



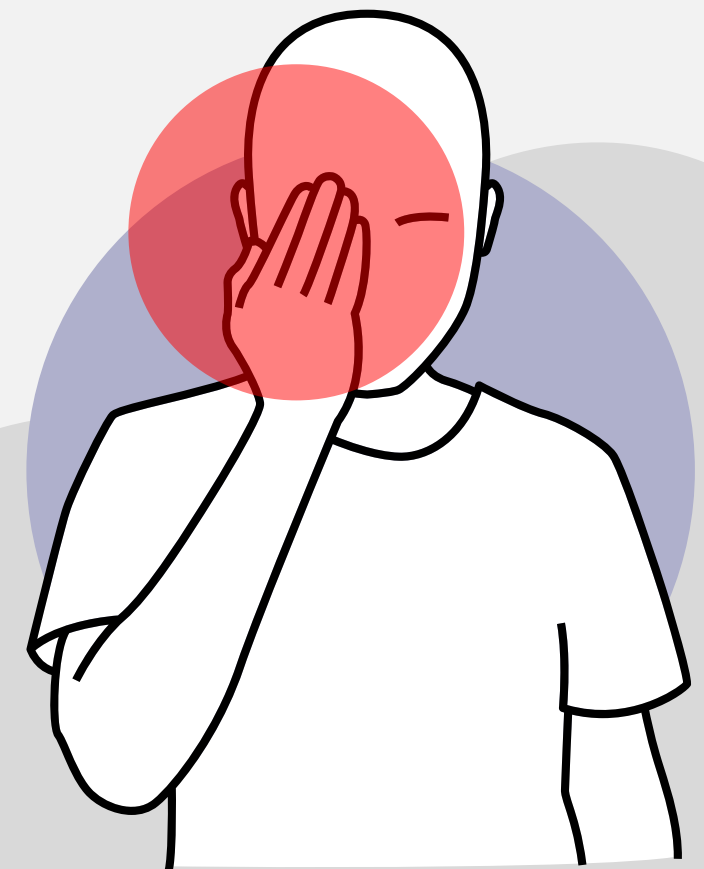
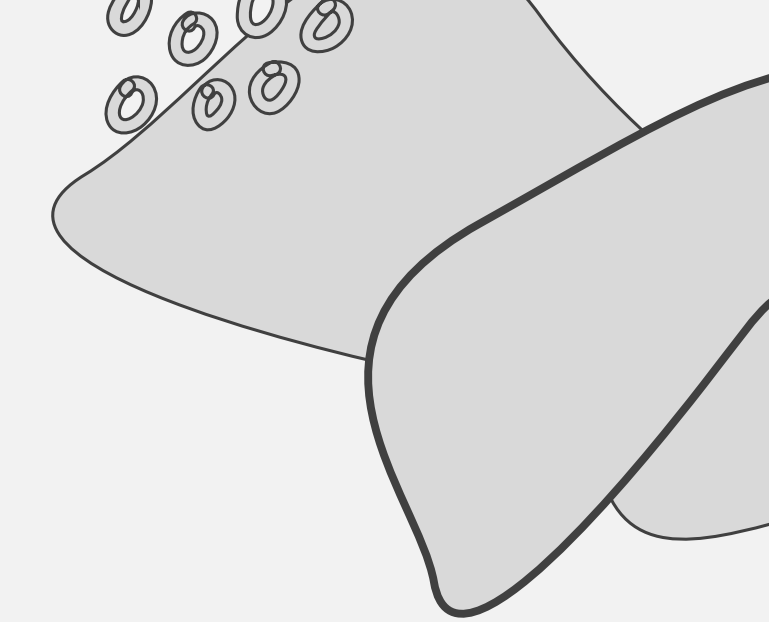
Common Eye Related Conditions and Service Delivery Framework For FLW





LEARNING OBJECTIVES

- Assessing a person with an eye problem, common eye complaints and how to approach them;
- Learn about the common eye related complaints/conditions and special situations for Eye Care;
- Understand your role in prevention and management of these common eye conditions; and
- Learn about the Service Delivery Framework and understand role of different members of team at AB-HWCs for Eye Care.





ASSESSING A PERSON WITH AN EYE PROBLEM, COMMON EYE COMPLAINTS AND HOW TO APPROACH THEM

To undertake and record an eye examination, you will need-

- A torch
- Pen and record card/ register

Preparation

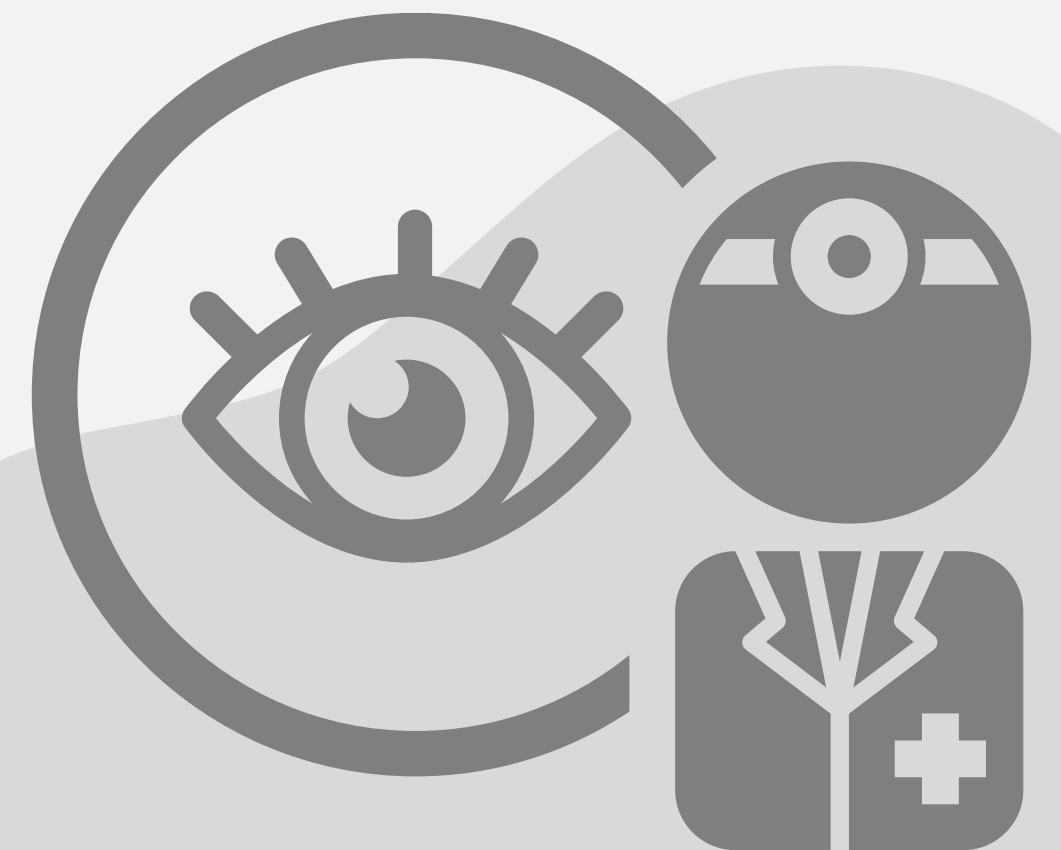
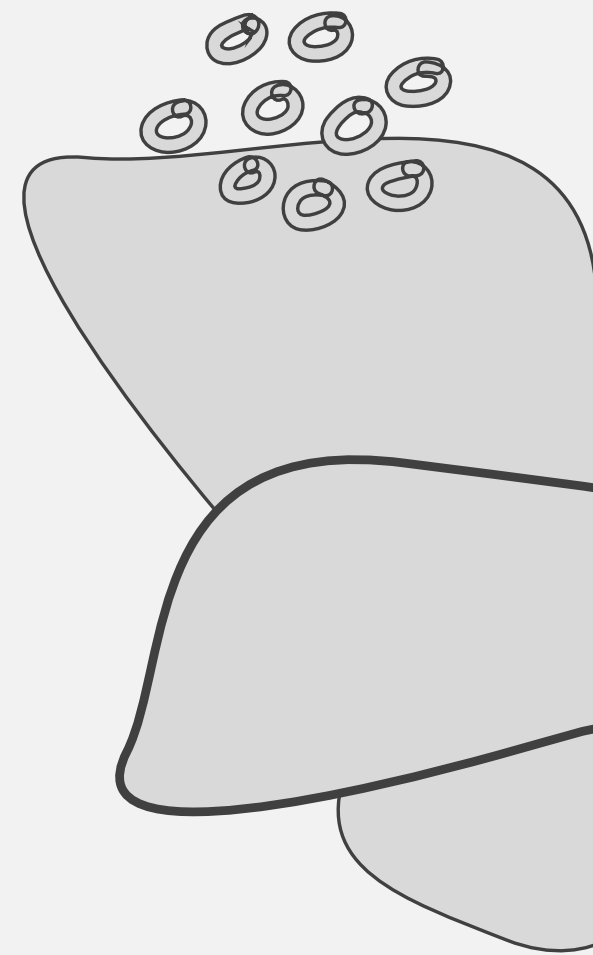
- Find a space that has proper light.
- Make the person sit comfortably.
- Explain to the person what you are going to do.
- Record the name, age, sex, address and date.





Method

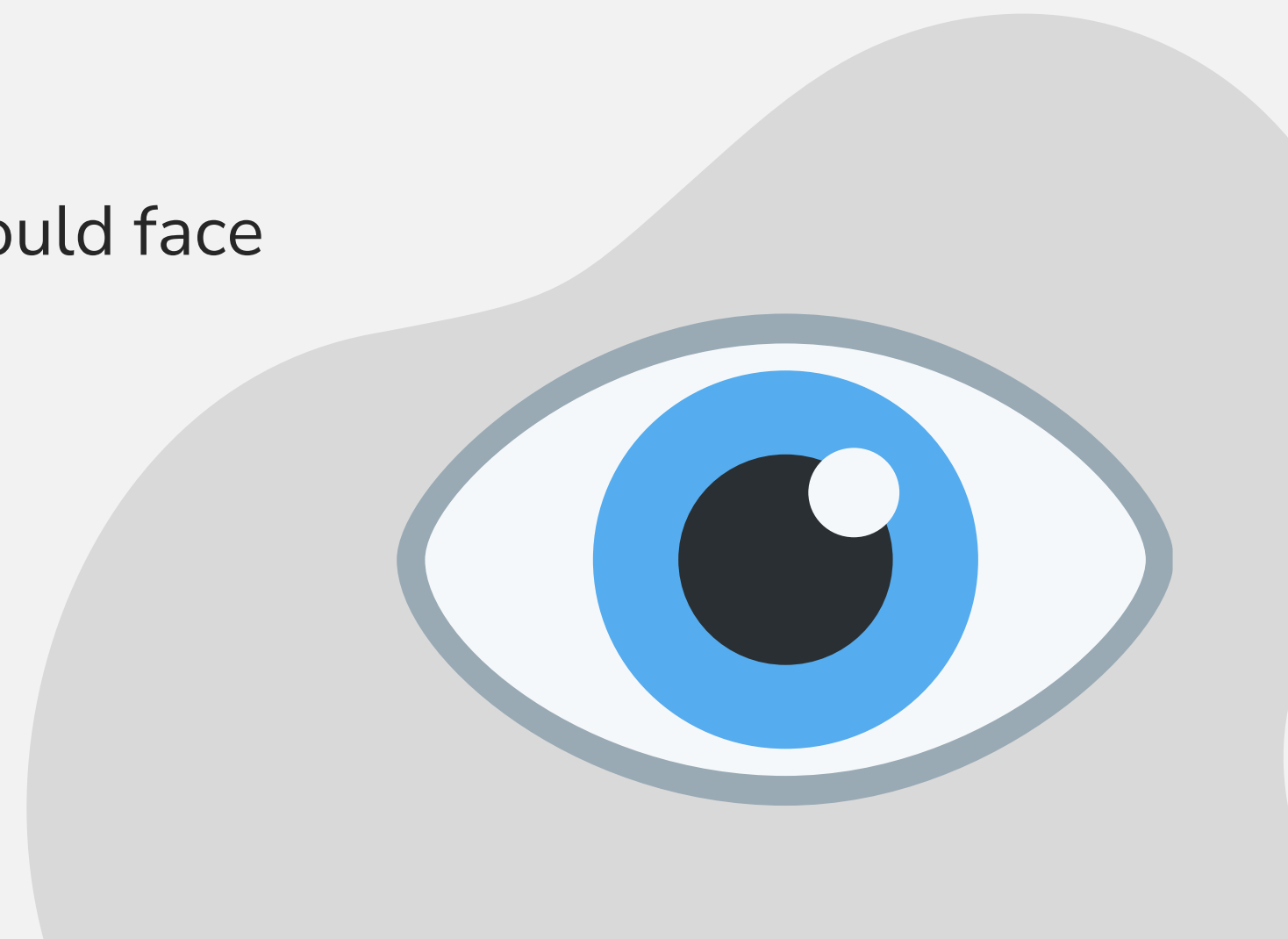
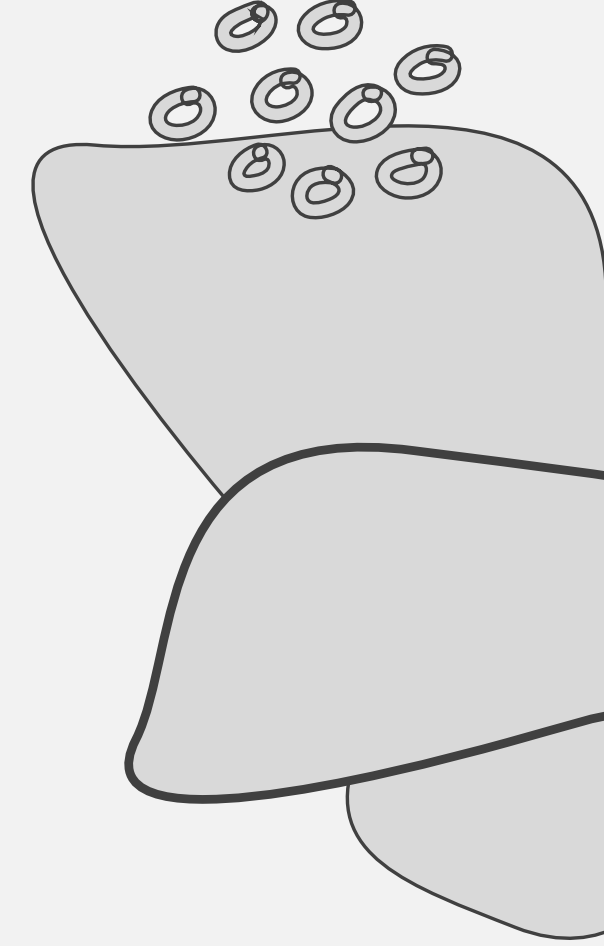
- Greet the patient and find out their main complaint.
- Record if they say they have pain, redness, loss of vision, eye injury, swellings or lumps on their lids, or anything else indicating which eye is affected.
- Test near vision (in those aged 40 years and above) at a distance of one foot.
- Test vision in all symptomatic individuals complaining of diminished vision (Distant vision at a distance of 6 meters or if the mirror is available at a distance of 3 meters).





Examine the person's eyes-

- The white part (sclera) should be completely white (with a few red veins).
- Both eyes should be the same size.
- The eyes should look straight ahead, and not one looking in another direction.
- Ask the person to close their eyes.
- The lids should open and close normally (lashes should face outwards, not inwards, lids should be smooth).
- Record what you see.

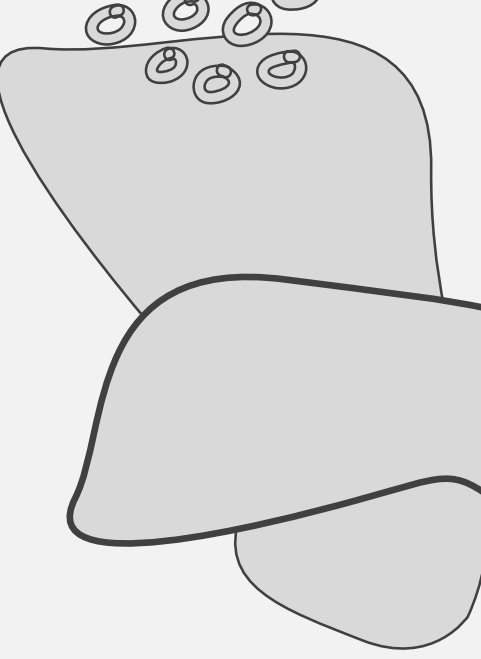
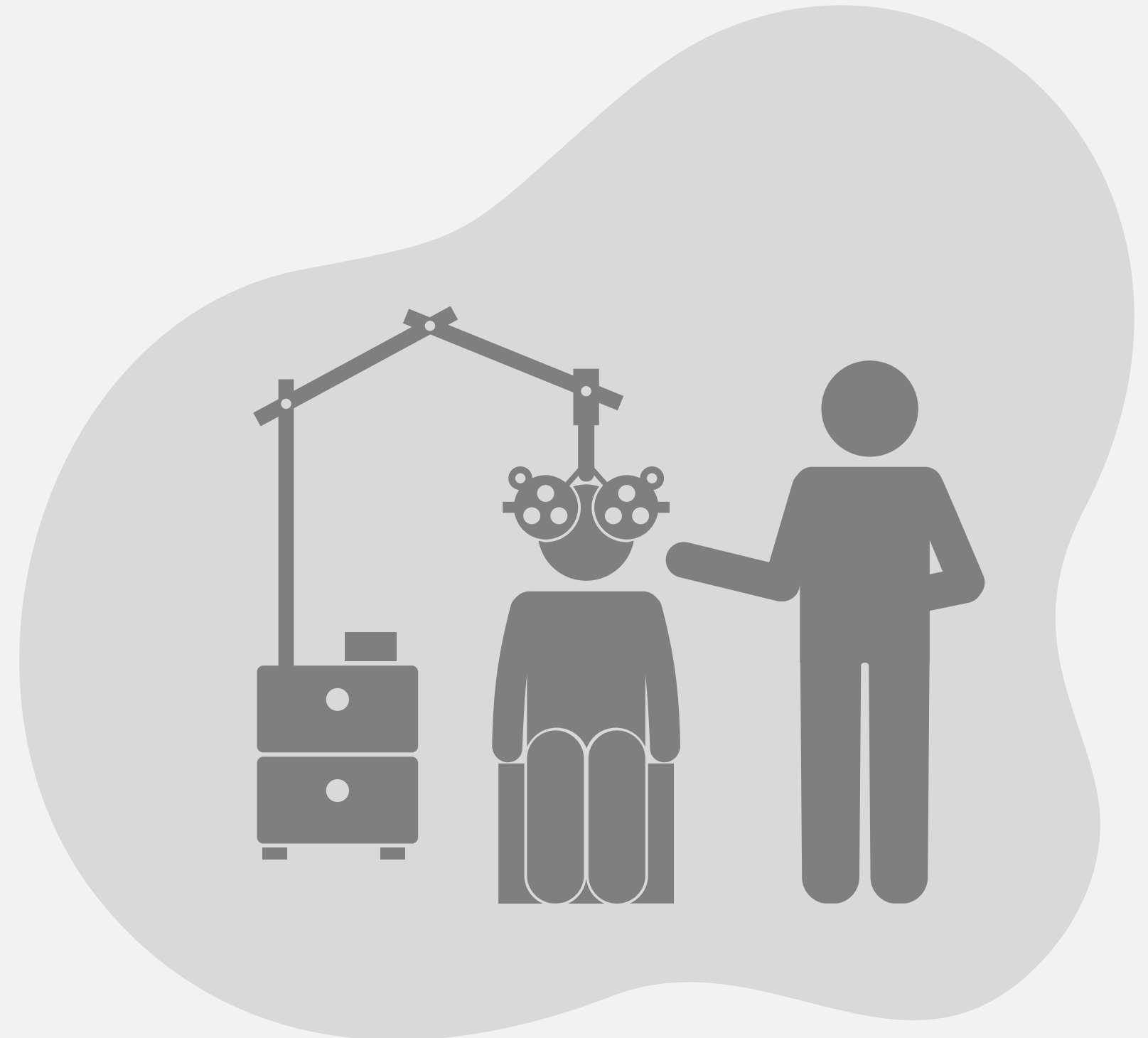




Common Complaints and How to Approach Them

Some of the common eye conditions which you are expected to experience during your work include the following:

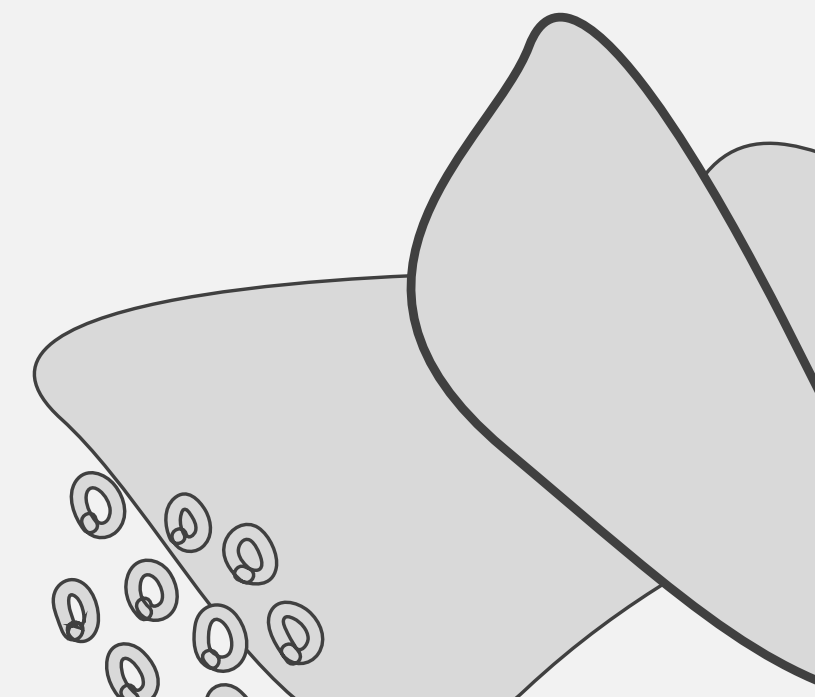
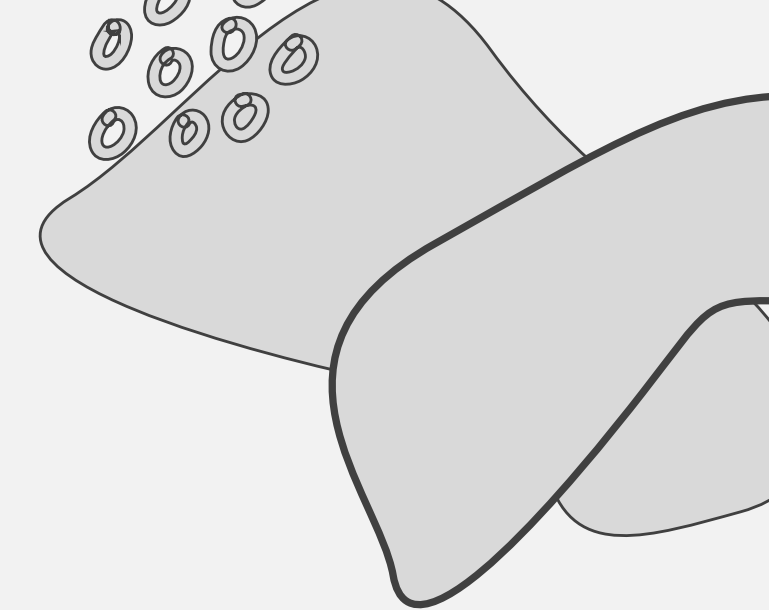
- Refractive Errors
- Cataract
- Conjunctivitis
- Stye
- Vitamin A Deficiency (Xerophthalmia)
- Glaucoma
- Trachoma
- Eye Injuries
- Special situations for Eye Care

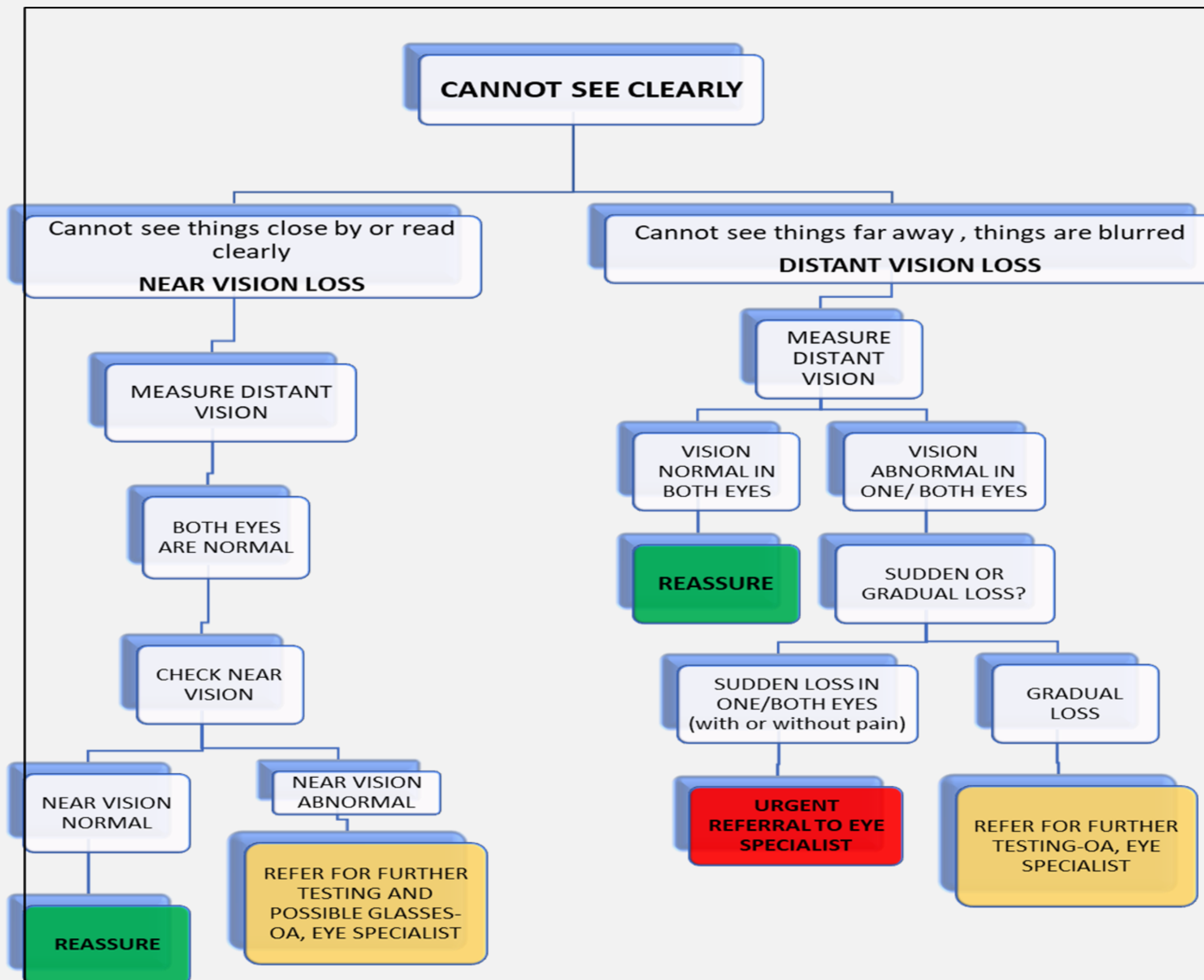




DIMINUTION (DECREASE) OF VISION

Diminution (decrease) of vision can be due to many reasons.
The flow chart on the next page will guide you how to check
anybody who complains of diminution (decrease) of vision.







1. REFRACTIVE ERRORS

Refractive errors (Drishti Dosh) occur when light rays do not fall and focus properly on the back of the eyes, that is on the retina.

- It is the commonest type of eye problem and affects all age groups.
- In India, it is estimated to be the second-largest cause of treatable visual impairment (low vision problems) next only to cataracts.





Symptoms

- Diminished (poor) vision and difficulties in seeing distant objects or near objects.
- Tiredness and watering of eyes.
- Headache/ eye ache or eye pain.
- Frequent blinking/ squeezing eyelids or rubbing of eyes.
- Recurrent formation of a styne in the eye.
- Frequent itching of the eye.
- Eyelid swelling.
- Some children may have a squint (cross-eyes).



TYPES OF REFRACTIVE ERRORS



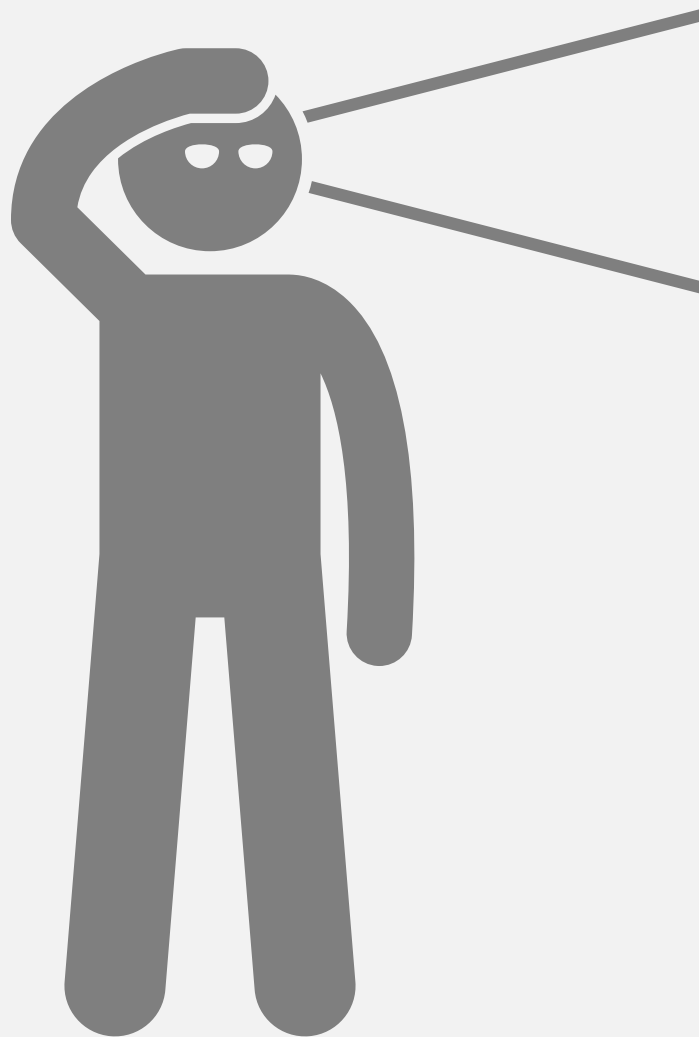
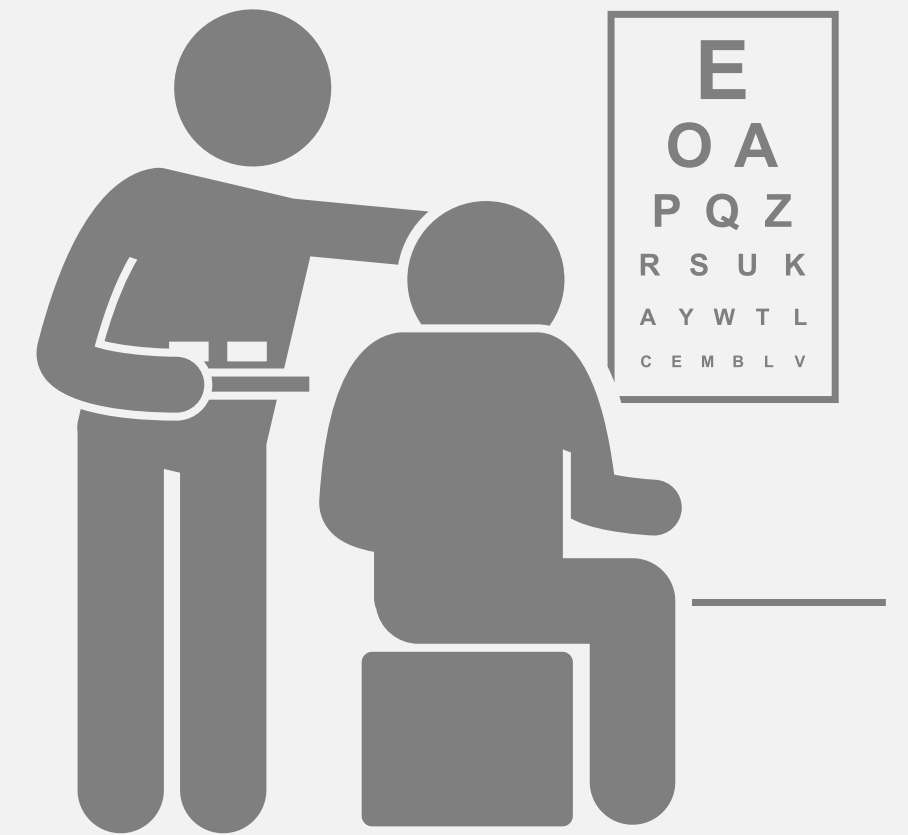
1. Nearsightedness (Loss of distant vision)
2. Farsightedness (Loss of near vision)
3. Astigmatism
4. Presbyopia





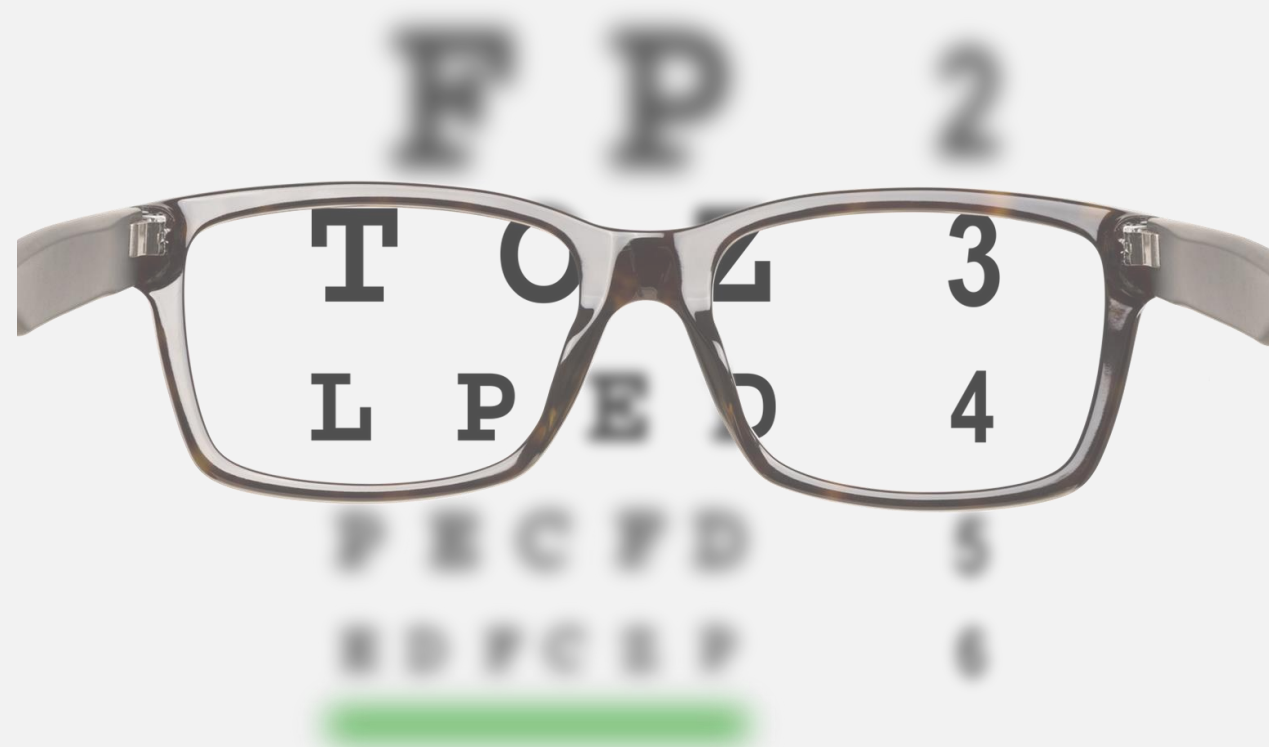
1. Near sightedness - Myopia

The person is able to view near objects clearly but distant objects are not clear.



2. Long sightedness - Hypermetropia

The person is able to view far objects clearly but objects seen from nearby are not clear.



3. Astigmatism

The images are blurred and distorted.

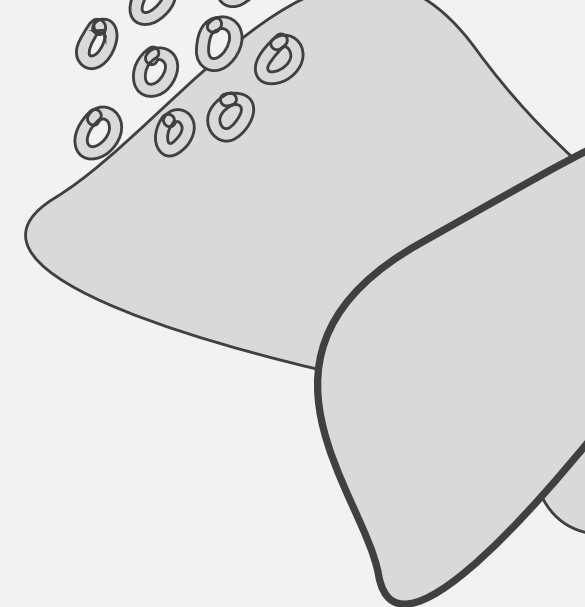
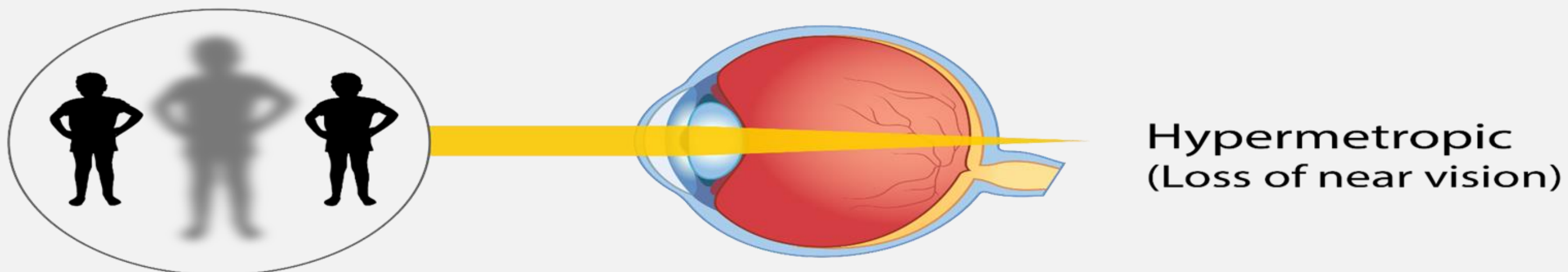
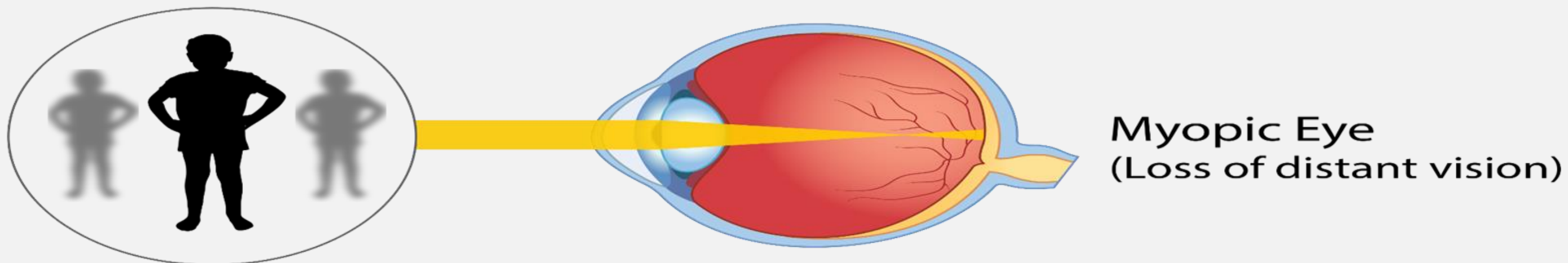
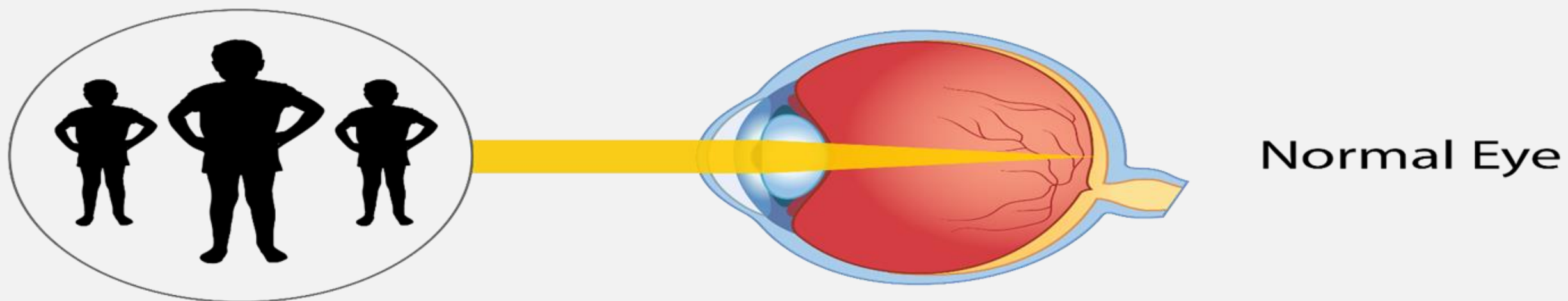
The complaints are similar to patients with other type of refractive errors.

4. Presbyopia

Age related and occurs in almost everybody by the age of 40 years. It occurs because with old age there is degenerative changes (loss of function) in the eyes and the eyes lose the ability to accommodate (focus on near objects).



TYPES OF REFRACTIVE ERRORS



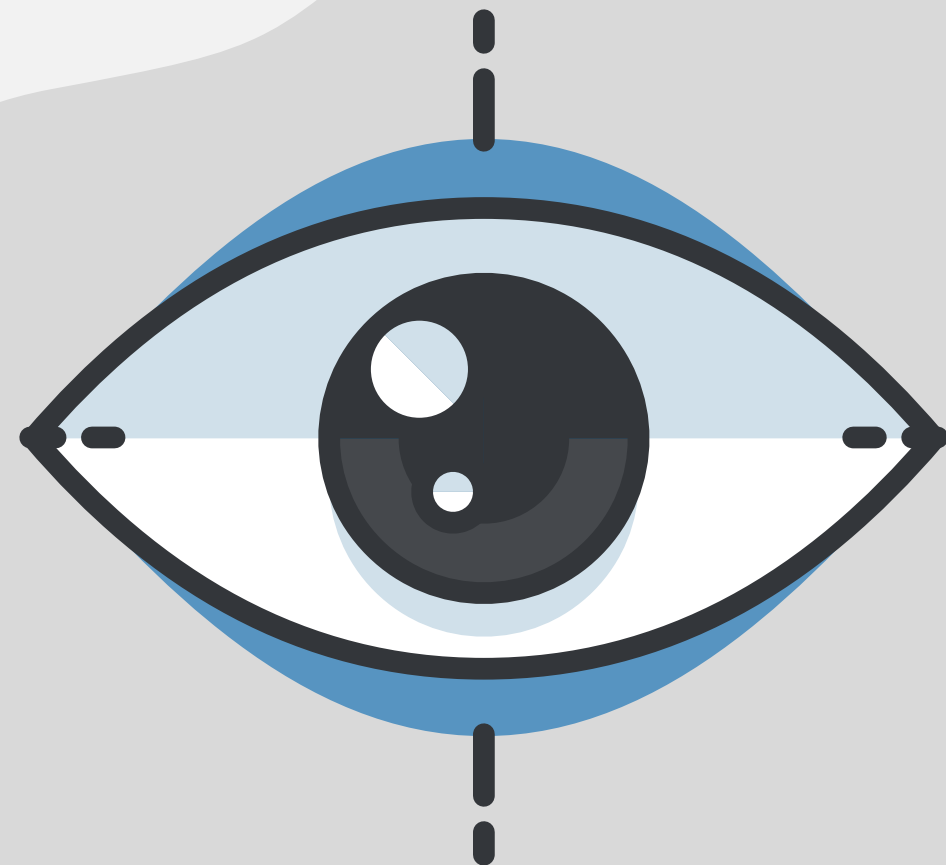
REFRACTIVE ERRORS IN CHILDREN



The common signals in children that can indicate the presence of refractive errors in children and will call for an eye examination by an Eye Doctor/ Eye Specialist/Ophthalmic Assistant are:

- One eye moves or aims in a different direction than the other.
- The child blinks or rubs his/ her eyes excessively on watching TV or reading.
- The child hits into things or drops things.
- The child holds reading material or objects too close, and turns their head to focus.





- The child frequently complains of headaches, eyestrain, double vision or blurring of vision.
- The child has watering of eyes.
- The child is not able to read the blackboard from back benches of the classroom.
- The child less than one year of age does not follow light or objects.

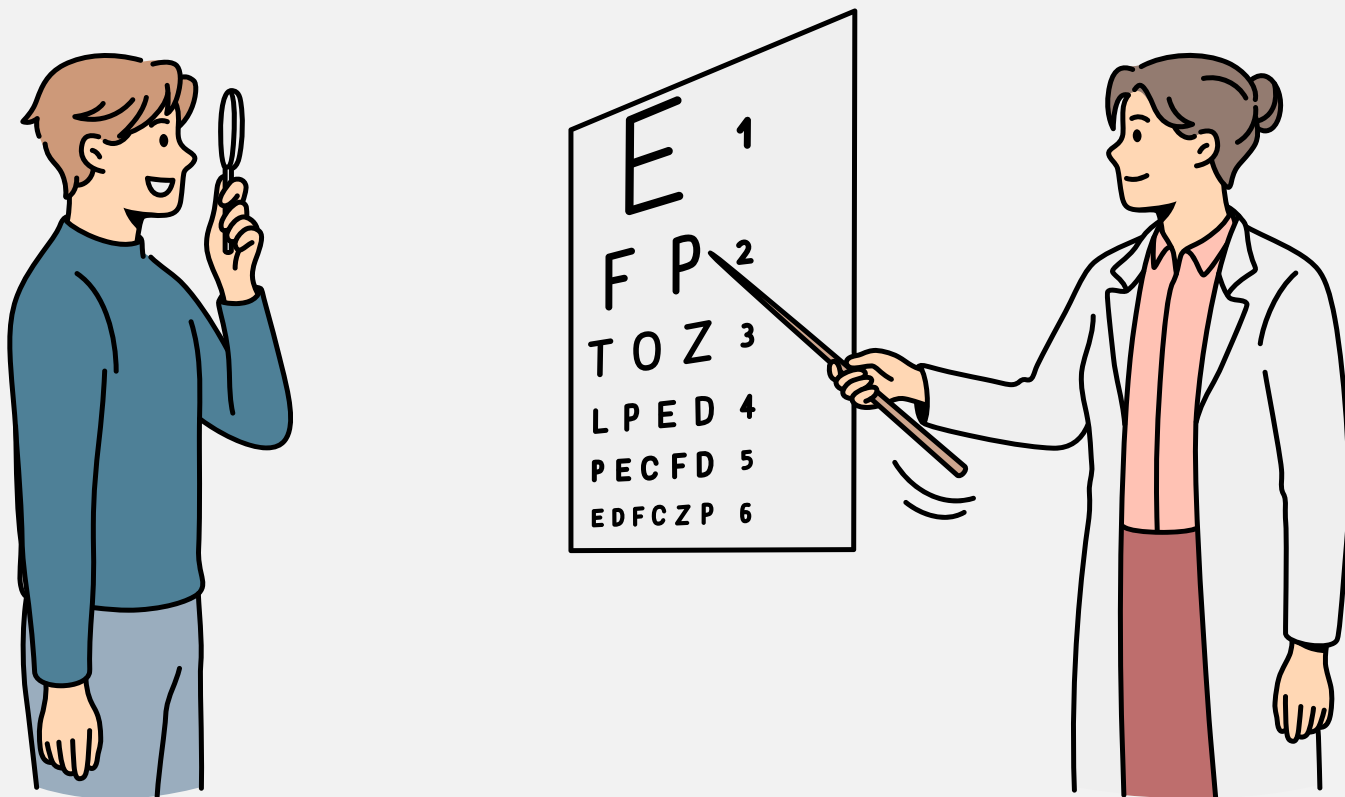




When should eyesight be checked?

The eyesight of children and adults should be checked as follows in a nearby health facility where an eye doctor/ Ophthalmic Assistant is available:

- When the child starts going to school at entry-level. After that once a year.
- For children wearing glasses: once every six months.
- For adults: When they turn 40 years, especially for near vision.





Squint (Cross Eyes) -

Both the eyes look in different directions, also referred to as 'crossed eyes'.

This is usually seen in children, in the early years of their life. This may also develop in adults due to stroke, physical trauma, or other causes.

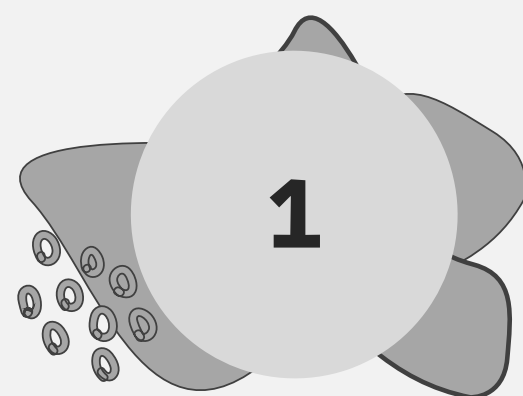


Squint (Cross Eyes)

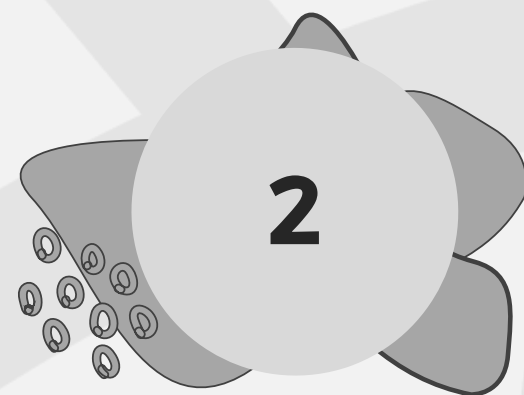
Source- Dr. Rajendra Prasad
Centre for Ophthalmic Sciences.

MANAGEMENT OF REFRACTIVE ERRORS

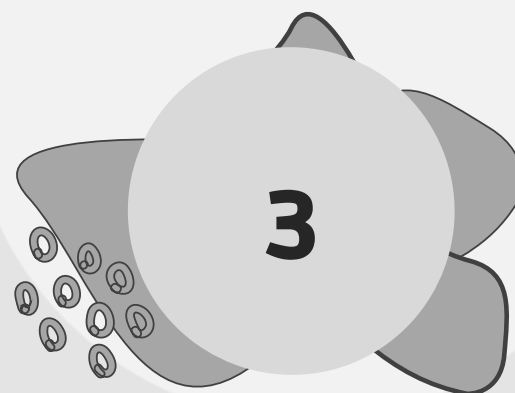
Screening of blindness and refractive errors-



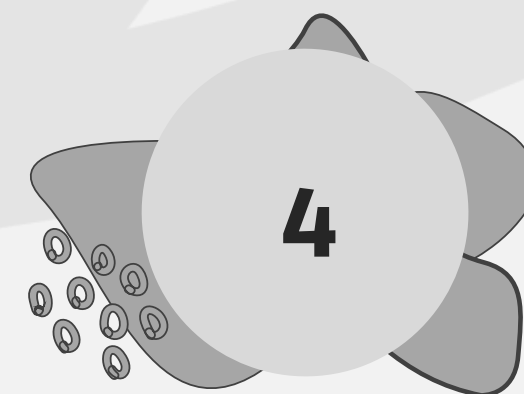
Finger counting method;



6/18 Vision Chart (Snellen E chart)



Snellen's chart and



Near vision card/chart

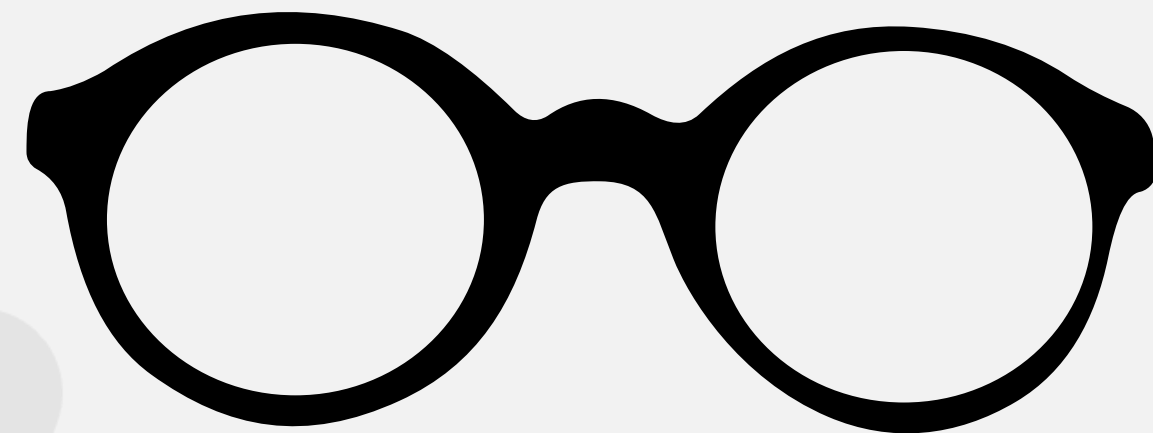


Role of MPW/ANM in management of Refractive Errors

- Support the ASHA in convincing resistant community members that require to wear spectacles for correcting their eye problems.
- Encourage the community members to wear spectacles as prescribed and make them understand the importance of wearing the spectacles regularly.
- Annual screening of all the adult community members for early identification of blindness and refractive errors and timely referral.



- Support the RBSK in undertaking eye screening of children and adolescents 0-18 years of age.
- Inform the patients that free spectacles are available free in all Government Health Institutions.
- Follow-up with all individuals – those who have refractive errors and are given corrective glasses – to ensure that they use them properly.





- Counsel the individuals on the importance of consumption of Vitamin A rich foods and limit the use of television /mobile phones, computers, and other electronic items that can cause strain to the eyes as much as possible (20-20-20 rule- Every 20 minutes, look away about 20 feet in front of you for 20 seconds).
- Any person in case of symptoms such as continued redness, watering, eye fatigue, and diminished vision following the use of spectacles will be referred by CHO/MO heading to the nearest AB-HWCs to the OA/ Eye specialist/Eye doctor.



- Making a list of all Vision Centres/ higher health facilities having OA/Eye specialist/Eye doctor in your service area.
- Assist the CHO/MO heading the nearest AB-HWCs in linking patients with any suspected refractive errors to the OA at the nearest Vision Centre/Eye doctor/eye specialist at higher health centers for further testing and treatment (CHO to undertake referral in consultation with MO).
- Maintenance of records. Assist the CHO in the maintenance of records and registers, as required.



2. CATARACT

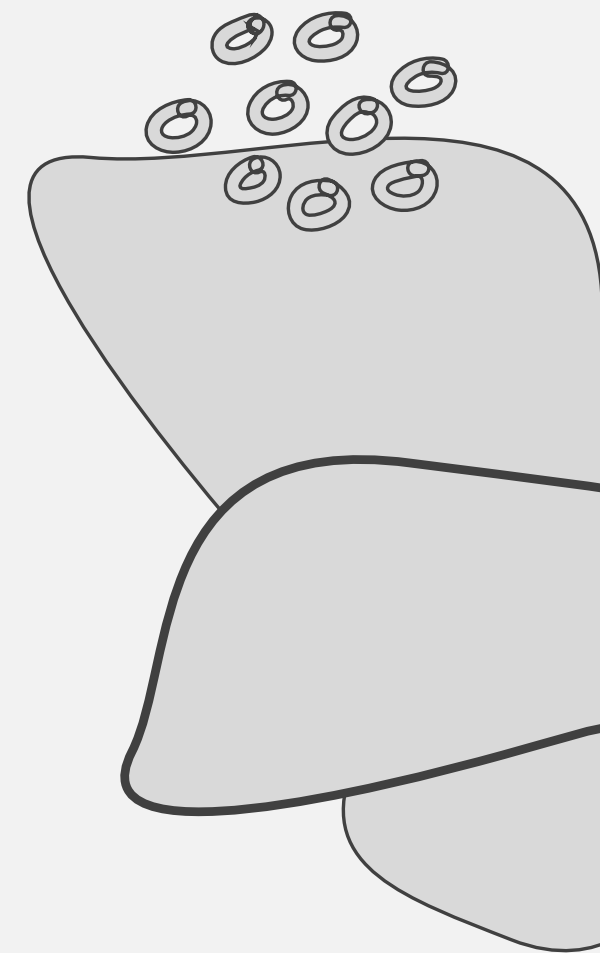
What is a Cataract?

- Cataract (Safed Motia) is one of the major reasons for blindness in India.
- Largely, adults more than 50 years, can be affected by it which means it is an age-related condition that occurs due to the aging process.



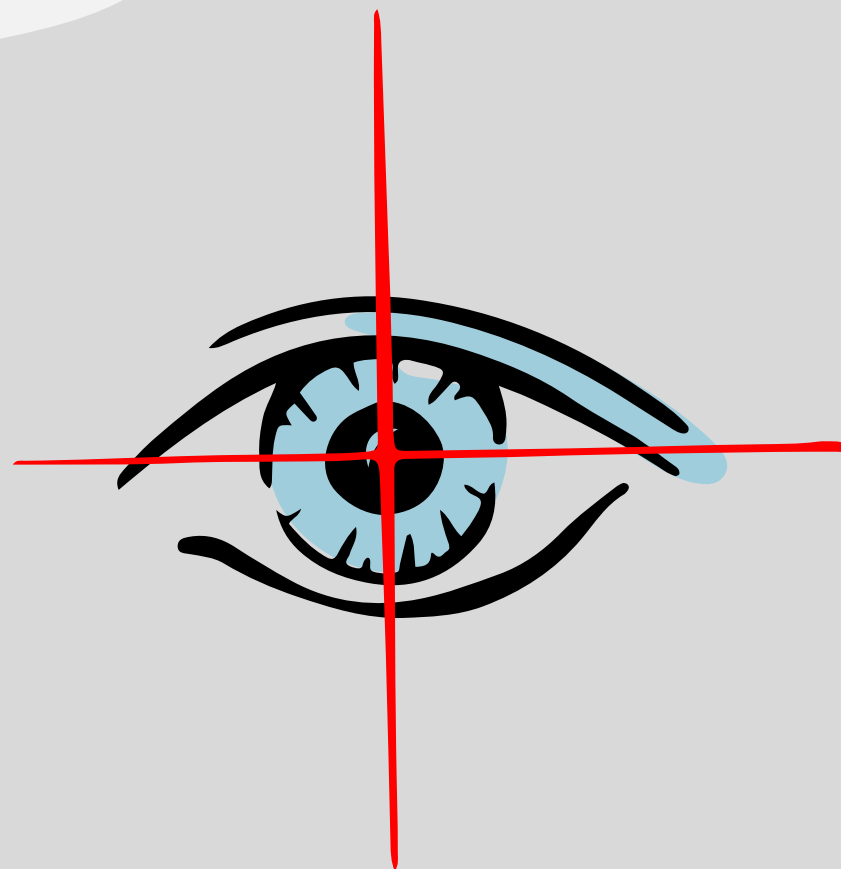
White eye indicates Congenital Cataract
(Cataract from birth)

Source- RBSK, 2017

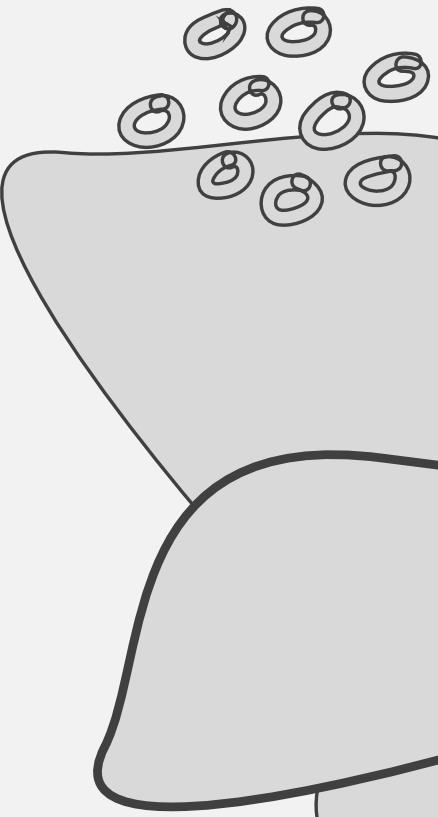


Cataract

Source- Aravind Eye Hospital, Madurai.



- Sometimes, people who are younger may also develop Cataracts; this can also occur in children at birth.
- It affects the lens of the eye which helps in the normal vision of an individual.
- Cataracts can also occur due to other conditions like Diabetes Mellitus (DM) in adults, or after an eye injury, inflammation, or long-term steroid use.





**Normal
Eye**

**Cataract
Eye**

Normal and Cataract Eye

Source- Dr. Rajendra Prasad Centre
for Ophthalmic Sciences.

How to identify Cataract in a person?

- The normal eye has a central black hole through which light rays can enter.
- In cataracts, the black hole is replaced with a white/ greyish color.
- Due to this, light rays will not be able to enter normally, and people having this kind of situation will have their vision affected.
- In Cataract, mainly the lens of the eye is affected.

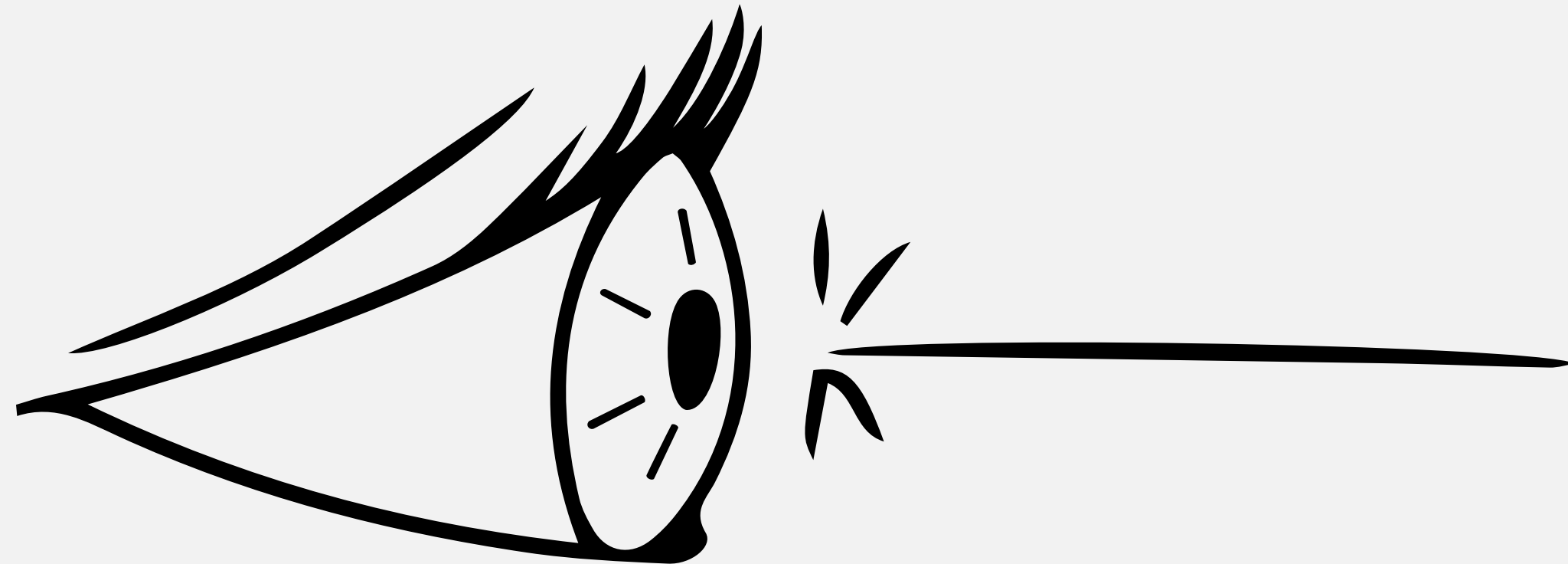


Symptoms of Cataract

- There is gradual loss of vision from the affected eye. Without treatment, it will deteriorate/worsen further.
- The person may complain of hazy (cloudy/blurred) vision as if there was something over their eyes.
- The person may complain that s/he has to change his/her spectacles/glasses very frequently but are still not able to see clearly with the use of spectacles/glasses.
- The person may also complain that s/he finds it difficult to tolerate bright light or glare (strong light).

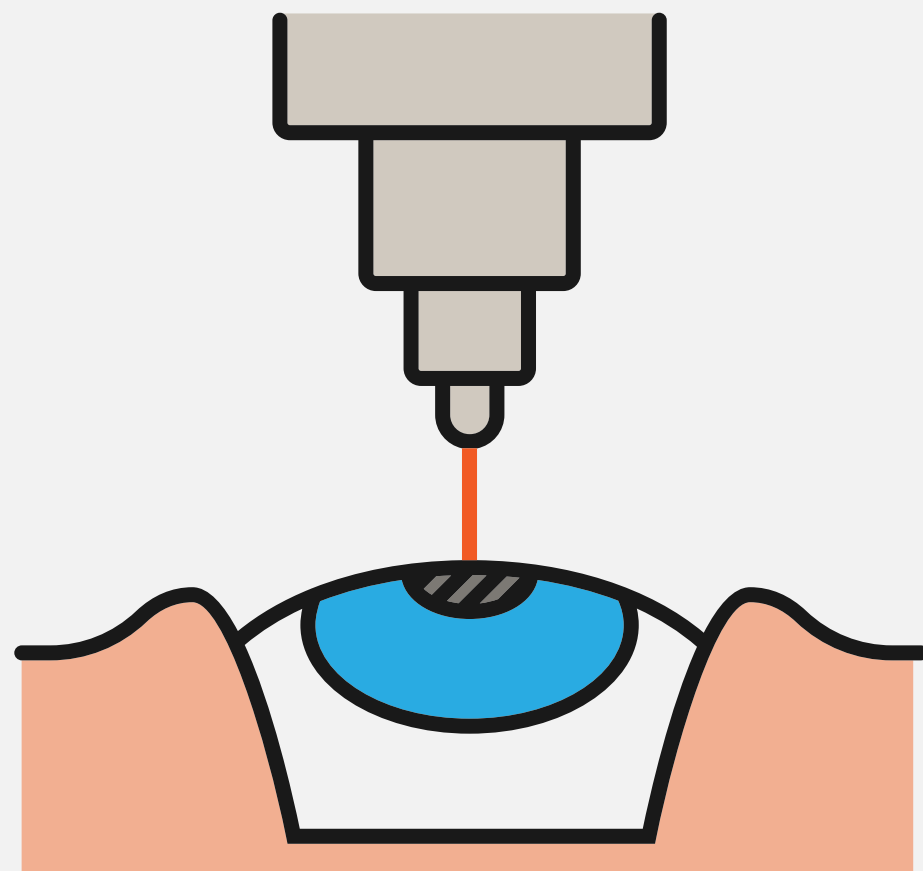
Screening for Cataract

- Use a torchlight to examine the eye of the patient.
- In normal cases, the pupils get constricted and appear jet black.
- However, in patients suffering from cataracts, due to the opacity of the lens, the light gets reflected and the pupil appears to be white/or greyish white.



Treatment of cataract

- There are no medicines that can cure cataracts.
- Eye surgery where the damaged lens is removed with a new artificial lens.
- If the cataract is not timely operated on, it can lead to vision loss.



Any person who has a cataract in any eye will have to undergo an operation or a procedure in a hospital where eye surgeries are done. Cataract surgeries are very safe.



HEALTH EDUCATION MESSAGES FOR THE COMMUNITY ON CATARACT

- Normally seen in elderly people; a result of aging.
- Can also occur in younger age groups and children.
- Cannot be cured by putting some eye drops/eye ointment.
- Requires eye surgery that is safe where the affected lens is replaced with a new artificial lens.
- Government Eye Hospitals and NGOs provide free surgeries to affected persons.
- In adults that have cataracts due to aging, both eyes may be affected and treatment may be required in both eyes.



MESSAGES FOR THE COMMUNITY

A. PREPARATION BEFORE CATARACT SURGERY

- Before surgery is done, simple investigations like blood pressure measurement, blood sugar, urine examination, and electrocardiogram (ECG) are done and advice about the date of surgery and general precautions will be explained to the affected person.
- Precautions are taken after the surgery.
- Any person with cough or other problems must first get that treated before getting cataract surgery.
- People get the operation for cataracts early without any delay to avoid complications.

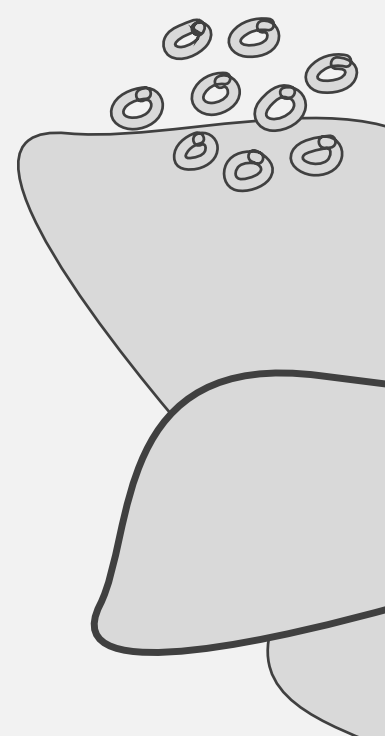


B. POST SURGERY INFORMATION

- The operated eye should be protected with an eye shield.

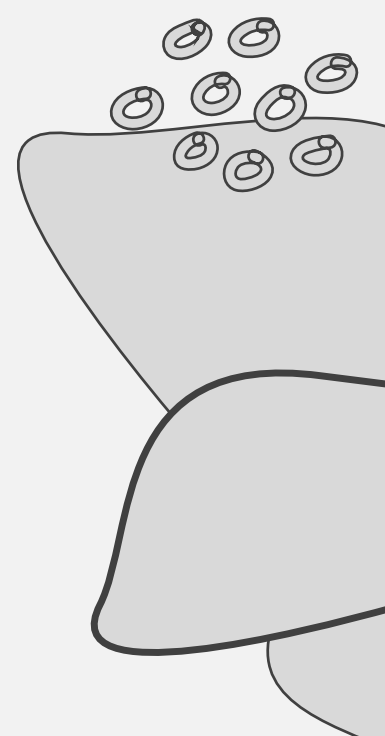
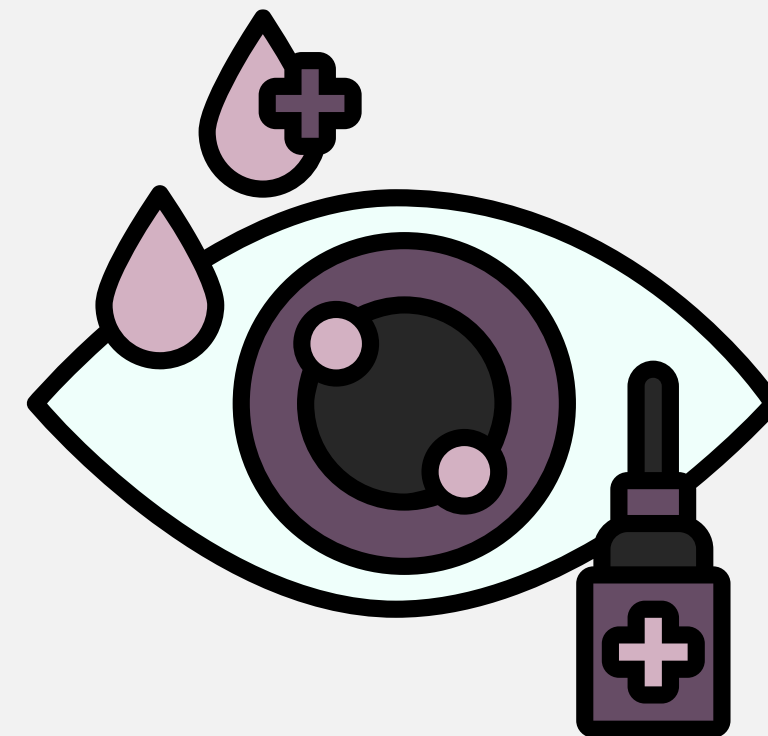


Patient with Eye Shield after Cataract Surgery
Source- Aravind Eye Hospital, Madurai.





- Follow instructions to protect the operated eye as suggested by the doctor-
 - Protect from bright light/TV screen/mobile, dust, smoke, etc. Wear dark glasses.
 - Eye drops/ointments as advised.
 - Do not rub the operated eye; protect the eye from water; not sleep on the same side as the operated eye; avoid lifting heavy objects/ exercises and avoid applying kajal/any eye make-up.

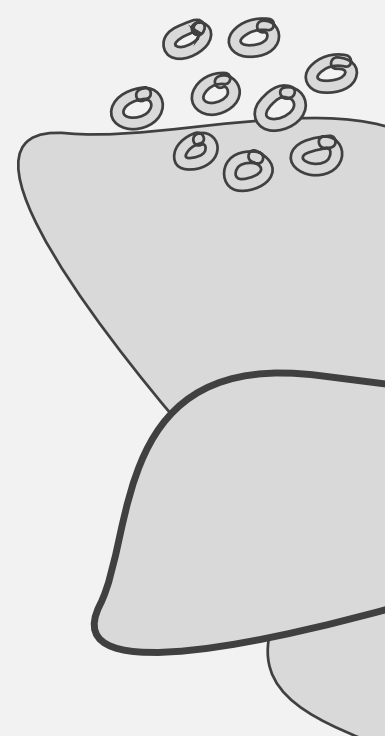




- After the eye surgery is done, the patient is to visit and consult an eye doctor after one week of operation and then after one month of operation.

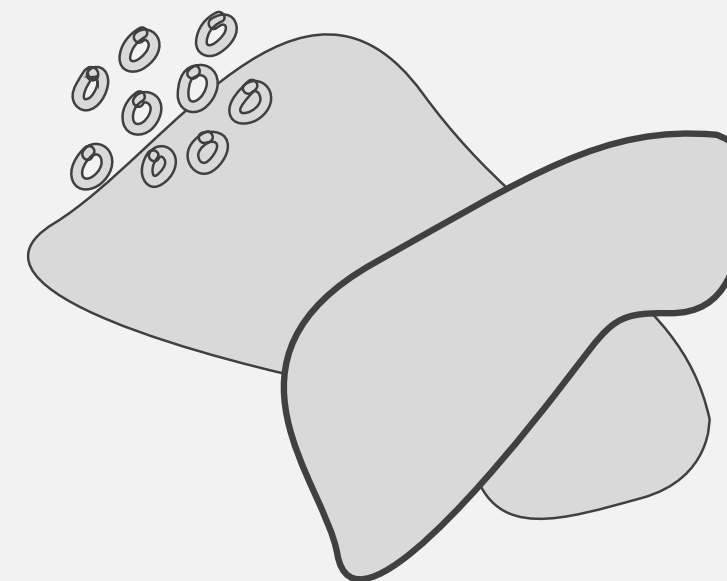
Immediately contact the eye surgeon/eye doctor if there are any complaints in the operated eye like redness, pain, or poor vision.

- Patients after the surgery may require spectacles depending on the type of lens used in the eye.





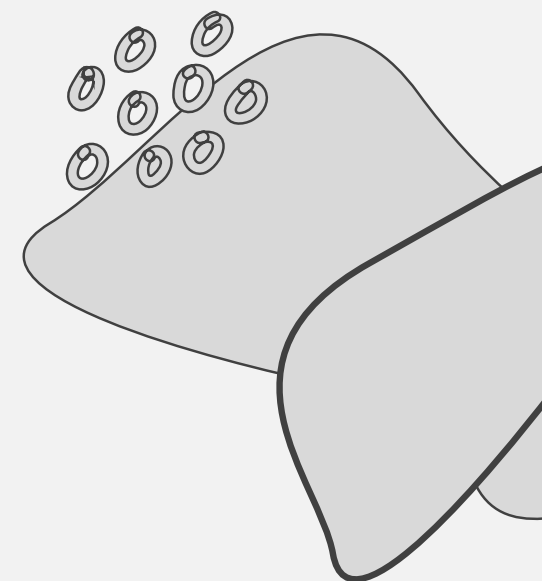
ROLE OF MPW/ANM IN MANAGEMENT OF CATARACT



- Screening all individuals suspected by ASHAs with any eye problem. Also, identify cataracts in individuals during home visits (even in younger age group).
- Making a list of all Vision Centres/ Eye Surgeons in the area.
- Inform the patients that MO at AB-HWCs will provide medical fitness for cataract surgery.
- Assist in linking patients with suspected cataracts to the Eye doctor/Eye specialist at higher health centers for further testing and treatment (CHO will refer to the MO at the nearest AB-HWC; CHO to undertake referral in consultation with MO).



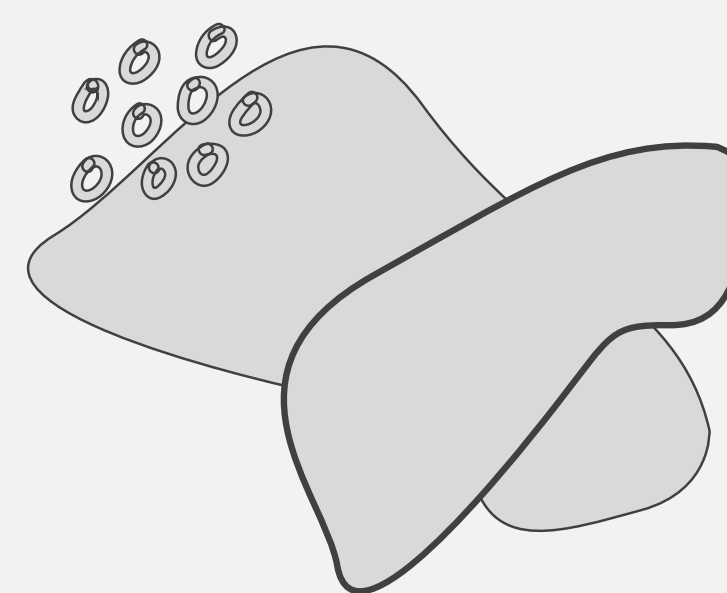
ROLE OF MPW/ANM IN MANAGEMENT OF CATARACT



- Inform the patients that the cataract operation is done free in all Government Institutions.
- Follow up on all post-operative cases to ensure that they follow proper eye care post-cataract surgery and do not develop any complications.
- Long term follow-up of all cataract cases for vision acuity.
- Assist the primary healthcare team with health promotion activities and screening of individuals for eye disorders and blindness. Pay special attention to those with diabetes, hypertension or individuals found at risk after filling Community Based Assessment Checklist (CBAC) by the ASHAs.

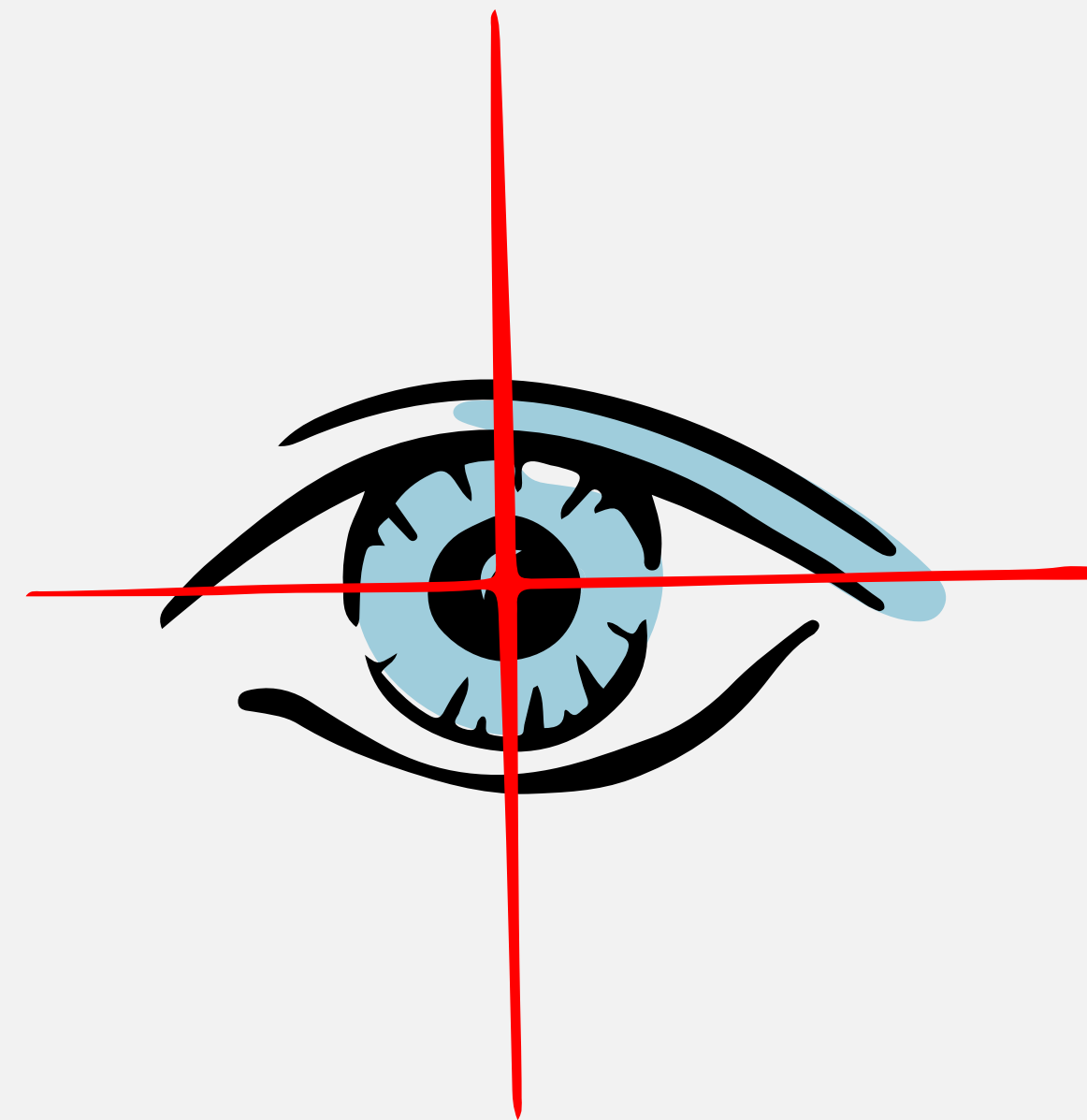


ROLE OF MPW/ANM IN MANAGEMENT OF CATARACT



- Maintenance of records and registers. Assist the CHO in maintaining the records and reports, as required.

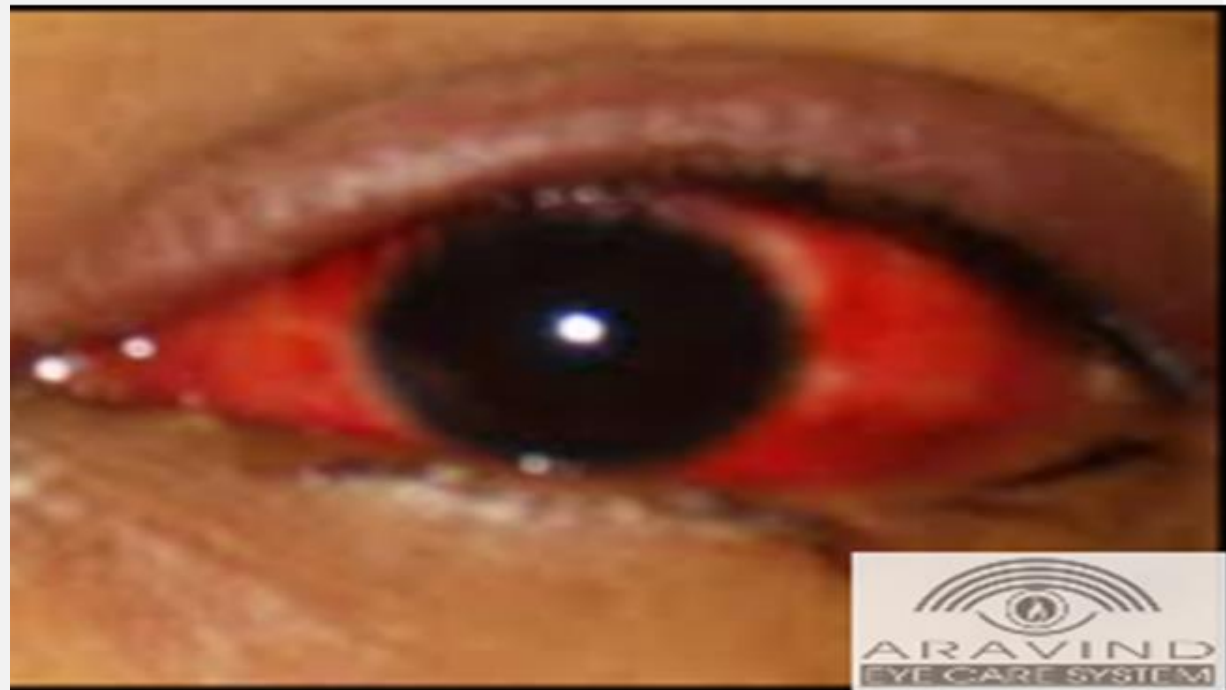
- *Any individual who has undergone a cataract operation in one eye, must be counseled to not neglect the other eye.*





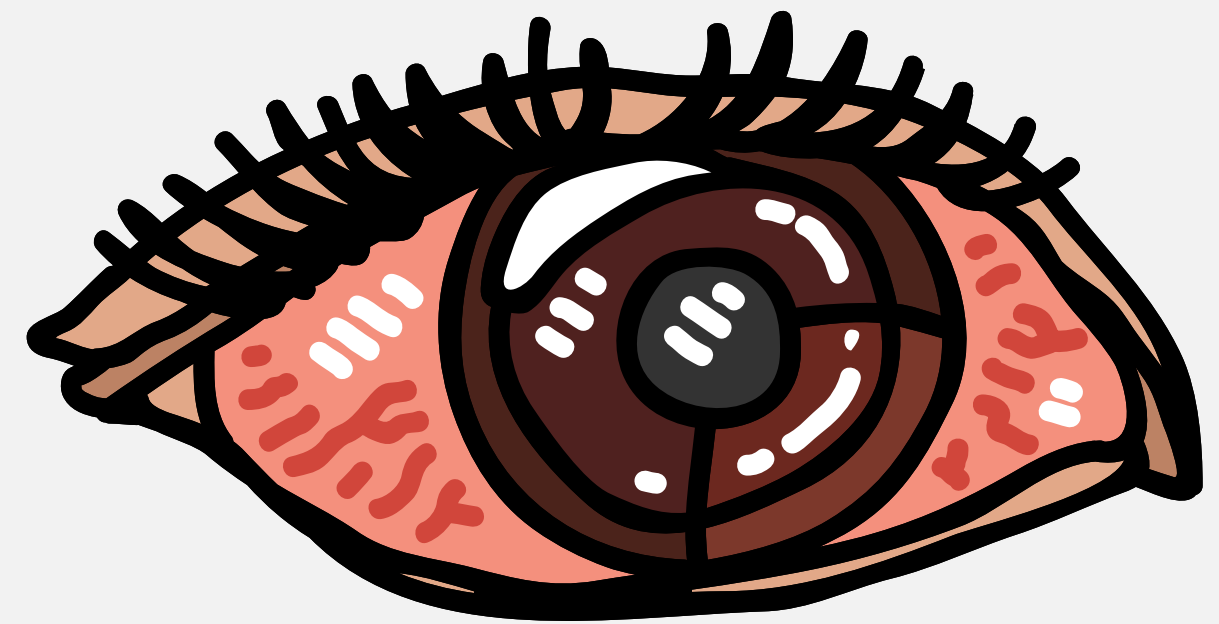
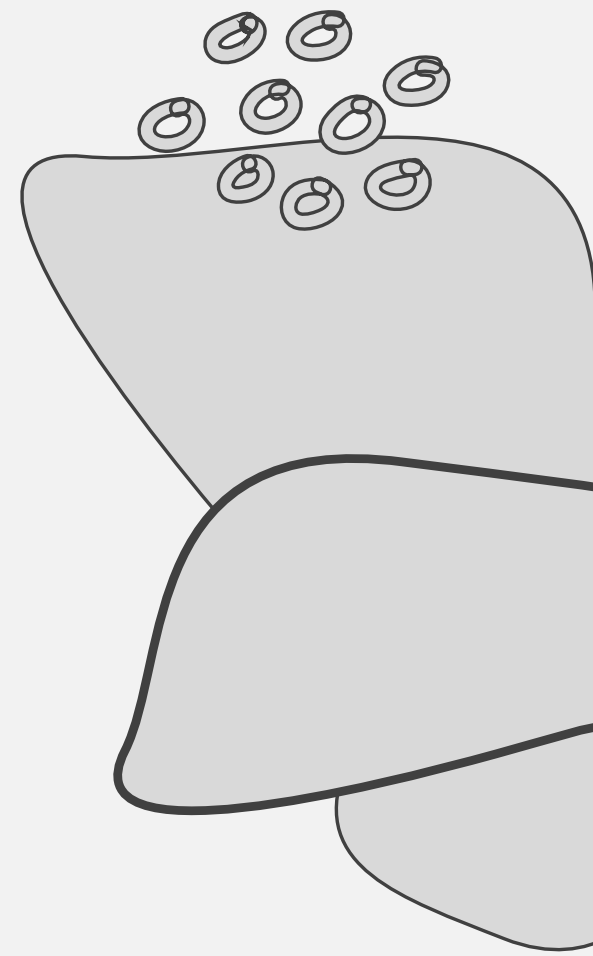
3. CONJUNCTIVITIS

- It is also commonly known as 'Eye Flu'.
- It occurs more towards the end of summer and the beginning of monsoon season and is contagious in nature (it spreads from one person to another).
- It often affects both eyes and begins with an itchy sensation in the eyes.





- This is followed by redness in the eyes, and then stickiness of eyelashes and swelling.
- There is a collection of white-yellowish discharge.
- Normally, it gets corrected on its own within 3-4 days without any medicine and with hygienic measures.
- If the redness/pain still remains beyond 3-4 days, refer the individual to the nearest AB-HWC for further management.
Remember- Not every Red Eye is Conjunctivitis.





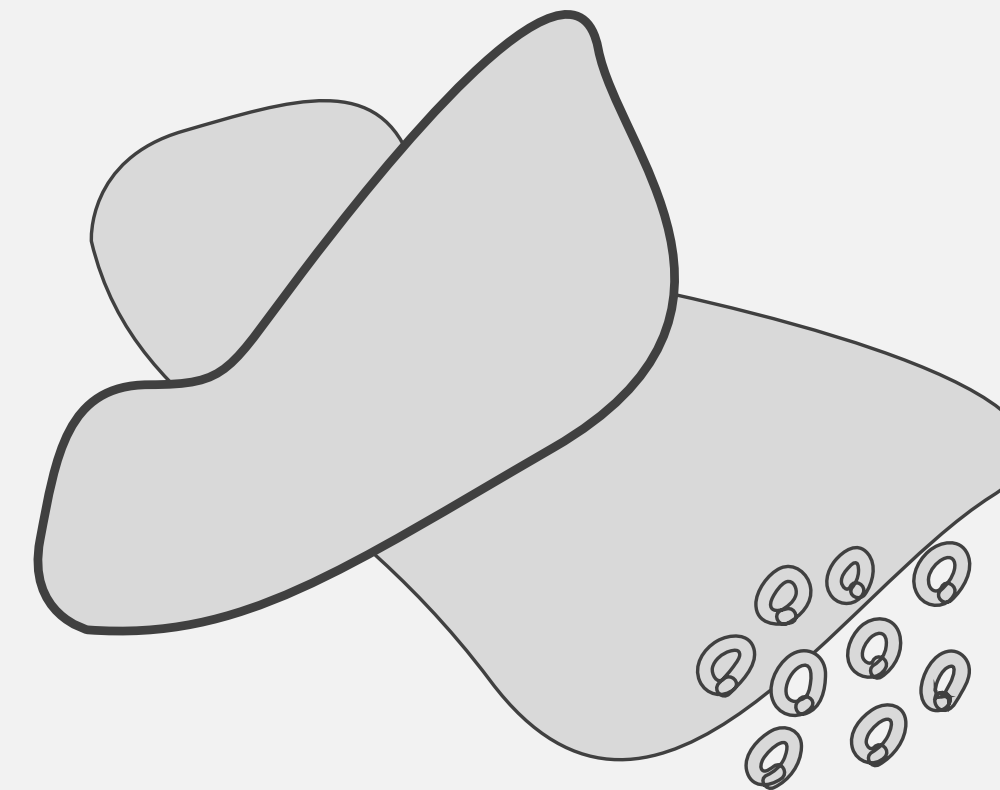
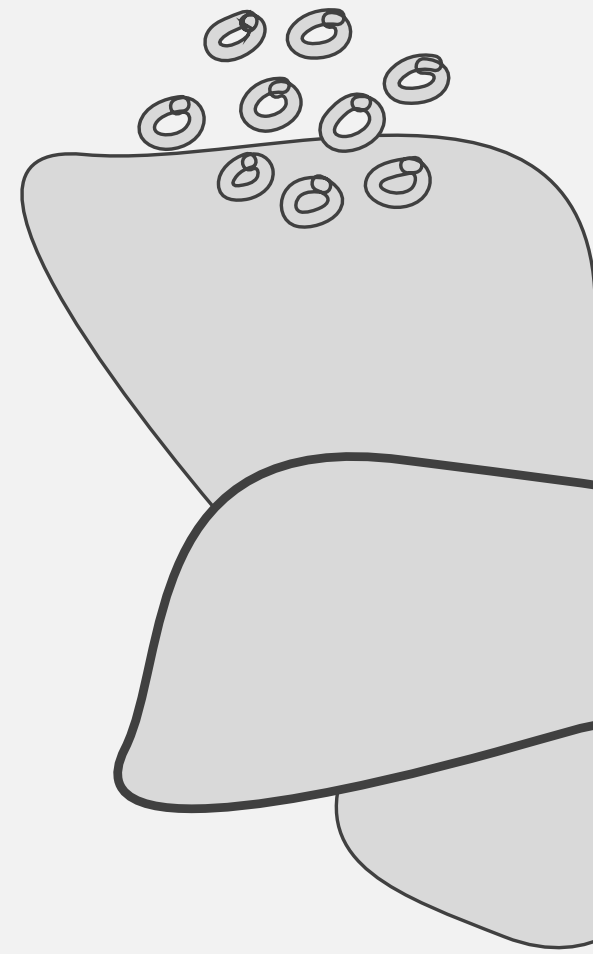
Symptoms

- Acute redness of eyes
- Foreign body sensation in eyes
- Watering from eyes
- Photophobia (intolerance to light)



How does it spread?

Through fingers, fomites (handkerchief, bath towel, bedsheets/bed covers/pillows, etc), sharing of personal things.

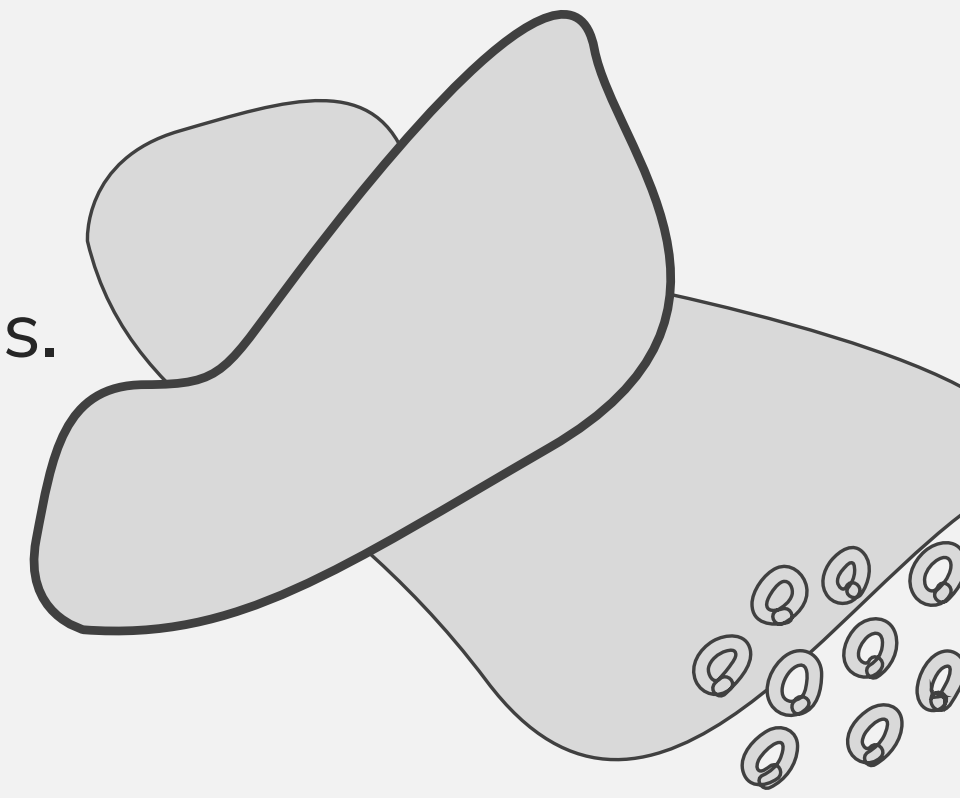
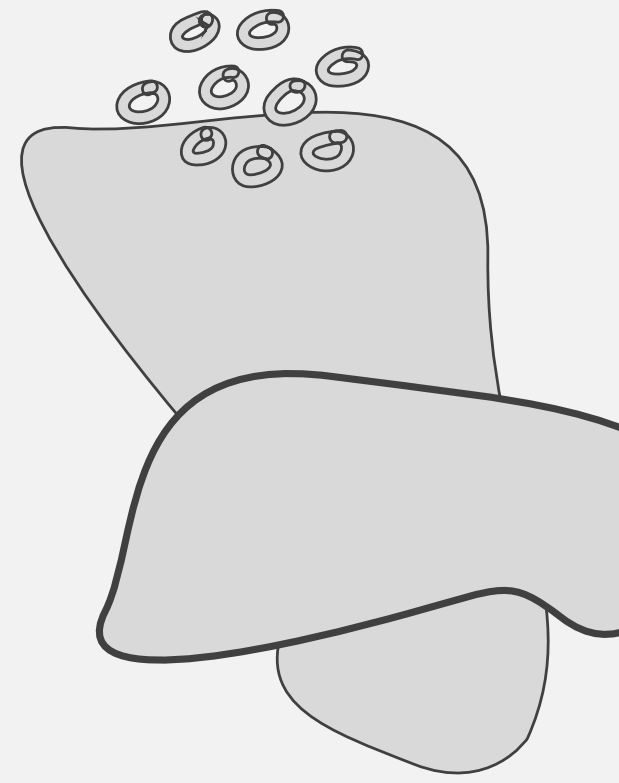




Prevention of Conjunctivitis

The most important part is to maintain adequate hygiene-

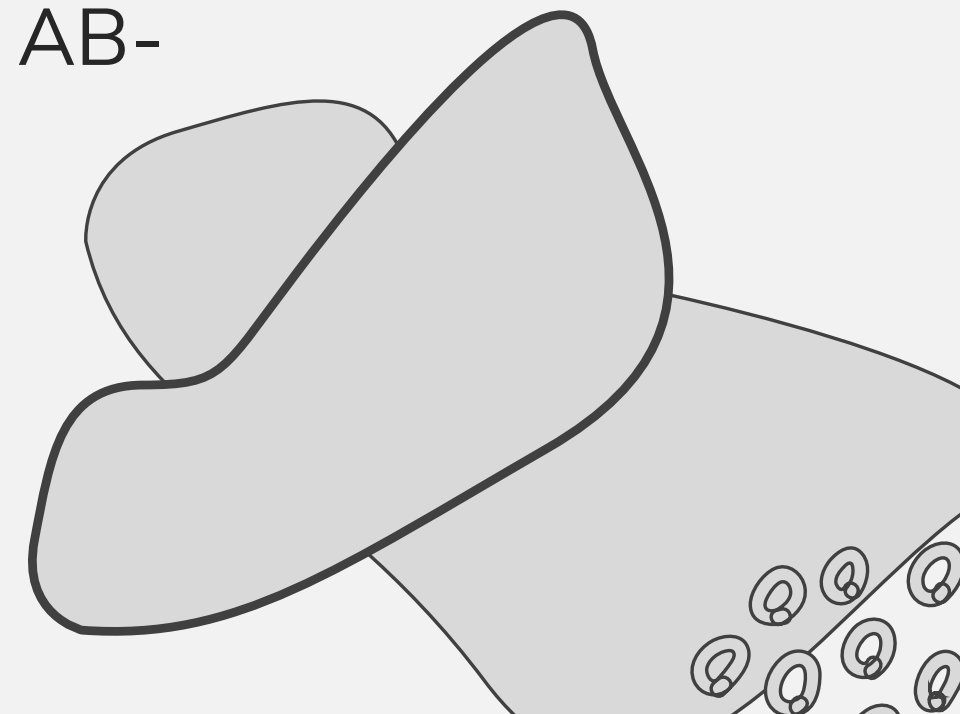
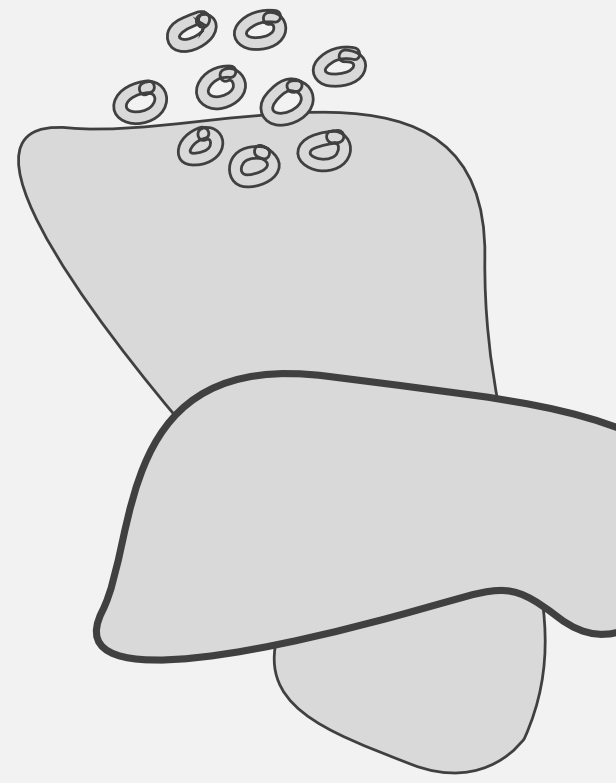
- Frequent washing of hands and face with clean water.
- Keeping separate towels, handkerchiefs, bed cloths, etc. for every family member.
- Daily wash the personal belongings like listed above with clean water.
- Avoid touching eyes frequently.
- Use sun-glasses and avoid dusty, sunny places.
- Avoid the use of kajal and Surma during an episode of conjunctivitis.
- Avoid overcrowded places to reduce the spread to others.





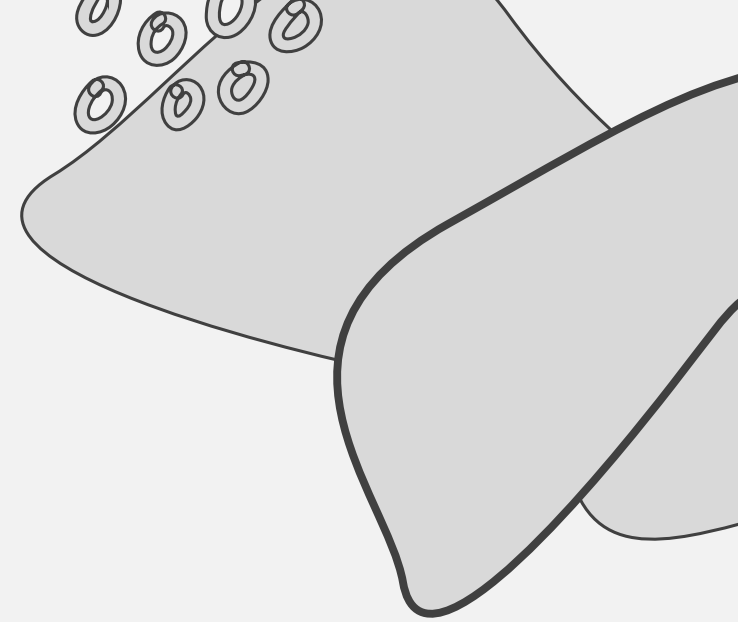
Treatment of Conjunctivitis

- Wash eyes with clean cold water.
- Place cold, damp clean clothes on the eyes to give a soothing effect.
- Avoid self-medication and no use of medicines without medical advice.
- Frequent eye drops in daytime and eye ointment in the nighttime as prescribed by a medical doctor.
- Do not put ghee/ honey/rose water/onion extract in the eyes.
- If the condition exists for 3-4 days and has not improved, tell them to inform you and consult the CHO/Medical Officer heading the nearest AB-HWC.





ROLE OF MPW/ANM IN MANAGEMENT OF CONJUNCTIVITIS



- Identification and diagnosis of conjunctivitis.
- Assist in linking suspected patients with conjunctivitis to the Medical Officer at AB-HWCs/OA at the nearest Vision Centre/Eye doctor/eye specialist at higher health centers for further testing and treatment (CHO will refer to the MO at the nearest AB-HWC; CHO to undertake referral in consultation with MO).
- Follow-up care of those diagnosed with conjunctivitis by referral center.
- Regular follow-up of all treated cases.
- Health promotion for good eye and personal hygiene.
- Maintenance of records and registers. Assist the CHO in maintaining the records and reports, as required.



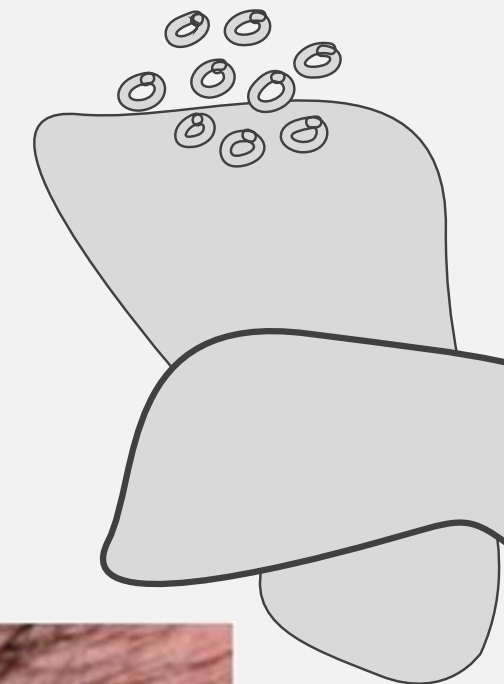


4. STYE

A sty is like a pimple on the eyelid as the result of a blocked gland.

Causes of Sty

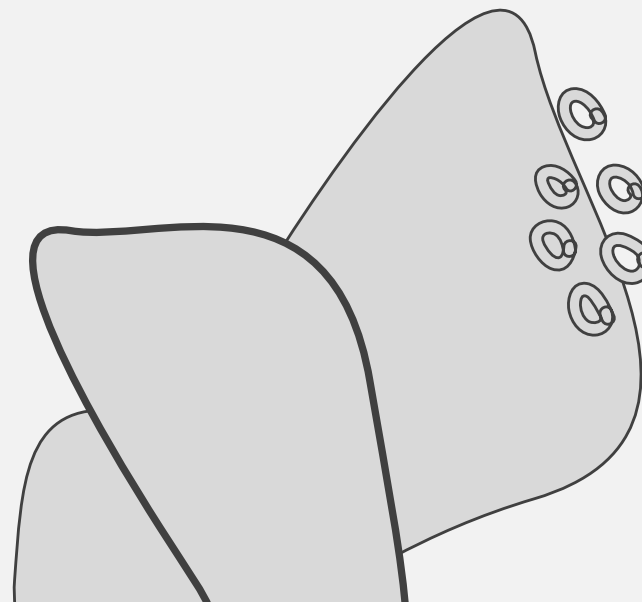
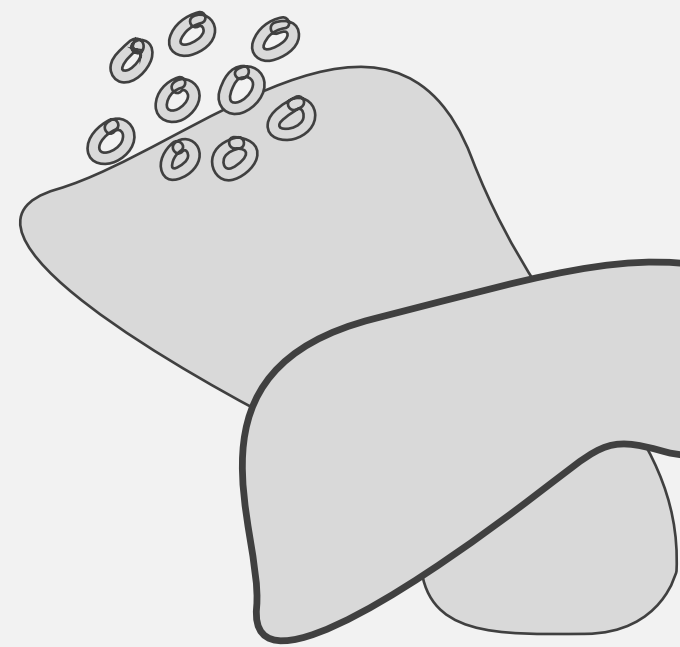
- When a gland in or on the eyelid becomes inflamed due to blockage.
- This can happen due to poor hygiene or dust particles.





Symptoms and Signs of formation of Sty

1. Feeling of a foreign body sensation in the eye
2. Pressure on the eye
3. May also be blurred vision if thick pus from within the sty spreads over the eye's surface
4. Presence of a lump (like a pimple) on the edge of the eyelid
5. Redness and painful swelling of the skin
6. Maybe thick discharge on the lids and lashes
7. Tears can also be produced in response to irritation



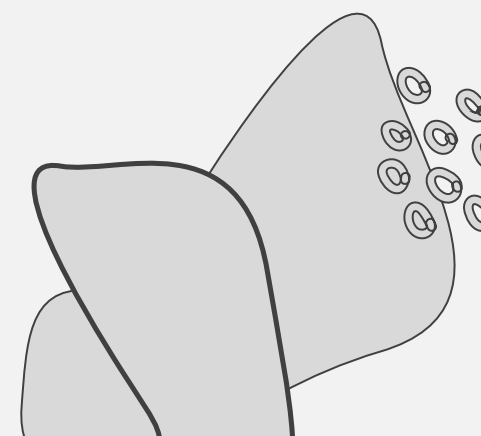
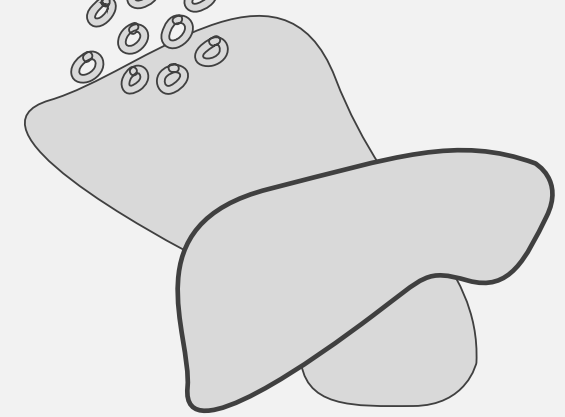


Treatment for Sty

- Application of frequent dry warm (not too hot) compresses several times a day.
- If there is severe burning, discharge, and redness that interferes with vision, the patient will be referred to the CHO/MO heading to the nearest AB-HWC.
- Eye drops will be advised by the Medical Doctor and in some cases may require surgical removal of pus by an Eye Specialist/Eye Doctor.

Prevention of Sty

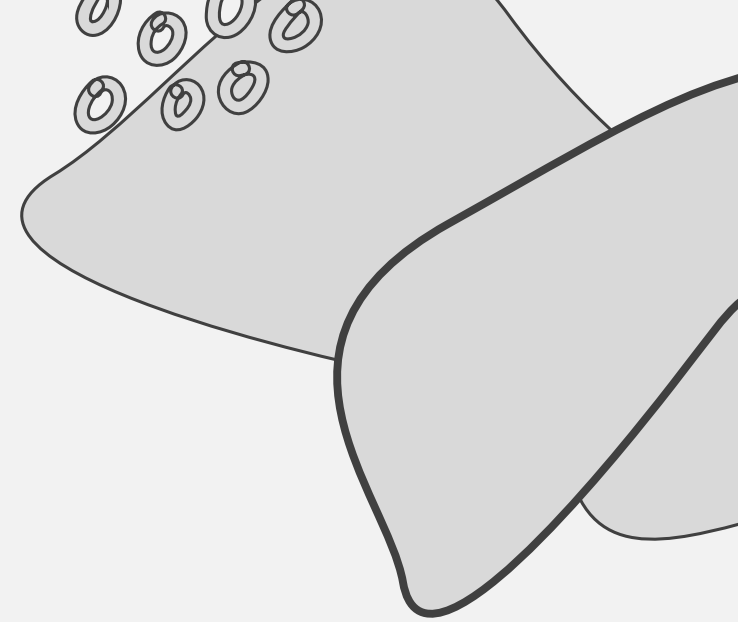
- Keep the eyelids and eyelashes clean.
- Dry and warm compresses at the first sign of irritation in the eyelid can prevent it from getting worse.
- Following general eye health and hygienic measures.





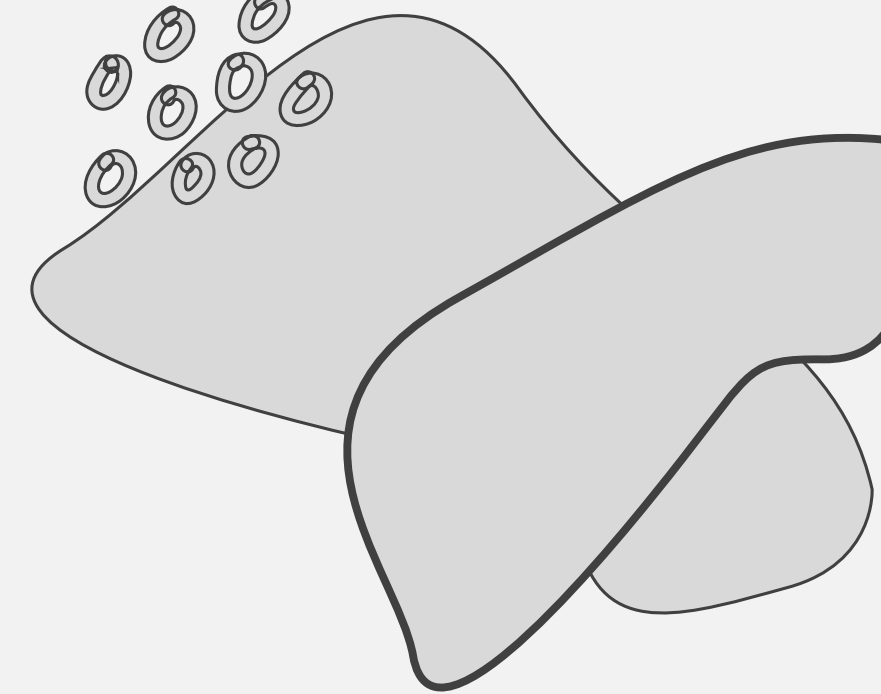
ROLE OF MPW/ANM IN MANAGEMENT OF STYE

- Identification and diagnosis of stye formation amongst the community members.
- Screen for Diabetes Mellitus and/or Refractive Errors in patients with recurrent stye formation. The patient will be referred to Medical Officer at AB-HWC for a further check-up if required.
- Assist in linking patients with styes to the Medical Officer at AB-HWCs. Patients may also be referred to an Eye doctor/eye specialist at higher health centers for surgical removal of the pus (CHO will refer to the MO at the nearest AB-HWC; CHO to undertake referral in consultation with MO).





- Regular follow-up of all treated cases.
- Health Promotion activities- informing all community members to maintain good personal hygiene, good eye hygiene, and take preventive measures.
- Maintenance of records and registers. Assist the CHO in maintaining the records and reports, as required.



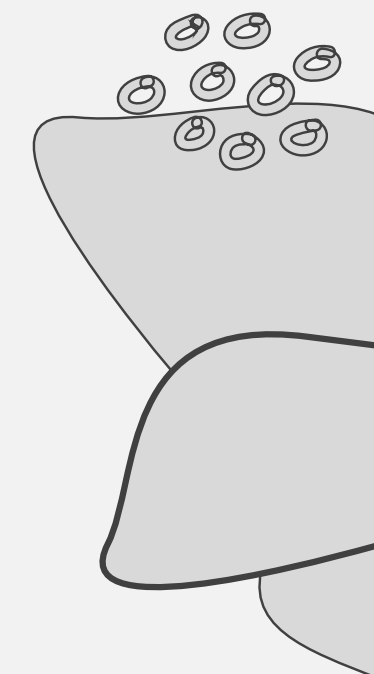


5. VITAMIN A DEFICIENCY (XEROPTHALMIA)

- Vitamin A is one of the micronutrients required by our body.
- You must be aware that Vitamin A solution is given to children.
- One of its functions is to help normal eyesight.

What are the risk factors for Vitamin deficiency?

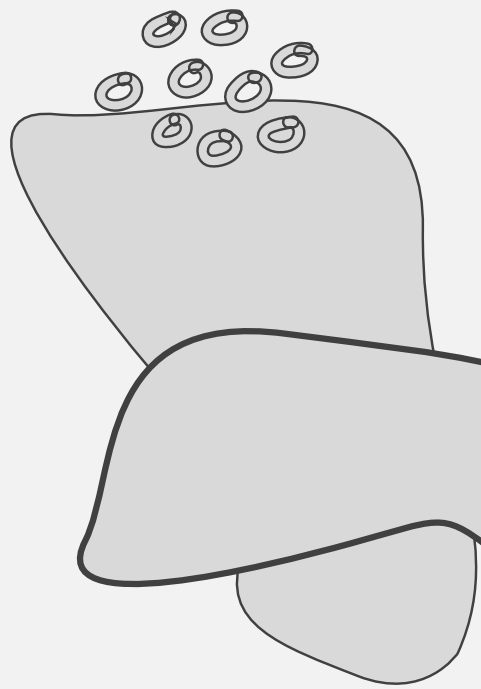
- Poor families and malnourished children
- Situations like natural disasters e.g., floods and earthquakes.
- Severe Acute Malnutrition with recurrent childhood infections like diarrhea and measles.
- Inadequate diet deficient in Vitamin A-rich food.
- Zinc deficiency may also increase the risk of Vitamin A deficiency.





Clinical Features

- Loss of night vision, called Night Blindness (first eye sign of Vitamin A deficiency). In this condition, persons are not able to see properly when it is dark.



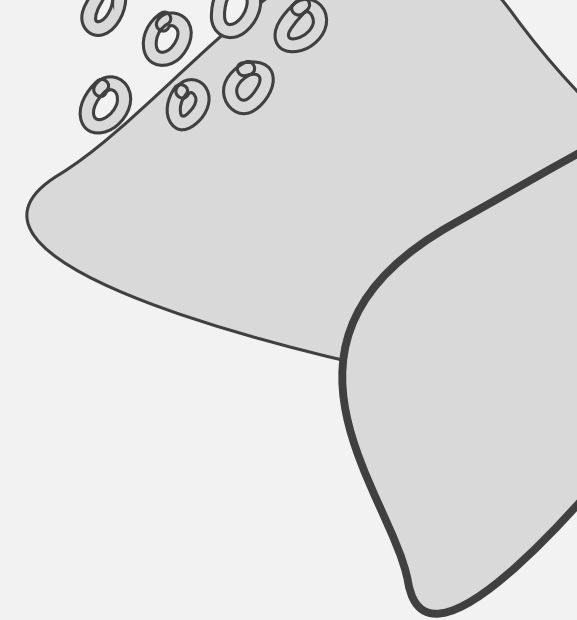
- Mothers/caregivers can complain that their child falls in the dark time as they do not see objects. If it is not treated, it can progress to affect the whole eye which will lead to dryness of the eyes and cornea and finally to blindness. The affected cornea is susceptible to infection.

- You can also visually see some dirty white patch on the outer side of the eye as seen in the picture, called Bitot's Spot in individuals with Vitamin A deficiency.





MANAGEMENT OF VITAMIN A DEFICIENCY



Screening and early diagnosis of Xerophthalmia

- Presence of Bitot's spot and history of night blindness is often sufficient for referring the individual for further evaluation and management.

Treatment

- Children below 5 years, receive 2 lakh International Unit (IU) of Vitamin A orally every 6 months (1 lakh IU below the age of 1 year).
- Severe cases of Xerophthalmia are treated using 2 lakh IU of Vitamin A by mouth on the first day. Repeat the same dose on the second day and again after 14 days.

Consumption of Foods rich in Vitamin A





ROLE OF MPW/ANM IN MANAGEMENT OF VITAMIN A DEFICIENCY (XEROPHTHALMIA)



- Early detection of night blindness in children and treatment with Vitamin A prophylaxis.
- Early identification of signs, and symptoms of Vitamin A deficiency in children and also in pregnant women.
- Assure Vitamin A prophylaxis in children between 9 months to 5 years of age per the National Immunization Schedule.
- Monitoring all measles cases in children and ensuring that they receive vitamin A supplementation.



- Assist in linking patients with any signs of Vitamin A deficiency to the MO at AB-HWCs/Eye doctor/eye specialist at higher health centers for further testing and treatment (CHO will refer to the MO at the nearest AB-HWC; CHO to undertake referral in consultation with MO).

- Follow up of all treated cases with regular eye check-ups and Vitamin A prophylaxis.

- Health education on the importance of Vitamin A Prophylaxis and Vitamin A rich diet. Encouraging breastfeeding focusing on colostrum feeding.

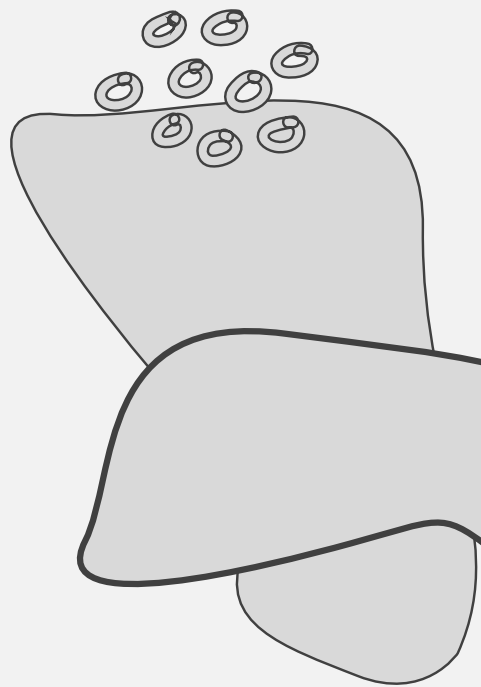
- Ensure regular screening of all children in Anganwadis and schools for early signs of Vitamin A Deficiency by the RBSK team.

- Maintenance of records and registers. Assist the CHO in maintaining the records and reports, as required.





6. GLAUCOMA

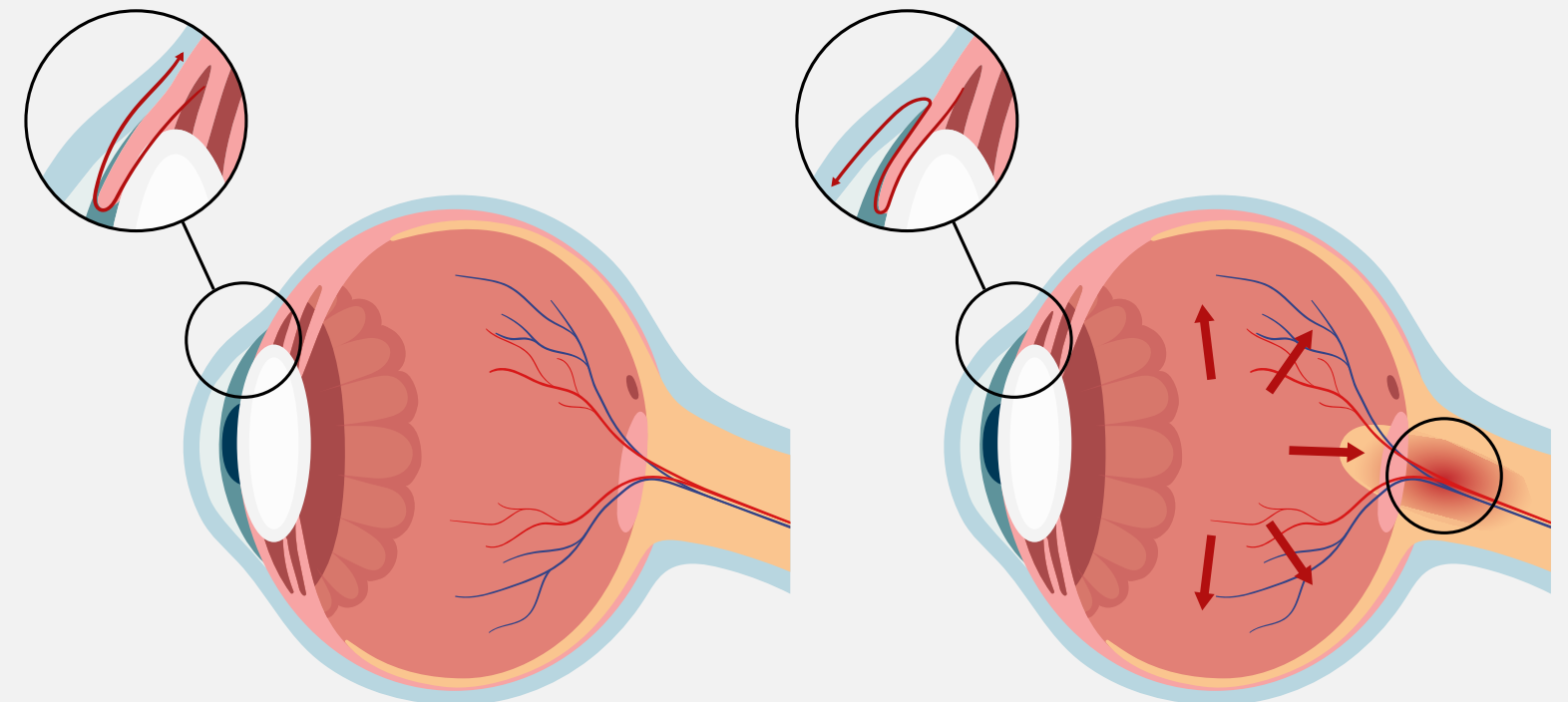
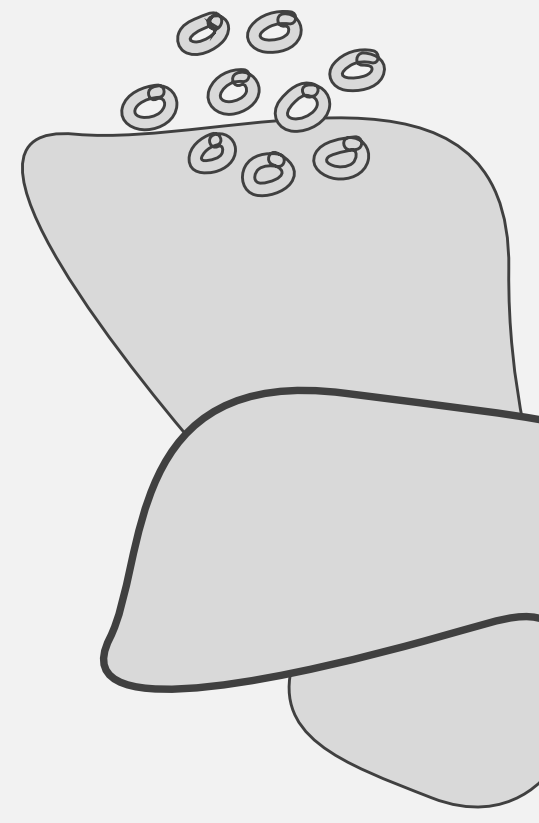


- Glaucoma (Kala Motia) is known as the ‘ Silent thief’ of vision.
- There are two types of Glaucoma- Painless and Painful. The condition is caused due to an increase in pressure inside the eye.
 - The painless glaucoma is detected late and vision is lost in most cases. Whatever vision is lost, cannot be restored, resulting in blindness.
 - Painful glaucoma presents with sudden severe pain and redness in any one of the eyes, headache along with loss/dimness of vision. The pain may be so severe as to cause nausea or vomiting. The patient should immediately be referred to the nearest AB-HWC.



Risk Factors for Glaucoma

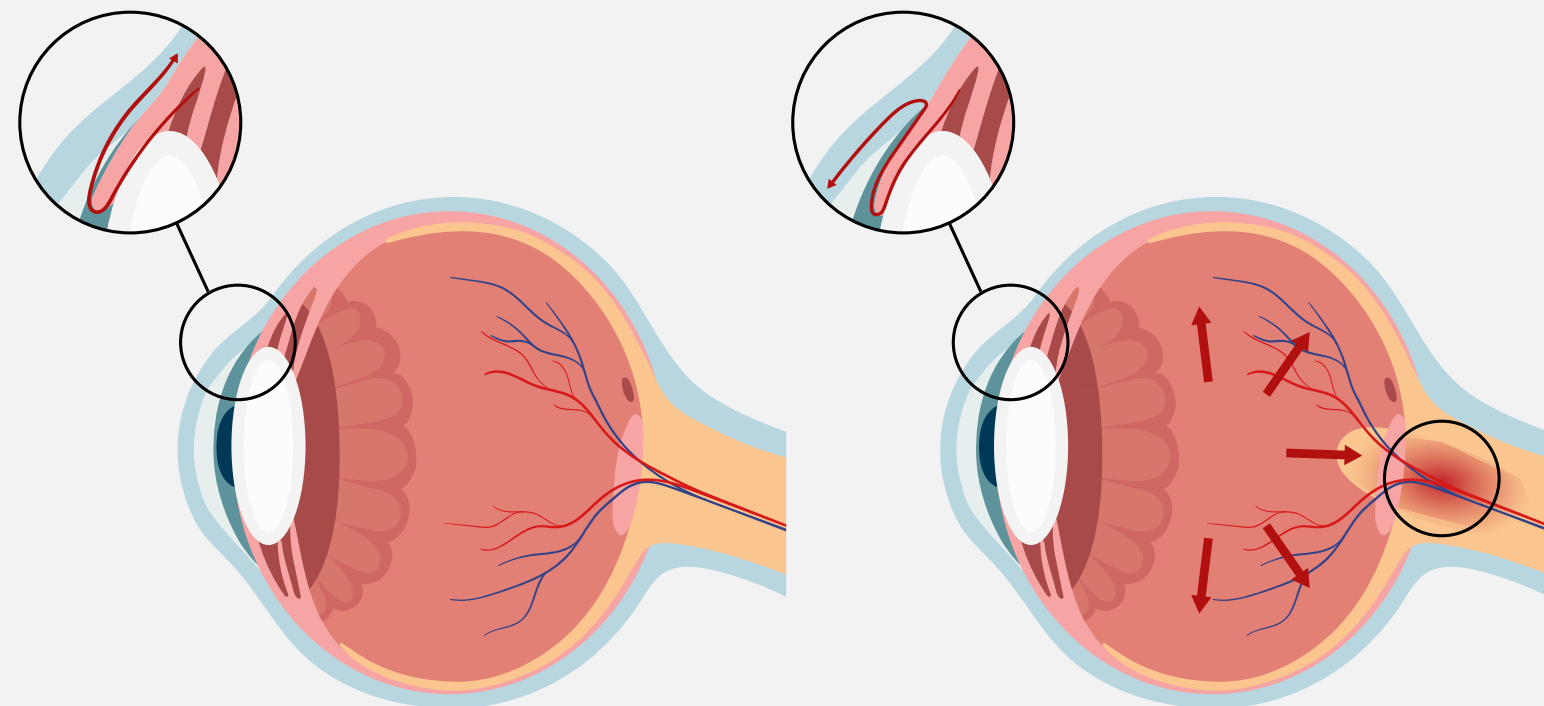
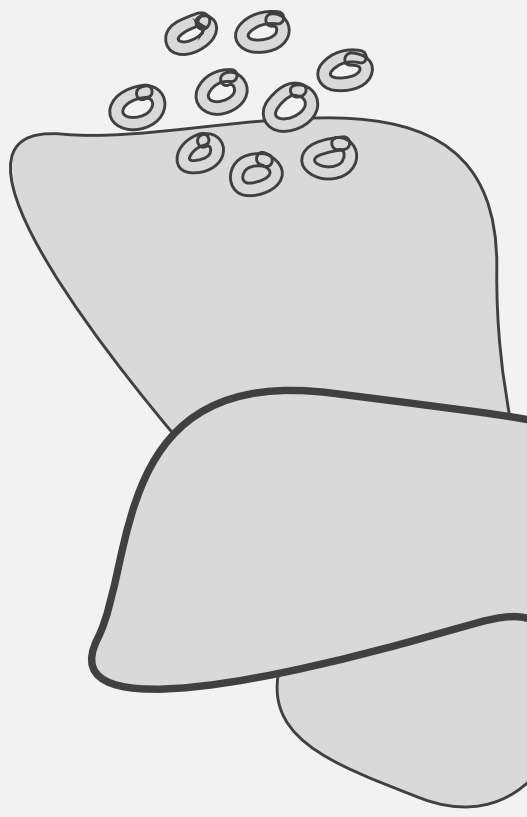
- Age more than 40 years of age (sometimes it can also occur in children).
- Family history of glaucoma.
- History of diabetes, hypertension (blood pressure), heart disease, high lipids/cholesterol.
- Use of steroid medications, like prednisone.
- History of trauma to the eye or eyes.
- Very high refractive errors.





Signs and symptoms of Glaucoma

- Coloured bright circles around the source of light.
- Headache and severe eye pain.
- Gradual loss of side vision and restriction of the field of vision as explained above.
- Frequent changes of spectacles.





Clinical Features

- The first picture is what a person with normal vision can see. The other two are from patients with glaucoma.
- In the early stages, only the side vision gets damaged. If left without treatment, this becomes worse and finally, the person can only see the middle part of the picture.
- Individuals having tunnel vision (seen in the second and third picture) in glaucoma, may still have normal vision and can still read the last line in the Snellen chart. Therefore, individuals with any of the risk factors given above, should be advised for a regular check-up for glaucoma once a year at the nearest AB-HWC.



Normal Vision

Early onset of Glaucoma

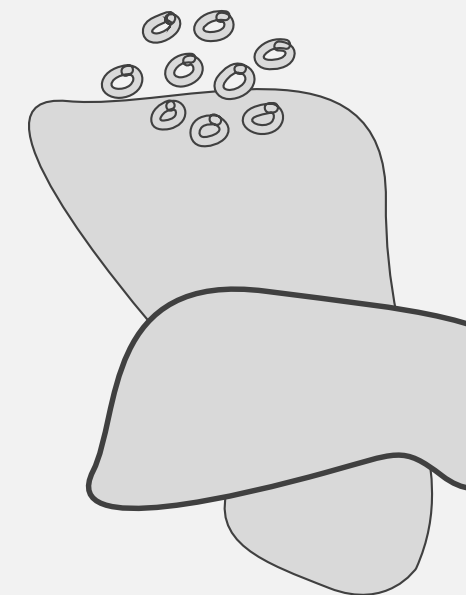
Glaucoma

Source: Dr. Rajendra Prasad Centre for Ophthalmic Sciences.



Treatment of Glaucoma

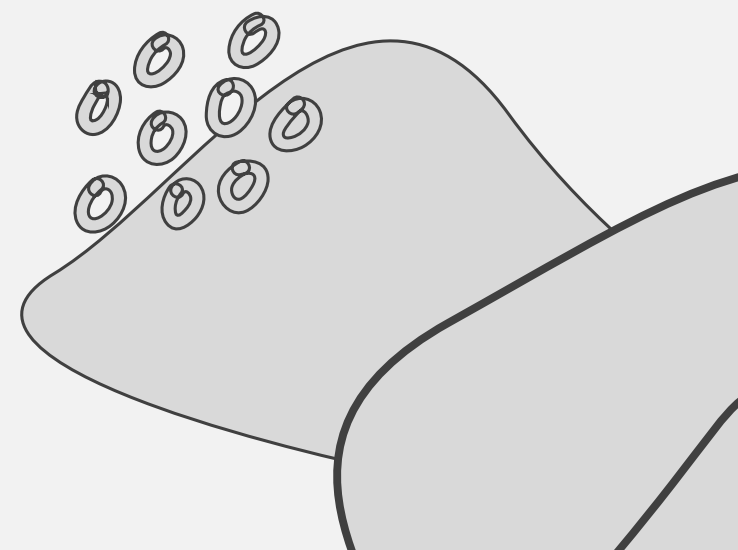
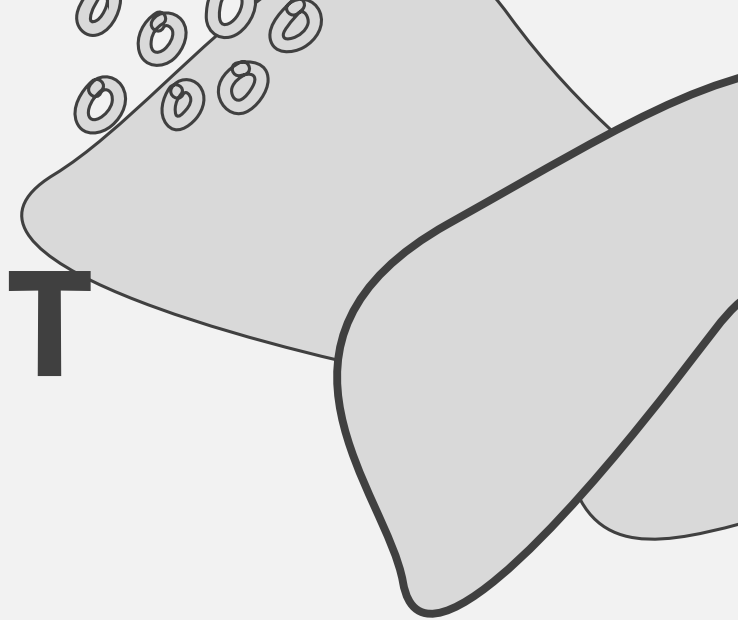
- Any person complaining of eye pain and with blood pressure (hypertension), diabetes, heart disease, or high lipids/cholesterol should be checked for glaucoma.
- These individuals must go once a year for an eye examination. It can occur at any age but is more common in older adults. Medical Officer at AB-HWC or the OA at Vision Centre will screen the individual for glaucoma and refer them to an eye specialist/eye doctor at higher referral centers for medical treatment/surgery.





ROLE OF MPW/ANM IN MANAGEMENT OF GLAUCOMA

- Making a list of all vision centers/ eye surgeons in the service area.
- Regular screening of all cases with hypertension, diabetes, heart disease, and high lipids/cholesterol for any symptoms suggestive of glaucoma (if they can see the full picture or not). Such individuals and their family members should get their eye pressure checked and eye examined at least once a year

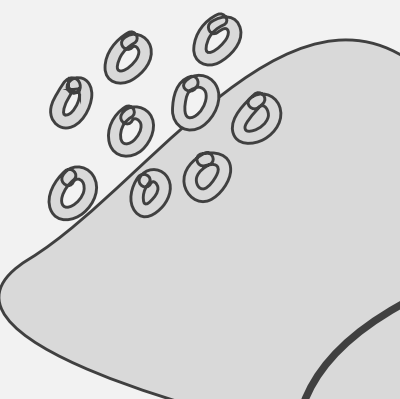




- Assist in linking suspected glaucoma patients to the Medical Officer at AB-HWCs/OA at Vision Centres for screening for glaucoma (eye pressure test).

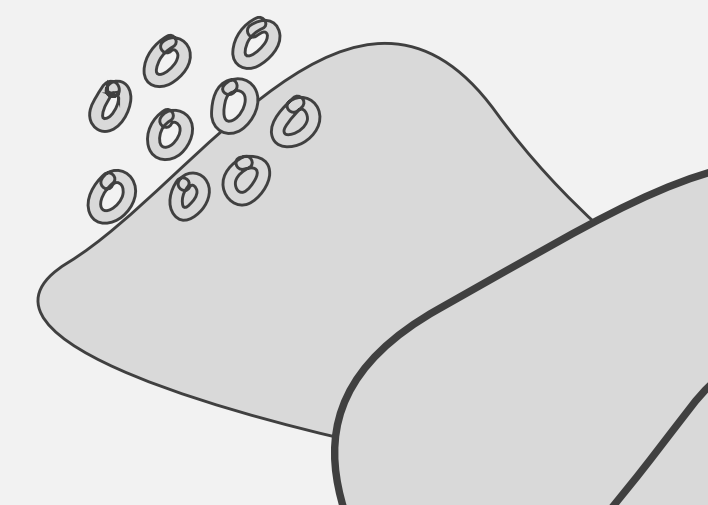
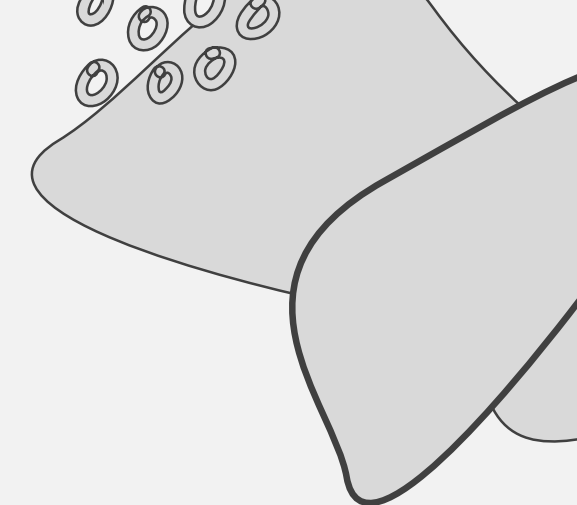
Confirmed glaucoma cases will be referred by MO/OA for medical treatment and further management to higher facilities by an eye surgeon/eye doctor (CHO will refer to the MO at the nearest AB-HWC; CHO to undertake referral in consultation with MO).

- Educate the community members that eye drops prescribed by a medical doctor for glaucoma need to be continued lifelong similar to taking medications for life in conditions like Diabetes and Hypertension.





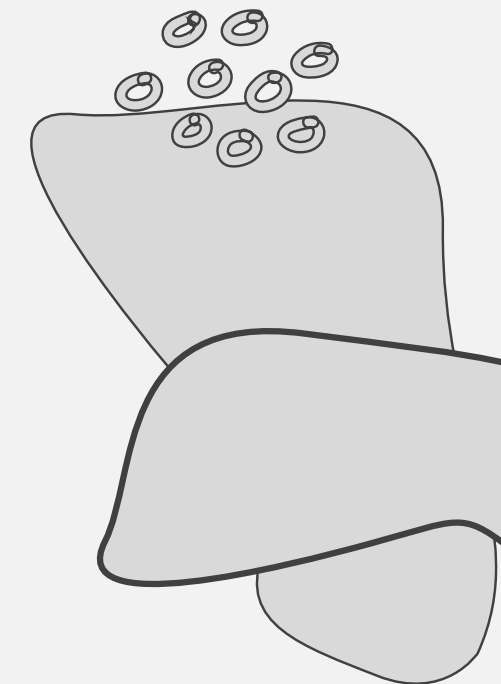
- Regular follow-up of all diagnosed glaucoma cases to monitor that they are putting their eye drops regularly and also ensure that they are visiting the eye doctor as and when advised.
- Health promotion activities for proper eye care, signs, and symptoms of glaucoma, and prevention of glaucoma.
- Maintenance of records and registers. Assist CHO in maintaining the records and reports, as required.





7. TRACHOMA

- Trachoma is an infectious disease that spreads from one person to other.
- It mainly affects the eyelids and children can easily get the disease.
- In adults (after 15 years of age), because of repeated infections earlier in life, the eyelashes can turn inwards and can rub against the front part of the eye resulting in cloudiness, that in, turn lead to blindness.
- It is more prevalent in the northern belt of India and the Andaman and the Nicobar Islands. Trachoma is also referred to as a 'water washed' disease because frequent washing of faces and good personal hygiene will prevent people from getting this disease.





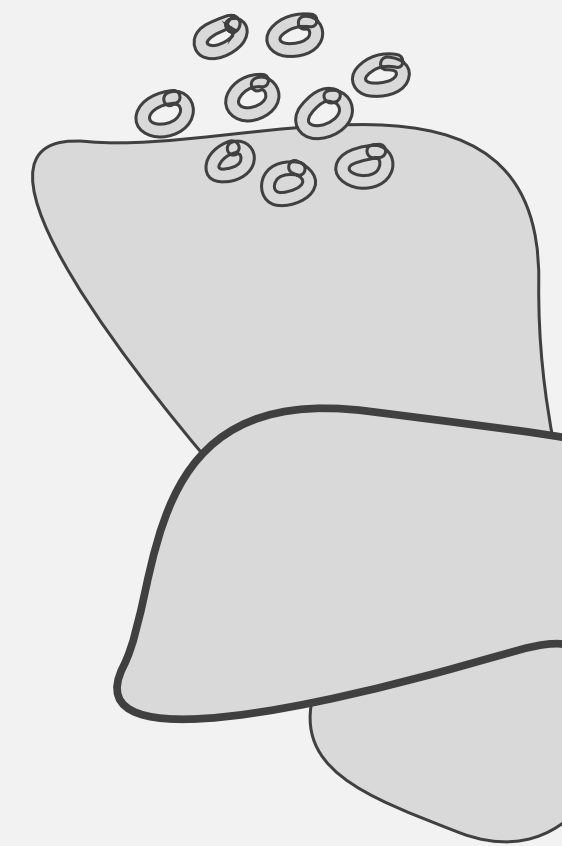
How is Trachoma spread?

The most common routes of transmission are-

- Close physical contact for e.g., mothers of affected children
- Sharing of towels, handkerchiefs, etc.
- Houseflies
- Coughing and sneezing

Risk factors which spread Trachoma

- Overcrowding
- Poor personal/ environmental hygiene
- Shortage of water
- Inadequate latrines and sanitation facilities





Signs and symptoms of Trachoma

Active Trachoma infection in children is associated with-

- Pain in eyes on blinking
- Redness and irritation in eyes
- Foreign body sensation in eyes
- Continuous tearing (watering) from eyes
- Increased sensitivity to bright light.
- Appearance of nodules on the inner surface of eyelids (usually upper eyelid)



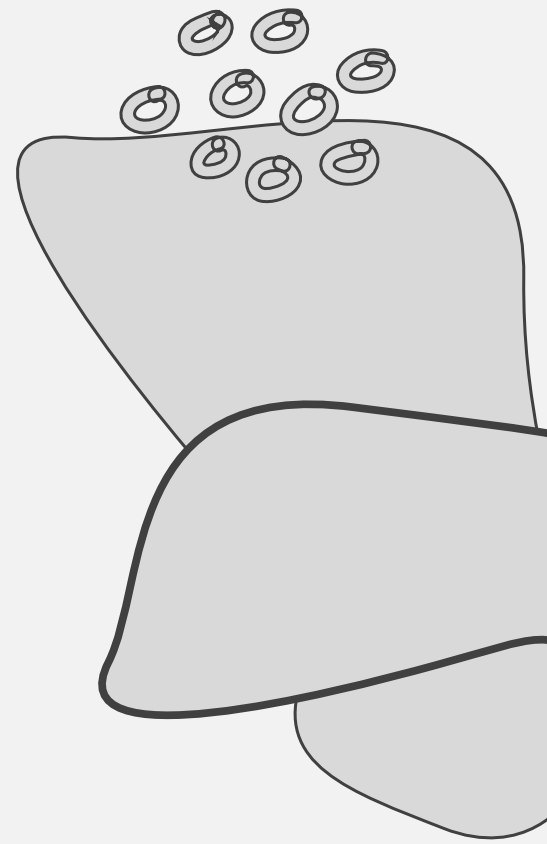
Nodules on the inner surface of upper eyelid

Source- Dr. Rajendra Prasad Centre for Ophthalmic Sciences

In adults, the inward turning of eyelashes in an individual can be checked through torch examination of the eye.

What is Trichiasis?

The progress of infection of trachoma causes the eyelashes of the upper eyelid to turn inwards so that the lashes rub against the globe. Sometimes whole lid margin may turn inwards.



Prevention of Trichiasis

Yes, trichiasis can be prevented using measures such as:

1. Promoting face hygiene among community members by regular bathing and face washing.
2. Promoting the use of latrines and educating community members about harms related to open defecation.





3. Spreading the following messages amongst the community members:

- Keep your environment clean.
- Houses and surroundings should be kept free of the breeding of houseflies. The breeding ground is usually garbage, manure, uncovered fruits and vegetables, open defecation areas, open drains, etc.
- Maintain personal hygiene. Wash your face with clean water several times a day.
- Keep a separate towel, linens, handkerchiefs, etc. for each member of the family and keep them clean.





Treatment of Trachoma

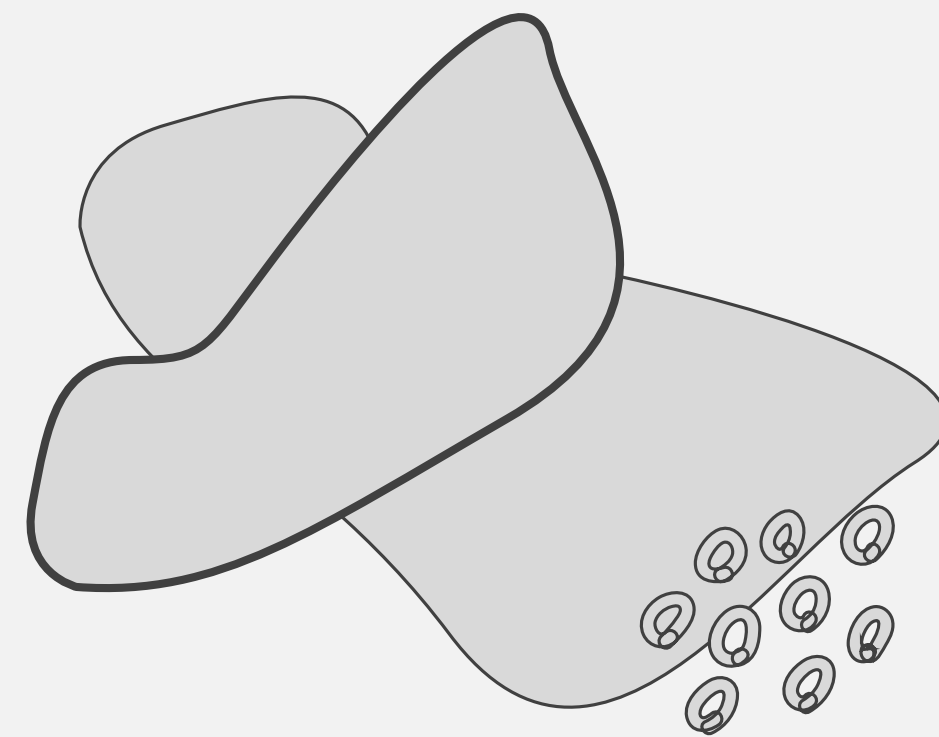
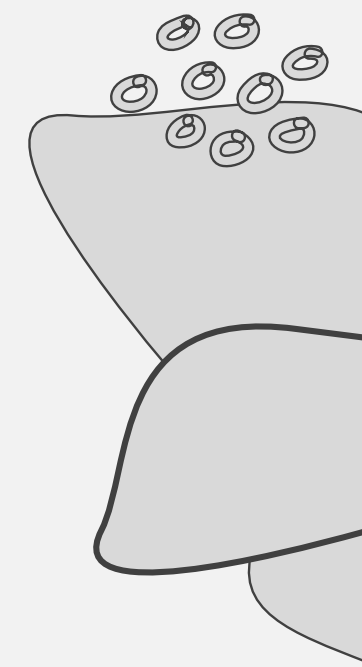
- Promote hand and facial hygiene practices among individuals and cleanliness of the environment.
- The inwardly turned eyelash can be easily removed by you/CHO/MO/OA on examination.
- Provide follow-up care for trachoma as advised at the referral centre.
- Ensure adherence to treatment by the patient as advised by the doctor.





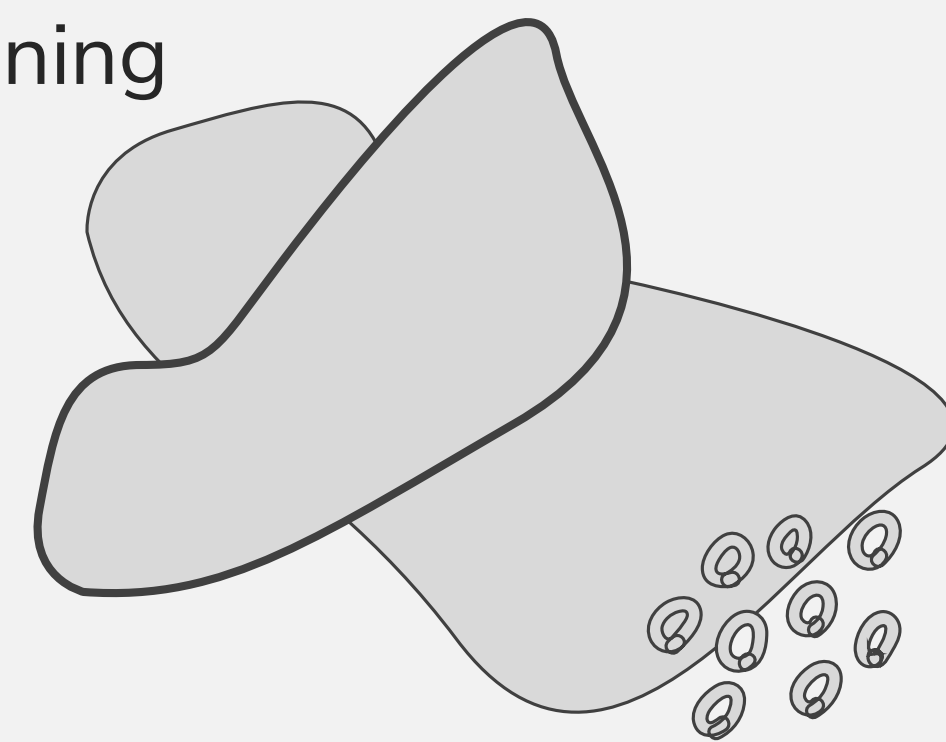
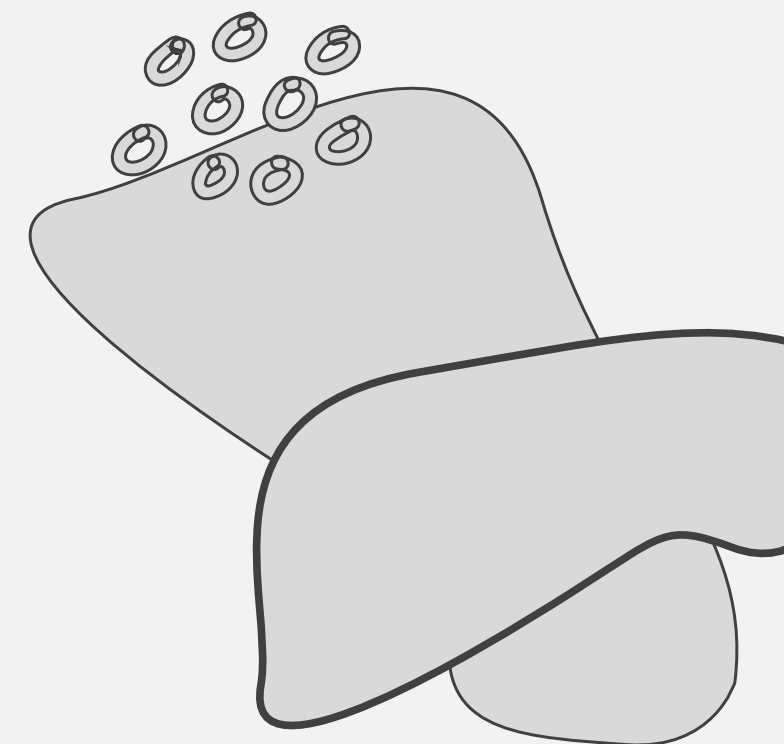
ROLE OF ANM/MPW IN MANAGING TRACHOMA

- Assist in linking suspected patients with Trachoma/ Trichiasis to the Medical Officer at AB-HWCs/ OA at the nearest Vision Centre/Eye doctor/eye specialist at higher health centres for testing and treatment (CHO will refer to the MO at the nearest AB-HWC; CHO to undertake referral in consultation with MO).
- Follow-up care of those diagnosed by referral centre.





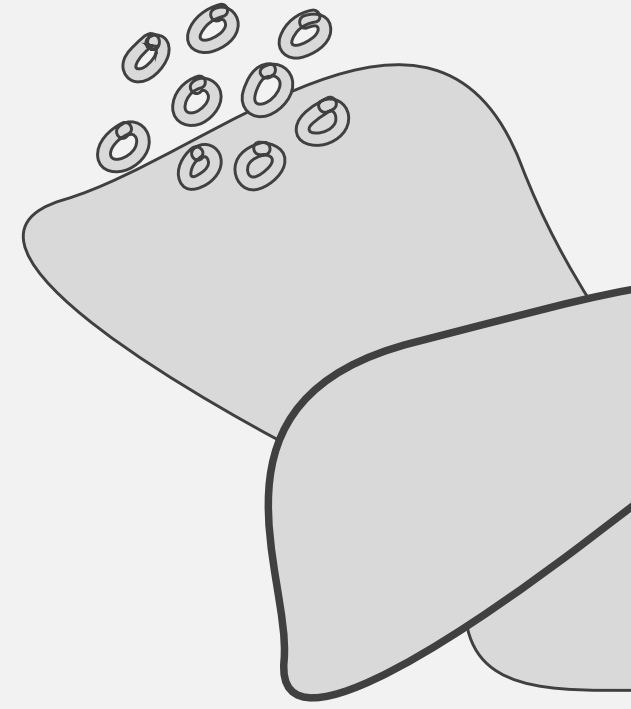
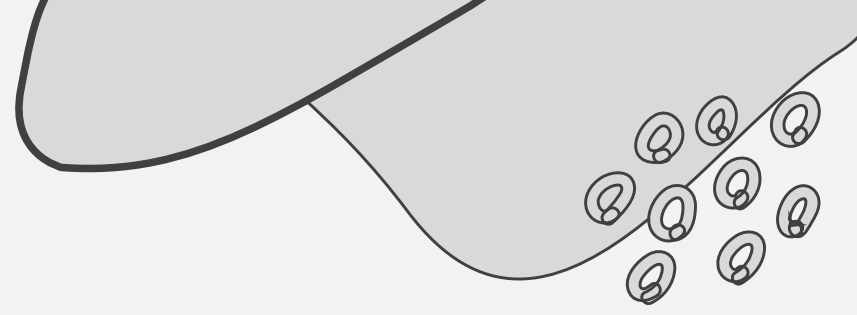
- Health promotion for good personal hygiene, facial cleanliness and environmental hygiene and to report immediately for any symptoms.
- Regular follow-up of all treated cases.
- Maintenance of records and registers. Assist CHO in maintaining the records and reports, as required.



EYE INJURIES

There are different situations where someone can have an Eye Injury. Some of the direct causes are-

- Chemical colors falling into the eyes while playing Holi.
- During a physical fight or playing outdoor games.
- Hot water burning the eyes or Diwali crackers falling into the eye.
- Sharp objects or grain husks/small sticks going into the eye during some physical work e.g. cutting wood, farming season.
- Ultra violet light enters the eye when a welder does work without eye protection.
- Looking directly at the sun during a Solar Eclipse.
- Eye injuries can be minor or serious and can lead to permanent blindness also.





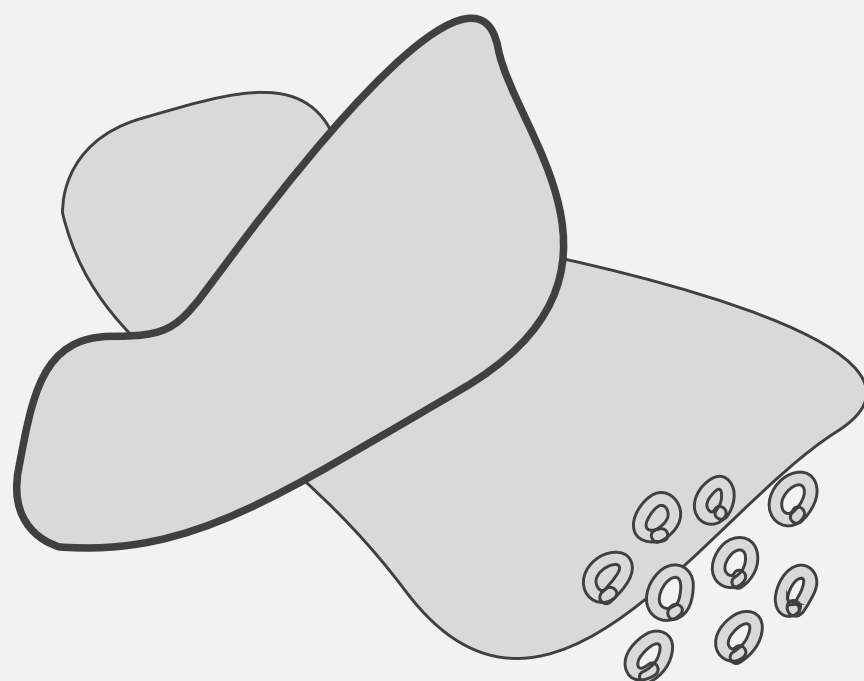
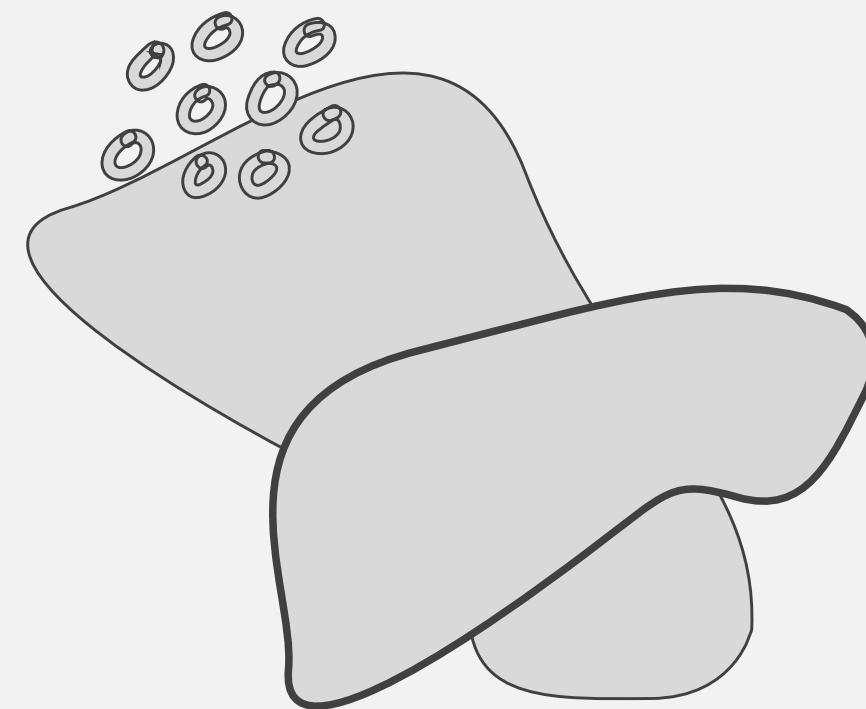
Important messages for community members to prevent eye injuries-

A. At Home

B. At Play

C. During Festivals

(Refer to Training Manual on Eye Care for MPW at AB-HWC for the prevention messages).





**Source- Aravind Eye
Hospital, Madurai**

When something falls in the eye (foreign body in the eye) and acid/alkali/chemical exposure

- Foreign bodies can enter the eyes during harvesting season, particles from cutting wood, while traveling on high-speed vehicles, etc.
- Small particles of charcoal, wood, sand, small sticks of plants, etc. can enter and settle in the eye.
- First aid to patient with acid/alkali/chemical injury.

(Refer to Training Manual on Eye Care for MPW at AB-HWC for the management of foreign bodies in the eye and exposure to acid/alkali/chemicals).



ROLE OF MPW/ANM IN MANAGING EYE INJURIES

- Raise awareness among community members about the prevention of eye injuries at home, in the community, and during festivals.
- Washing the eyes in case of chemical burns and keeping them covered with a clean cloth till the patient reaches the treating doctor.
- Assist in linking individuals with eye injuries to the Medical Officer at AB-HWCs/Eye doctor/eye specialist at higher health centers for treatment (CHO will refer to the MO at the nearest AB-HWC; CHO to undertake referral in consultation with MO).





- Follow-up on all cases after treatment.

- Supervise special festivals where eye injuries are common such as Holi and Diwali.

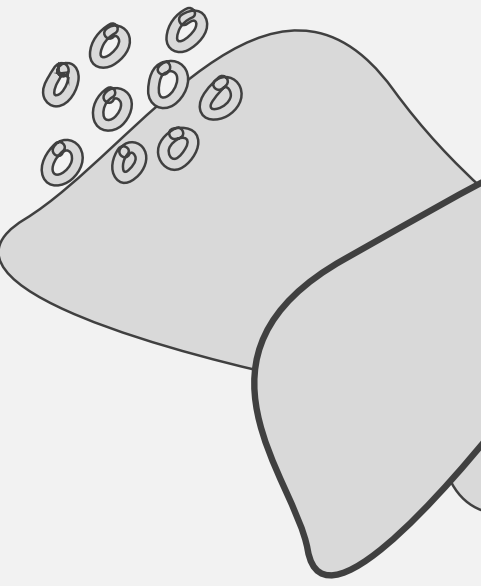
- Promote the use of protective eyeglasses for farmers, those doing mechanical or welding work, use of helmets covered with front glass for those driving two-wheelers, educating community members to not look directly at the sun during Solar Eclipse, etc. The flying husk/small sticks of plants/any foreign body can enter the eye and lead to ulcers in the cornea and to blindness.

- Maintenance of records and registers. Assist CHO in maintaining the records and reports, as required.





SPECIAL SITUATIONS FOR EYE CARE

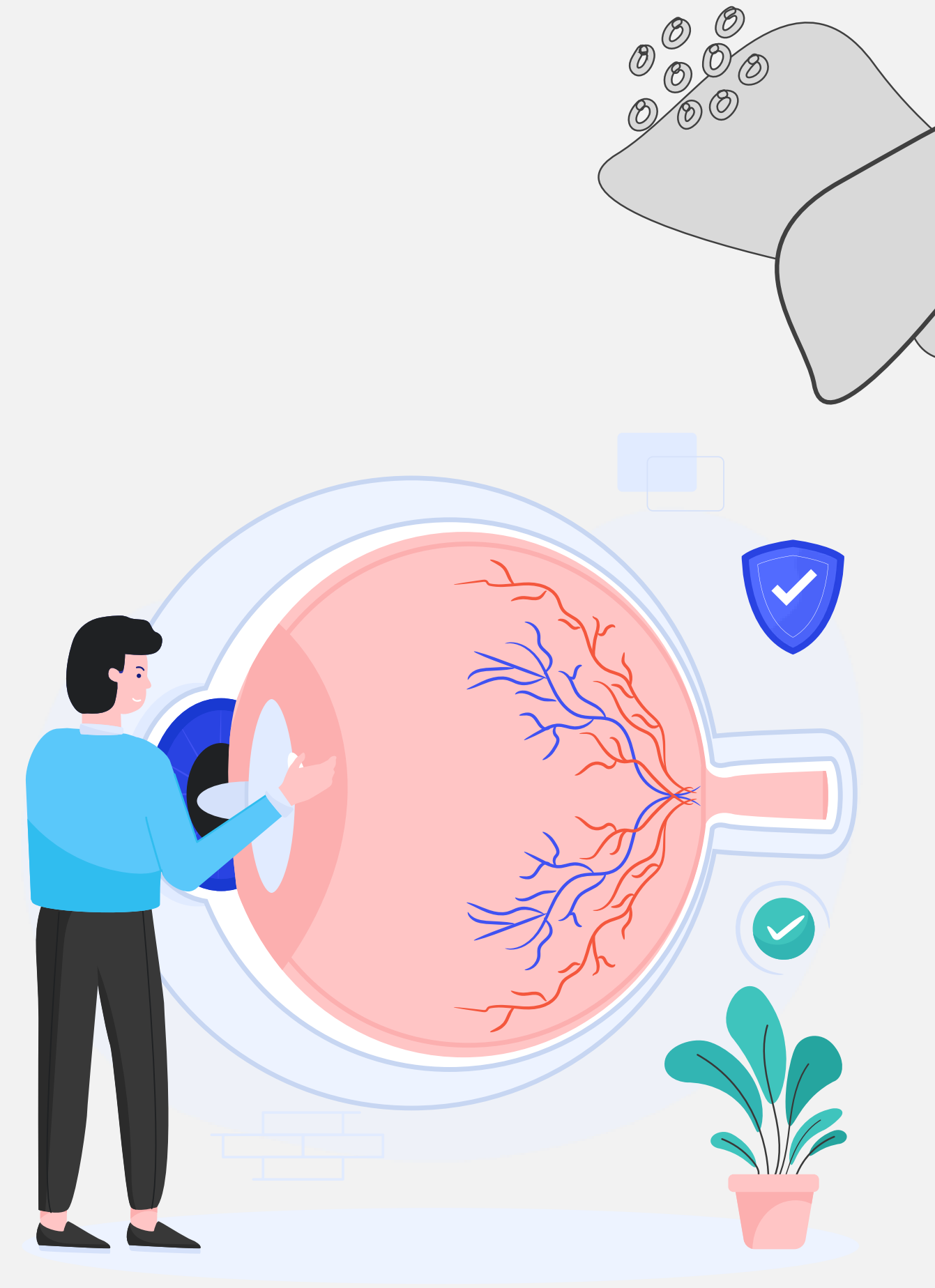


Diabetes and Eye Diseases

- Diabetes affects mainly the back lining of the eye called the retina. If the retina gets affected by the disease, a person will have problems with his/ her vision. Also, here the loss of vision is irreversible.
- It can also result in early cataract development and glaucoma.
- Encourage all the target population to get their regular eye examination as well as control their high blood pressure and diabetes through various means like lifestyle modification and/or medicines.

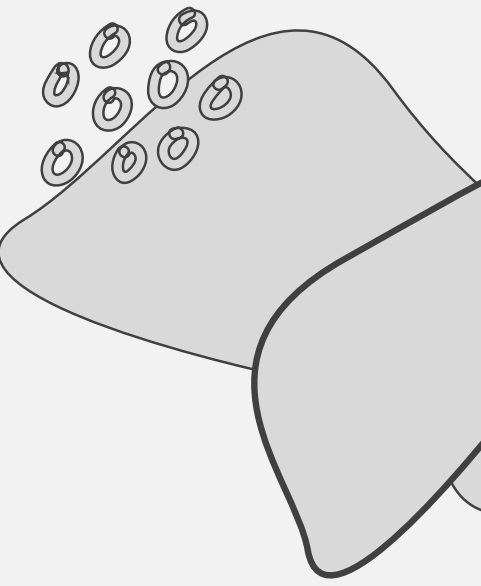
- The diabetic individuals will be referred to the MO at the nearest AB-HWCs or to Ophthalmic Assistant at Vision Centres for timely detection of diabetic eye diseases, if any.

- MO/OA will facilitate consultation of diabetic patients with Eye specialist/Eye doctor at an early stage, as required.

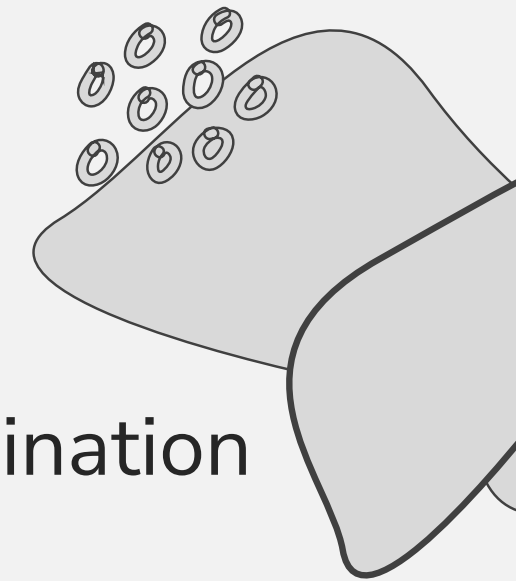




PREMATURITY AND EYES



- Babies that are born premature (before complete term) such as before 32 weeks of gestation or whose birth weight is less than 1500 gms, their retina (back lining of the eye) is not fully developed.
- These babies require an eye check-up within 30 days of birth so as to examine whether the retina is okay or not. If there is abnormal development, these babies can have blindness if not detected and treated early.



- Babies that are very low birth weight <1200 gm birth weight, an eye examination should be done earlier.
- Inform parents about the screening by RBSK Team- mobilize them and accompany them, if required for an eye examination.
- Ensure follow-up care of such children on a regular basis as advised by the referral centre.
- You along with the AF will support the ASHA in undertaking these activities.



SERVICE DELIVERY FRAMEWORK AND ROLE OF ANM/MPW IN EYE CARE

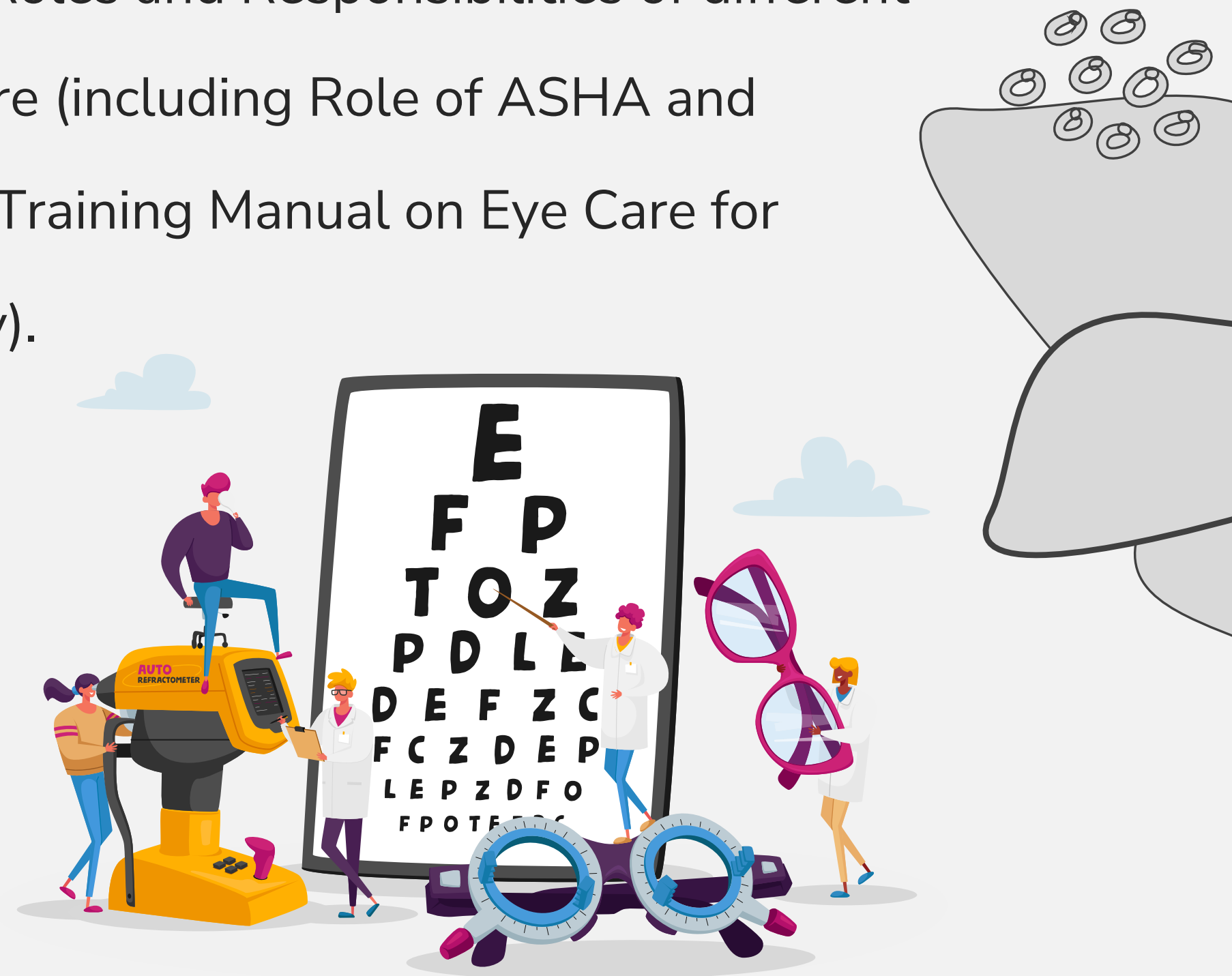
- As a part of the Ayushman Bharat- Health and Wellness Centre team, your key roles and responsibility is to ensure that Eye Care services are available and provided to the community in which you are working. It would require active cooperation of all the members in AB-HWCs team.

Your role is seen both at the community level and the AB-HWC level in both rural and urban areas.



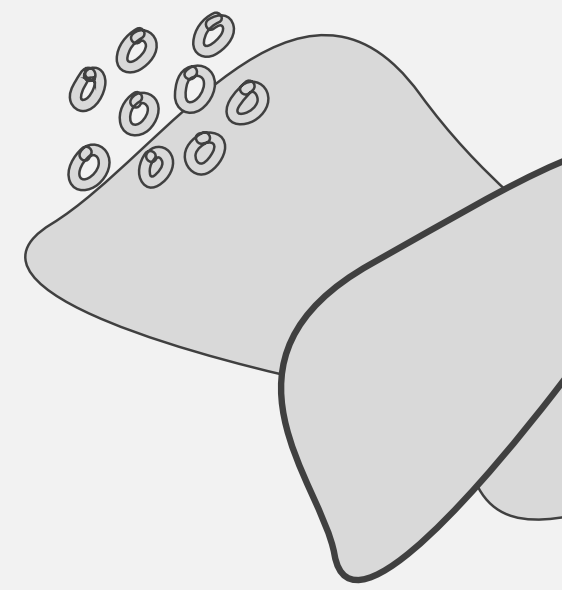


- Service Delivery Framework for Eye Care Services (eye health care services that are to be provided at different levels) and Roles and Responsibilities of different members of team at AB-HWCs for Eye Care (including Role of ASHA and ANM/MPW in Eye Care) is provided in the Training Manual on Eye Care for ASHA and MPW at AB-HWC, respectively).





QUESTION / ANSWERS



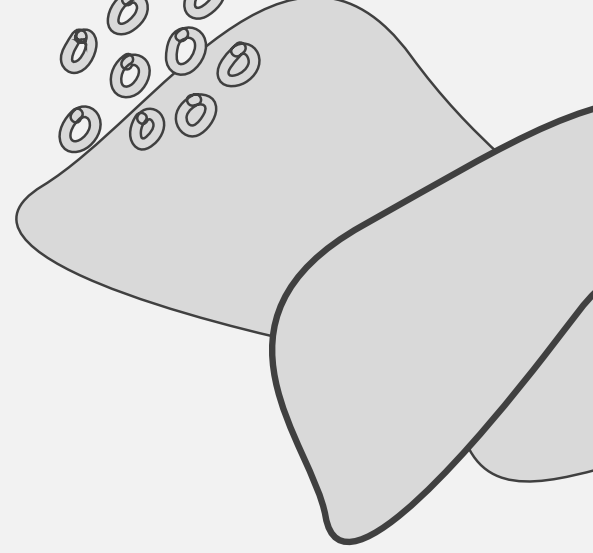
Q.1- True or False-

- a) A person having Nearsightedness can read a book clearly- T/F
- b) A 6/12 vision is far better than 6/9 vision- T/F
- c) Normally Conjunctivitis gets corrected on its own within 3-4 days without any medicine- T/F
- d) Colostrum is rich in Vitamin A- T/F
- e) Trachoma does not spread through houseflies- T/F

Q.2- Tunnel vision is seen in.....



QUESTION / ANSWERS



Q.1-True or False-

- a) A person having Nearsightedness can read a book clearly- **True**
- b) A 6/12 vision is far better than a 6/9 vision- **False**
- c) Normally Conjunctivitis gets corrected on its own within 3-4 days without any medicine- **True**
- d) Colostrum is rich in Vitamin A- **True**
- e) Trachoma does not spread through houseflies- **False**

Q.2- Tunnel vision is seen in **Glaucoma.**



Thank You

