____

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

_____

_____

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

_____

_____

School of Medicine
& Health Sciences

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