

CATARACT

CATARACT SURGICAL COVERAGE AND BARRIERS IN THE REPUBLIC OF MOLDOVA

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Aim: To describe Cataract Surgical Coverage (CSC) and barriers in the Republic of Moldova

Methods and Materials: Cataract Surgical Coverage, both for "eyes" as well as "persons", was calculated from RAAB survey conducted in 111 communities (towns/ villages) in the Republic of Moldova. A total of 3877 subjects out of the 3885 eligible subjects were examined. Data collection was done in selected clusters by house to house visits using a standard methodology of examination. Visual acuity, cause of vision loss, history of cataract surgery and cause of poor vision (if less than 6/60) were assessed.

Results: The blindness prevalence in the Republic of Moldova is 1.4% (95%CI 1.0-1.8) -13.693 people, the major causes of blindness being untreated cataract (58.2%),

The age and sex adjusted prevalence of cataract responsible for bilateral blindness (vision less than 3/60 in better eye) among the study population was 0.65% (males 0.54%, females 0.72%). The age and sex adjusted cataract surgical coverage (CSC) for persons with cataract responsible for vision less than 3/60 was 77.8% with similar rates among both sexes.

This study showed that financial problem (mostly indirect costs as travel expenses, etc) was the most important barrier (28,6%) to uptake cataract surgery.

Conclusions: The RAAB survey in the Republic of Moldova established that untreated cataract is the major cause of avoidable blindness in this area and the CSC increase with worsening of visual acuity, suggesting that persons undergo surgery in the later stages of cataract.

RESULTS IN CATARACT SURGERY WITH PHACOEMULSIFICATION AT PATIENTS WITH IFIS SYNDROME

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Purpose: To establish the tamsulosin effects during cataract surgery at patients with cataract.

Material and method: We studied a number of 25 eyes, with cataract, from 17 patients treated with tamsulosin for prostate benign hypertrophy. The patients were operated for cataract by phacoemulsification technique with intraocular lens implantation.

Results: In 80 % of cases we had a preoperative pupilar diameter of 3 mm. In 50% of cases, during the surgery we had a pupilar constriction in 10 to 15 minutes after the beginning of the surgery. In 85% of cases we had an iris flaccidity and in 15% of cases we had an iris prolapse at sideport levels. In 13 % of cases it was necessary to introduce iris retractors.

Conclusions: Cronical use of tamsulosin induce intraoperative difficulties which can increase the number of intraoperative complications.