ORTHOPTICS AND MY WORK IN UGANDA

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Uganda is found in Eastern Africa with a population of 34.5 million people. In this state, paediatric ophthalmology with Orthoptic services and training are very rudimentary. Of the 26 ophthalmologists in Uganda only 3 are paediatric ophthalmologists. The country has 2 actively practicing Orthoptists. I work in the central region and my colleague works in the western part of the country.

At the Mengo Hospital paediatric ophthalmology clinic, we have a team with one orthoptist, one low vision therapist and one paediatric ophthalmologist. We conduct a daily paediatric orthoptic clinic. Before 2011 we would have the orthoptic clinic for 2 weeks only once in a year. The patients were seen by a visiting German orthoptist who would visit us once a year. The patients were many but we didn’t have much to do until the visiting orthoptist would return.

There was a dramatic improvement when I completed my training in December 2010 and started practicing. Patients’ numbers have risen from 50 per year to 310 seen in the orthoptic clinic in 2011.
As a result of the accurate pre-op assessments by the orthoptist the number of strabismus surgeries have also gone up significantly.

**TYPES OF STRABISMUS CASES SEEN (DECEMBER 2010 TO NOVEMBER 2011)**

*Note: Others are (Duane’s retraction syndrome, detached muscles secondary to trauma, browns syndrome, restrictive strabismus, microtropia, Dissociated Vertical Deviation, Inferior oblique over action, Superior Oblique over action).*

**Total number of patients seen was 310**
In all the different types of strabismus mentioned above, most of our paediatric patients had developed amblyopia by the time of assessment. We are able to detect this problem early enough and start the children on amblyopic therapy which has greatly improved the children’s vision, making strabismus surgery a success.

Refraction is done and where necessary spectacles are given. However there are challenges on compliance with ambylopic therapy and wearing of spectacles where they are needed.

**PATIENTS WITH AMBLYOPIA SEEN 2007-2010**

**5 YEARS AND BELOW**
COMMON CAUSES OF AMBLYOPIA SEEN IN 2011.
ACCEPTANCE OF SURGERY

Counselling, health education programmes and best of all good post operative surgical results has helped our patients to gain confidence and made it possible for them to seek for medical and surgical treatment.

STRABISMUS SURGERIES DONE FOR THE LAST FIVE YEARS (2007-2011)
**CHALLENGES.**

1. Uganda lacks orthoptists. The available ophthalmologists would perform more strabismus surgery, if the orthoptists were available.

2. There are no mentors or experienced orthoptists to consult with complicated cases. We depend on one visiting German orthoptist who visits the country once a year for two weeks.

3. There is no continuing medical education or an established network for the available orthoptists to help them advance their knowledge and upgrade their skills. It is for this reason that I am attending the IOA congress to learn new advances and share my experience about the state of orthoptics in Uganda to help establish helpful links for both my profession and my country Uganda.

**PLANS.**
We need to plan with Uganda government through ministry of health to start training programmes for orthoptists.

The existing orthoptists have to give a positive picture to eye health workers to allay fears as orthoptics is regarded as a very difficult field of ophthalmology.