Status of pediatric eye care in India

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Dear Editor,

We read the article, status of pediatric eye care in India[1] with keen interest. We have the following comments.

The authors felt that inpatient facility was necessary to qualify for the analysis as pediatric eye care providers. By doing so many pediatric eye care facilities in the private sector, who provide sizeable volume of eye care for children and function as ambulatory surgery centers may have been excluded. Some of us also conduct surgical camps in collaboration with local Zilla Parishad where more than 15 eye surgeries are performed each day as ambulatory surgeries under Sarva Shikshan Abhiyaan. It is only when a child < 1 year or having a congenital heart disease or other systemic morbidity is posted for eye surgery, that an inpatient facility is required. Such situations are managed well by having a pediatrician / neonatologist stand-by during surgery in the eye center followed by transfer and admission of the child in the neonatal intensive care unit (ICU) or pediatric ICU for few hours, for monitoring of the baby. Moreover, the authors have found that the private sector was accessed more often by clients for pediatric surgery than the government sector, and their involvement in service delivery for children was important.[1] Excluding the ambulatory surgery centers may seriously underestimate the status of pediatric eye care in India.

Endorsed by authors and stated by World health organisation (WHO), a pediatric team requires an ophthalmologist, optometrist and an anesthesiologist. We agree to the need of an anesthesiologist. However, we have not found the need of a pediatric trained optometrist much necessary as compared to the need of having a pediatrician / neonatologist as part of the team. Most surgical procedures performed in an infant and more so in a neonate require good coordination between the ophthalmic surgeon, anesthesiologist and a pediatrician. Anticipating and averting the complication of general anesthesia is a far more complex task where an ophthalmologist has to depend entirely on the anesthesiologist and the pediatrician. On the other hand, almost all the optometry procedures can be easily and rapidly carried out by the pediatric ophthalmologist himself.

The authors have stated that there have been no formal training for pediatric ophthalmology till recently. However, literature reports the opening of the first formal Pediatric ophthalmology and strabismus training center in India way back in 1990 which continues without interruption till date.[2]

The data in this study indicates that a pediatric cataract surgery was performed 5.1 times (range 3-7 times) more often than a squint surgery. This data is quite different than one would expect from a well developed, rather a mature pediatric eye care facility where a squint surgery is performed many times more than a cataract surgery in children. This fact should be obvious from the incidence of pediatric cataract (1 in 15/10,000)[3] compared to the squint (2.5 – 4 in 100),[4,5] or large number of patients with squint do not avail surgical correction due to reasons best known to them.

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