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15TH NATIONAL CONGRESS &
44TH ANNUAL SCIENTIFIC MEETING OF
INDONESIAN OPHTHALMOLOGISTS ASSOCIATION

“Universal Eye Health,
Where are we?”

September
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at Claro Hotel and Convention
Makassar, South Sulawesi



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**KONASIS
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***Materi
Simposium
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COMMUNITY OPHTHALMOLOGY PROGRAM IN WEST SUMATERA

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Ophthalmology Department Faculty of Medicine Andalas University/ Dr M Djamil Hospital/
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Abstract

Community ophthalmology, also known as public health ophthalmology or preventive ophthalmology involves preventive, curative, promotive, and rehabilitative activities, making it a holistic approach. In order to develop a program in community ophthalmology, the initial planning must include a thorough epidemiologic and demographic assessment to define the extent of blindness within the community. In Indonesia, based on Rapid Assessment of Avoidable Blindness study, the prevalence of blindness in people with age more than 50 years old was 3% and mainly caused by cataract. In West Sumatra province itself, the prevalence of cataract was 2,3% and mass cataract surgery was the important strategic method to decrease the prevalence of blindness. In the last one year period, ophthalmology department of Andalas University had conducted several times social services of mass cataract surgery in remote area of West Sumatra province. In period of 2017 until 2018, there were total of 212 patients had received cataract surgery which was mainly extracapsular cataract surgery with intraocular lens implantation. Visual acuity better than 6/18 in the day after surgery was found in 53.7% patient. Improvement of ophthalmology resident surgical skill and also provision of supporting facilities such as for biometric measurement is essential to increase percentage of patients with good visual acuity after mass cataract surgery.

Keywords : mass cataract surgery, west sumatra

PENDAHULUAN

Oftalmologi komunitas, disebut juga oftalmologi kesehatan masyarakat atau oftalmologi preventif meliputi program preventif, kuratif, promotif dan rehabilitatif. Aktivitas di bidang oftalmologi komunitas berupa pencegahan kebutaan, konservasi penglihatan, bakti sosial, dan rehabilitasi para penderita tuna netra agar dapat mandiri baik secara sosial maupun finansial. Oftalmologi komunitas mengubah sudut pandang pelayanan kesehatan mata dari pelayanan kesehatan individu menjadi pelayanan kesehatan berbasis masyarakat. Oftalmologi komunitas merupakan pendekatan manajemen kesehatan dalam pencegahan penyakit mata, menurunkan tingkat morbiditas penyakit mata, dan mempromosikan kesehatan mata melalui partisipasi masyarakat aktif dimulai dari lapisan bawah dimana masyarakat tinggal dan bekerja.¹⁻³

Pada ilmu kedokteran komunitas, terdapat lima tahap dari pencegahan dan kontrol suatu penyakit yaitu:^{1,3}

1. Promosi kesehatan positif: melalui edukasi kesehatan, higienitas lingkungan dan asupan diet dan nutrisi yang sehat.
2. Pencegahan penyakit spesifik: melalui imunisasi dan suplementasi vitamin A pada anak-anak dan juga pada ibu hamil.
3. Diagnosis dini dan terapi: melalui sistem skrining dimana penyakit seperti katarak dapat didiagnosis pada stadium awal dan diterapi untuk mencegah kebutaan pada stadium lanjut.
4. Kontrol disabilitas: pada penyakit seperti glaukoma dan retinopati diabetik dimana penglihatan normal dapat tidak kembali normal dengan terapi optimal namun besarnya derajat disabilitas dapat dikontrol hingga kondisi yang sedapat mungkin memungkinkan penderita untuk menjalankan aktivitas kehidupan sehari-hari dengan baik. Hal ini dapat

dicapai dengan meningkatkan kesadaran masyarakat melalui edukasi kesehatan dan menjamin penggunaan pelayanan yang ada dengan semaksimal mungkin, salah satunya dicapai dengan penggunaan pelayanan low vision.

5. Rehabilitasi: terutama pada penderita dengan kebutaan absolut dan ireversibel yang memerlukan dukungan sosial dan finansial. Program rehabilitasi dapat mendukung seorang tuna netra dalam menjalani berbagai aspek kehidupannya secara mandiri.

Di Sumatera Barat, program oftalmologi komunitas sendiri baru berjalan pada tiga tahap pertama yaitu promosi kesehatan mata seperti kampanye glaucoma week setiap tahunnya, pencegahan penyakit campak melalui imunisasi dan pencegahan penyakit xerophthalmia melalui suplementasi vitamin A dan diagnosis dini dan terapi penyakit katarak melalui kegiatan bakti sosial operasi katarak masal ke daerah-daerah terpencil. Pelayanan low vision sendiri di Sumatera Barat masih sulit diakses oleh sebagian besar masyarakat dan hanya terdapat di ibukota propinsi sehingga untuk meningkatkan program kontrol disabilitas dan rehabilitasi masih memerlukan peningkatan jumlah sumber daya manusia maupun fasilitas sehingga para penderita tuna netra dapat memiliki kualitas hidup yang lebih baik. Program skrining kelainan refraksi pada anak-anak masih terbatas di sekolah-sekolah di kota-kota utama di Sumatera Barat disebabkan terbatasnya jumlah sumber daya manusia yang diperlukan terutama tenaga refraksionis optisien. Untuk meningkatkan cakupan skrining kelainan refraksi, pada saat dilakukan skrining penderita katarak di daerah-daerah terpencil juga dilakukan pemeriksaan visus dan refraksi di sekolah-sekolah pada daerah tersebut.

PROGRAM PENANGGULANGAN KEBUTAAN DI SUMATERA BARAT

Sekitar 80% gangguan penglihatan dan kebutaan di dunia dapat dicegah dimana 51% disebabkan oleh katarak. Dua penyebab terbanyak adalah gangguan refraksi dan katarak, yang keduanya dapat ditangani dengan hasil yang baik dan cost-effective di berbagai negara termasuk Indonesia. Prevalensi kebutaan di Indonesia berdasarkan survei Rapid Assessment of Avoidable Blindness (RAAB) pada tahun 2014-2016 yaitu sebesar 3% dengan penyebab kebutaan terbanyak adalah katarak dengan prevalensi sebesar 81%. Prevalensi kebutaan di Sumatera Barat berdasarkan survei RAAB yaitu sebesar 1,7% dengan prevalensi katarak sebesar 86,7%. Prevalensi katarak di Indonesia terlihat sangat jauh melebihi prevalensi katarak di dunia sehingga program pemberantasan buta katarak menjadi salah satu prioritas dalam upaya menurunkan angka kebutaan di Indonesia.^{4,5}

Program pemberantasan buta katarak di Sumatera Barat terutama dengan mengadakan bakti sosial operasi katarak masal dengan cuma-cuma bagi masyarakat tidak mampu. Program ini tetap dibutuhkan karena meskipun saat ini pemerintah sudah menyediakan universal health coverage melalui program jaminan kesehatan nasional namun masih banyak masyarakat di daerah terpencil dan perbatasan yang tidak mampu untuk mengikuti dan membayar premi iuran asuransi sosial tersebut dan juga ketiadaan biaya untuk menjangkau pusat pelayanan kesehatan mata di kota kabupaten karena jauhnya jarak fasilitas kesehatan dengan tempat tinggal pasien. Namun program bakti sosial operasi katarak masal tersebut tidak berjalan secara rutin pada suatu daerah dan bersifat insidental sehingga proses skrining katarak tidak berjalan optimal dan menyebabkan backlog katarak di daerah terpencil tersebut. Selama periode tahun 2017 hingga 2018, bagian Ilmu Kesehatan Mata Fakultas Kedokteran Universitas Andalas telah menyelenggarakan beberapa kegiatan bakti sosial di beberapa daerah terpencil di Sumatera Barat yaitu Dangung-Dangung, Mungo, Pangkalan, Pauh Kambar, Tapan dan Pasaman Barat. Total pasien yang dilakukan operasi yaitu sebanyak 212 orang pasien dan sebagian besar operasi menggunakan teknik EOOE (extracapsular cataract surgery).

Angka ini masih jauh dibawah kebutuhan operasi katarak di Sumatera Barat yaitu sebesar 1,7% (14.329 orang). Visus hari pertama pascaoperasi lebih baik dari 6/ 18 didapatkan pada 53,7% sedangkan visus lebih buruk dari 3/60 didapatkan pada 25.4% pasien. Hal ini memerlukan perhatian serius dalam upaya meningkatkan perbaikan visus pasien pascaoperasi. Diperlukan pelatihan ketrampilan bedah yang lebih intensif bagi para residen spesialis mata agar saat mereka terjun ke lapangan para residen lebih siap dalam melakukan operasi dan mengatasi komplikasi-komplikasi yang dapat terjadi intraoperatif. Transisi teknik operasi katarak menuju fakoemulsifikasi juga penting untuk diperhatikan karena selain mempercepat rehabilitasi visus pasien juga mempercepat waktu operasi per pasien sehingga semakin banyak juga target operasi yang dapat tercapai saat bakti sosial operasi katarak masal. Namun untuk beralih ke teknik fakoemulsifikasi juga diperlukan dukungan fasilitas dan dana yang besar sehingga teknik SICS (small incision cataract surgery) merupakan alternatif yang menarik dalam rangka meningkatkan cataract surgical rate.^{4,6,7}

Keberadaan suatu unit mobile untuk pelayanan kesehatan mata di daerah terpencil sangat dibutuhkan untuk menjangkau masyarakat yang tidak mampu untuk pergi ke pusat pelayanan kesehatan mata. Unit mobile tersebut juga mampu untuk melaksanakan kegiatan operasi katarak sehingga tingkat capaian cataract surgical rate dapat meningkat karena dengan sistem jemput bola antusiasme masyarakat untuk menjalani operasi katarak dapat meningkat karena kendala finansial dan transportasi dapat teratasi. Namun untuk mengadakan suatu unit mobile di tiap-tiap daerah terpencil masih terkendala dengan penyediaan sumber daya manusia maupun sarana dan prasarana yang dibutuhkan. Jumlah dokter spesialis mata maupun residen mata senior yang sedikit disamping kurangnya jumlah sarana moda transportasi dan mikroskop operasi menyulitkan untuk terselenggaranya unit mobile tersebut untuk daerah-daerah terpencil di Sumatera Barat.^{4,6,7}

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KEYNOTE LECTURE:

WHAT FOLLOWS VISION 2020? THE DIRECTION OF GLOBAL EYE CARE IN THE NEXT DECADE

Peter Holland

The talk will cover the successes and changes achieved over the course of VISION 2020; the challenges we now face in eye health including global population growth and aging, the rising wave of myopia and high myopia, and NCDs; the importance of eye care to achieving the Sustainable Development Goals; and the policy agenda to integrate eye care as a core part of Universal Health Coverage which will be set by the World Report on Vision.

GLAUCOMA IN PRIMARY CARE SETTINGS

Shamanna B R

Professor, School of Medical Sciences, University of Hyderabad, India

Glaucoma is the second leading cause of blindness in the world accounting for up to 8% of total blindness. It is estimated that more than 90 % of cases of glaucoma remain undiagnosed in the community due to its silent and incipient nature. There is a need to identify glaucoma early in order that its progression is stopped and its impact on sight loss and consequences minimised.

Although glaucoma can affect anyone in any age group, some individuals are at higher risk than others. Common risk factors include elevated pressure of the eye, age over 40 years, individuals with a family history of glaucoma, use of steroid-containing medications (eye drops/ pills/inhalers/ skin creams), those with higher refractive error (power) of the eyes, patients with history of blunt eye injury, history of hypertension and diabetes. Though raised pressure of the eye (pressure maintained by fluid in the eye) is an important risk factor, a few individuals can develop glaucoma even with normal pressure of the eye and hence identifying it early and in the community settings becomes paramount.

Glaucoma management aims at maintaining the vision related quality of life of the patient throughout his/her lifetime with minimal possible medications which can be sustained as it is a lifelong measure. It is very important also to emphasize compliance and the need to control the disease process so that further damage to the optic nerve can be prevented. As there is no cure for glaucoma, the treatment cannot restore visual loss but only prevent further deterioration

Modalities of how glaucoma identification, screening and surveillance in primary care settings is undertaken in resource limited settings will be presented during the talk in the conference.

QUALITY OF LIFE IN GLAUCOMA PATIENT

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The goal of currently available glaucoma management is prevent visual loss and disability in future. Glaucoma significantly affects the Quality of Life (QoL) that can be affected by decreasing visual field, decreasing visual acuity, side effect of medication, hospital visit, and psychological effect. QoL is important for Ophthalmologists to bridge gap between perception and patient values. Ophthalmologists must be aware and concern about glaucoma progression and prognosis regarding the patient QoL in the future. In addition, the most important thing about understanding QoL in glaucoma patient so they can get better social life.

Keywords: Glaucoma Patient, Ophthalmologist, Quality of Life.

Introduction

Glaucoma is one of the biggest contributor to blindness and the second leading cause of visual loss in the world.¹ The most common type of glaucoma is primary open-angle glaucoma. WHO state that the incidence of primary open-angle glaucoma in the world is around 2.4



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