THE KSOS connect

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Dr. Jayadevan
'Associating with an Association man'



Dr. Jayadevan is a very familiar face of ophthalmology in Palakkad. As one of the senior most active practitioners in the district he commands the respect of colleagues and patients alike with his humble and helpful attitude. Age has not withered him and even though he has cut down practice hours he is otherwise fully engaged, traveling the length and breadth of the country with his wife. I had the pleasure of getting to about him and his life, in his comfortable laidback house in Alathur, Palakkad.

About childhood and early education:

I was born on 30/01/1955 at Pattazhy, a rural village in Kollam district to Sri Parameswaran Nair &Smt. Jagadamma. As my father was an employee of the AG's office Thiruva nanth zapuram, my childhood and education upto Graduation was at Thiruvananthapuram. The schooldays at Government Model High School paved the way for abrilliant career ahead. My classmates included some very successful people like Kris Gopalakrishnan (Infosys), Bharath Bhushan(Rtd. Chief Secretary) and Jagadish (Filmstar).

About higher education and marriage:

I did my pre-degree at Government Arts College and then joined medicine at Medical College,Thiruvananthapuram (1972-77).I was just senior to our own past President, Dr Mahadevan in all these institutions.It was from there that I met my wifeIndiralakshmy, a native of Mayannur, Thrissur. She was a nursing student at College of nursing, while I was a house surgeon. After a 'sub-clinical' romance she became my life partner three years later, in 1980.

After graduation, Ijoined as an Assistant Surgeon in the Kerala Health Services. However, within a short period I got admission for post-graduation at Govt Medical College, Kozhikode (1982-83). I left Thiruvananthapuram with great sorrow, as that beautiful city influenced my childhood and youth so much. However, the home sickness melted away soon as I started loving Kozhikode. The innocent people, Mittayi Theruvu (sweet meat street), beach and other attractionsmade me feel at home. Unlike in other departments, the faculty of the Ophthalmology Department at Kozhikode were extremely friendly to the post-graduate students.

Professors, Dr. Prabhakaran, Dr. Muthiah, Dr. K.B. Venugopal,Dr Venkita-chalamand others always showed a helping attitude. Venu sir always had an affectionate attitude to me. We had a deep bonding between the PGs also. The mobile unit at that time served an area between Nethravathy at the north to Bharathapuzha at the south. Dr. Chakravarthy who was in charge was more like a friend than teacher.





Interviewed by Dr Rajesh Radhakrishnan

He gave full freedom to us in the diagnosis and management of patients in camps. Those were the days when cataract surgeries were done in makeshift theatres in schools. The PG period flew like a sweet song andafter finishing my post-graduation I was posted at Taluk hospital,Chittur in Palakkad district as an Ophthalmologist on the Christmas day of 1983!

About career in ophthalmology

Last three decades have seen drastic developments in medical science in general and especially, Ophthalmology. Gadgets like auto-refractometer and microscopes changed the pattern of examination. From ICCE to ECCE, then SICS and Phacoto Microphaco rapid changes have taken place in the way we manage our 'bread and butter' surgical procedure. The newer generation of ophthalmic surgeons will find it hard to believe that we performed cataract surgeries with naked eye and a torch! My eyes filled with tears of joy when an aphakic old man whom I had operated more than three decades back visited me recently and read 6/9 in his nineties!

The work of an Ophthalmologist in Health Services does not confine to the specialty alone. Turn duty in casualty, medico-legal cases, VIP duties, court duties, post - mortems, episiotomy suturing & schoolhealth programs made us busy24 hoursall year round! We did not have the time orfacility for research work and the opportunities for updating knowledge was very less. I used to attend almost every CMEs inside the state andoutside,despite monetary restrictio-ns.CMEs were very few in those days; just one or two per year. I have attended all KSOS annual conferences from 1984. In between, I also found some time to attend training in RP Centre New Delhi, RIO Thiruvanathapuarm and LF Angamaly, thanks to NPCB.

In the 90s mega school screening camps were being conducted. Since the number of ophthalmologists were less I had travelled the length and breadth of Palakkad district from Parambikulam to Attappadyfor these camps. I had the good fortune to examine lakhs of children, give spectacles for the needy& correct many of their ailments. In spite of the work load this gave immense satisfaction& contentment. As I like travel the most , I really enjoyed the two years in the mobile eye unit Palakkad.

Other activities outside ophthalmology

Even though workload was heavy, I have always found time for extracurricular activities. Travel, Photography, Cartoonsand association activities are my hobbies. One day per week was kept free for an outing with family. I was managing editor of KGMOA journal for two years (2001 & 2002). Even after retirement I am a special invitee for the State Committee of KGMOA. The last page cartoon in KGMOA Journal is celebrating Silver Jubilee this year. Cartoons also appear in Tacopsia, the newsletter of TACO. I would like to remember Krishnankutty sir of Thrissur who compelled me to join TACO& Dr BabuKrishnakumar for compelling to draw "Ophthalmology related "cartoons.

I joined KSOS in1987 & AIOS in 1991. I took initiative in 2005 to form what was then, Palakkad Ophthalmic Society (POS) along with Dr Rajagopalan Nair and other sincere members from Palakkad. It is now the Palakkad Society of Ophthalmic Surgeons (PSOS). In 2007 the POS conducted Drishti 2007 at Palakkad which was a grand success. It still gives me great satisfaction as I was the Chairman of Drishti 2007. I have also held the posts of President and Secretary of PSOS, Executive committee member of KSOS for two terms, and Chairman Souvenir committee of Drishti 2019. Have been active in IMA for the last three decades and became the Senior Vice President of Kerala State in 2016.

Post-retirement and family life

I retired as DMO, Palakkad in 2008. Since retirement I have limited my practice to four hours daily. Now travelling is the main hobby and I have travelled the length and breadth of Kerala.I have also travelled to eighty percent of Indian states andtwenty five percent of the world! As a nature lover I have visited almost all wildlife sanctuaries and national parks in Kerala.

Of my two children, mydaughter Dr. Sreeja is an Ayurvedic Physician working in Government Health Services at Sholayur, Attappady. She is settled in Coimbatore with her husband.My son Dr. Sreekumar, Phd is Assistant Professor at IIT Ropar, Punjab.

All that I have performed and gained in my life, the first part upto marriage is dedicated to my parents. The second part after marriage, 40 years is dedicated to my wife , Indiralakshmy. I call her house manager (not housewife). She has been managing the A to Z



(Contd. Page 18)

From the desk of the President, KSOS...



Respected Seniors, Dear Friends and Colleagues,

COVID-19 Pandemic, as we all know has hit us hard and is still making

as gasp for our breath ."Break-the -chain" lock down has reduced even

the most incurable workahalics amongst us to idle stay-at-home

ineffectual physicians looking for things to do. I am also in the same

boat but had taken a resolution soon after lock down to

1. Complete as much of pending academic activity as possible....reading, referring, writing, tabulating and in the process learning and keeping busy
2. Trying to formulate strategies to keep the equipments in good working condition....taking atleast one printout from the machines weekly, seeing to it that the autoclaves and RO plants are dry, activating the HVAC and the VRF units atleast thrice weekly
3. Thinking about what "post Lock Down" will bring..... moratorium, EMI's, AMC's and CMC's expensive consumables whose consumption rate is going to be really slow, everything which points to cutting costs, protecting ourselves, our staff and patients from community spread of the Virus.
4. Thinking about a protocol to clean and fumigate the OT and its premises before routine surgery is restarted. There seems to be so much to think about and no defenite dawn in sight in the horizon.

I know that all of us are in the same boat. We are luckier than the

Internists who have plunged headlong into the battle field whole

heartedly . I see my elder brother, HOD of Medicine at MCH,TVM

stressed beyond the limits for the past 8 - 10 weeks, living through

it all bravely with words of advice, praise or shouting reprimands

over the phone to his colleagues in the short time he visits us daily

to get a glimpse of our 90 yr old mother from the entrance door of our

flat...she needs to see him to reassure herself that he is fine.

.....we've definitely luckier..... we're only at the fringe of

this deadly scourge. So let us thank our stars and think positively

about our future. Here are some positive things that KSOS has achieved

during lock down or are our targets to achieve in the immediate future

1. The KSOS executive held its first zoom video meeting on 5th (Sunday) April.
2. We have written to the Bankers Council, Health Minister and Health Secretary for a moratorium for 6 Months. All of us who are burdened by EMI's can forward this communication along with a covering letter to our respective bank.
3. A definite plan to procure and makes available 3ply and N95 masks, examination gloves etc at a relatively cheaper and affordable rate-Mind you we will definitely need them Post Lock down
4. Zoom-in Update services for PG Student starting from Wednesday. We are starting with Dr Arup Chakrabarti on Capsular Complications
5. Our FB-(Patient Interface) page is going up and educational videos from members are most welcome You can forward them to my e-mail id
6. KSOS members with expertise in hospital management, OT sterilization and instrument maintenance will formulate a strategy for all of us to follow"Post lock down" to protect ourselves, our staff, the patients and also from Medical legal issues

Friends we are in it together.....we will think positive.....we will survive!!!

My best wishes and prayers for all of you

Signing off

Dr. Meena Chakrabarti

Secretary's Report



Greetings from KSOS,

Everyone in the world is going through tough situations at this COVID 19 times, be it doctor or people in any strata of life. We ophthalmologists are also facing peculiar problems pertaining to our work. This is unprecedented and not even thought about in the past. Some of the repercussion in KSOS include

1. Cancellation of all CME programs from March 15. This may extend for few months since large gatherings are not advised in the current situation. Hopefully by the latter half of the year things will improve and we will have a glorious Drishti 2020. We will keep the fingers crossed. Sponsorships will be difficult to come because the industry also is facing the financial crunch. It may be advisable to defer the small-scale CMEs this year so that our Drishti 2020 goes unhindered. In this situation KSOS is trying to arrange virtual small CMEs with cloud meeting. This will be planned by our scientific committee chairman.
2. All of us are facing financial problems due to lockdown. KSOS has given representation to bankers for moratorium on EMI. Please note it will be only deferring payment on loans and interest will accumulate. We are awaiting RBI guidelines to help doctors.
3. KSOS family meeting will be postponed to a later safe date
4. Everyone is wary of working in the Corona times especially ophthal mologists. AIOS and IMA are coming out with guidelines which are modified from time to time. We have to adhere to these tightly.
5. KSOS is trying to procure masks, both N95 and 3 layer ones, gloves and PPE sets at a reduced rate. Negotiations are being made. We will keep the members informed about it after getting a rough idea of requirement and transport methods.
6. KSOS executive committee is meeting from time to time by cloud virtual methods and discussing. Probably in future virtual executives and general bodies will have to be allowed officially after resolutions in annual general body.
7. KSOS Facebook page is up where we will have materials for public awareness programs about NCD which is the presidents project for the year

   Also, the Nilambur house project for flood relief is getting almost over thanks to Dr Vinod Kumar. We will have official handing over after COVID Lockdown.

Once the situation improves we will have the special general body for ratification of change of venue for Drishti and for KSOS manual.

That is all. Before saying bye, stay safe .....Hope all will be well soon

Jai KSOS

Dr Mahesh G
Hon General Secretary, KSOS

Treasurer's Report



Most of the district ophthalmic clubs have paid their affiliation fees for the year. The audited accounts for the year ended march 2019 was filed and submitted to income tax department on 28.10.2019.The compilation of accounts for the year ended march 2020 is in the final stage and the internal audit for the same which was scheduled to be conducted in April 2020 stands delayed due to lockdown under Covid-19 and the same will be conducted once the lockdown is lifted and operations appear to be normal. We are happy to inform that the 12A registration certificate was allotted to us by income tax department vide order dated 29.08.2019.We have deployed a temporary staff, Mr.Dhiraj, a semi qualified CA, in our office with regular timings on fixed days, who coordinates with our chartered accountants regarding all tax matters like GST, Income Tax, TDS etc.

Dr. Bastin V A
Treasurer KSOS

Scientific Committee



Dear colleagues,

It is really unfortunate that Covid-19 has derailed all our daily routines. But it is time to show restraint and act accordingly to deal with the crisis.

Most of the CMEs and awareness programmes had to be rescheduled due to this crisis. Hopefully it is not going to affect our annual conference.

The preparation for the scientific programmes for Drishti 2020 has started. The submission of instruction course will start by 1st April 2020 and close by 15 May 2020. The following is the time line.

	Scientific committee time line 2020	
1	Call for submission of Instruction Courses	01-04-2020
4	Last date for submission of Instruction Courses	31-05-2020
5	Call for Free paper / Video	01-06-2020
6	Last date for submission of Abstract for FP / Video	30-06-2020
7	Video/ Poster PDF submission	31-08-2020
8	IC acceptance communication by Email/WA	30-06-2020
9	FP/Video acceptance communication - By email	31-07-2020
10	Last date to submit full text of FP	31-08-2020
15	Souvenir printing matter to be ready latest by	30-10-2020
16	Sc: Programme for canvas printing to be ready by	15-11-2020

Regards,
Dr Rajiv Sukumaran
Chairman Scientific committee

KJO Editor's Report



Dear Friends,

It's a great honour indeed, to have been elected, unopposed, as the Chief Editor of the Kerala Journal of Ophthalmology. And to this I must give the main credit to my predecessor, Dr Bastin, who was instrumental in my entering this field, as Associate Editor for the two years during his tenure. I thank all the members of KSOS for having reposed their faith in me to continue for another two years.

My first job was to select an Editorial Board and after careful consideration, I have been able to get the right mix of the experienced and not so experienced, but eager to learn members with the right attitude, for the same. The work on the first issue of the year 2020 is now almost over thanks to the untiring enthusiasm and cooperation of the editors and to the constant help and encouragement I have received from various senior members of KSOS as reviewers and advisors.

KJO is now receiving articles on a regular basis, some good and some not so good. However the main contribution is unfortunately from other states. I request all our members to support our own journal and submit quality research, review and meta analysis articles so that we can move ahead in our indexing process. According to the report received from our publishers, the new rules for higher indexing and inclusion in the 'Web of Science' require high citations activity of our journal.

Hoping to release the first issue on time, in the first week of April, if no unfortunate delays occur due to the present pandemic crisis.

Dr. Sudha V.

Website Report



The activities in our website is in a dull phase as there are practically no new members joining and as all CME has been put on hold. Few suggestions received from our members are being incorporated in our website. But inspite of the lockdown, the web site has been opened up for abstract submission of instruction courses for Drishti 2020 on 1st of April., As a part of public awareness and education programme initiated by our President, KSOS FB page is ready to be operational. We can all send videos or write ups of topics of ophthalmology of interest to the public to me or Dr. Rajiv Sukumaran which can be professionally edited and shared in our page. Please visit our website and share your feed backs and suggestions.

Dr Jain Chimmen

KSOS VISION ENHANCEMENT PROJECT

In partnership with

AMARDEEP DIYA EYE HOSPITAL KOLLAM
COMTRUST CHAITABLE EYE HOSPITAL KOZHIKODE
I VISION EYE HOSPITAL, THRISSUR

Dr. Mohan Ipe

It is my pleasure to place on record the performance of our prestigious Vision Enhancement Project Centers. The formal inauguration was done at Kozhikode by Sri KaithapramDamodaranNampoothiri on July 11, 2019. We are slowly gaining acceptance and ground towards our goal.

The team leaders and the trained optometrists are putting an extra effort to the smooth functioning of the centers. Their sincere devotion is appreciated.

During the period ending on 31st December 797 patients reported with low vision. 547 (68.6%) Low Visual Aids were dispensed. 217 (27.2%) did not have any significant vision enhancement and 33(4.2%) were not willing for LVA.

For the details please refer to the chart. Thank you.

KSOS VISUAL ENHANCEENT CENTERS
in parnership with
AMARDEEP COMTRUST I VISION 2019 JULY TO 31st DECEMBER

DIAGNOSIS	DIAGNOSIS		LVA Dispensed		No Visual Enhancement		Not willing	
	Number	%	Number	%	Number	%	Number	%
ABSOLUTE GLAUCOMA	1	0.13			1	100.00		
ADEM	1	0.13	1	100.00				
ADHERENT LEUCOMA	4	0.50	4	100.00				
ALBINISM	7	0.88	7	100.00				
AMBLYOPIA	1	0.13			1	100.00		
AMD	7	0.88	7	100.00				
ANIRIDIA	4	0.50	3	75.00	1	25.00		
APHAKIA	1	0.13	1	100.00				
ARMD	32	4.02	28	87.50			4	12.50
BARTER SYNDROME	1	0.13			1	100.00		
BRVO	12	1.51	12	100.00				
CENTRAL SCOTOMA	1	0.13	1	100.00				
CHORIORETINAL ATROPHY	1	0.13			1	100.00		
CHORIORETINAL DEGENERATION	1	0.13			1	100.00		
CHORIORETINAL SCAR	1	0.13			1	100.00		
CHOROIDAL DETACHMENT	1	0.13	1	100.00				
CME	12	1.51	8	66.67			4	33.33
CNVM	28	3.51	20	71.43	1	3.57	7	25.00
COLPOCEPHALY	1	0.13			1	100.00		
CONE DYSTROPHY	3	0.38	2	66.67	1	33.33		
CONE ROD DYSTROPHY	1	0.13	1	100.00				
CORNEAL DECOMPENSATION	1	0.13			1	100.00		
CORNEAL DYSTROPHY	3	0.38	3	100.00				
CORNEAL FUCH'S DYSTROPHY	1	0.13	1	100.00				
CORNEAL OPACITY	1	0.13	1	100.00				
CORTICAL CATARACT	1	0.13	1	100.00				
CROUZON'S SYNDROME	1	0.13			1	100.00		
CRVO	4	0.50	4	100.00				
CRVO POST	1	0.13	1	100.00				
CSME	13	1.63	12	92.31	1	7.69		
CSR	2	0.25	2	100.00				
CVI	136	17.06	16	11.76	120	88.24		
DANDY WALKER SYNDROME	1	0.13			1	100.00		
DEFECTIVE VISION	3	0.38	3	100.00				
DELAYED MILESTONE	2	0.25			2	100.00		
DEVELOPMENTAL DELAY	6	0.75	1	16.67	5	83.33		
DIABETIC MACULOPATHY	2	0.25	2	100.00				
DISC PALLOR	6	0.75	5	83.33			1	16.67
DME	1	0.13	1	100.00				
DOWN'S SYNDROME	2	0.25			2	100.00		
DR	19	2.38	19	100.00				
DRUSEN	1	0.13	1	100.00				
DRUSENOID PED	1	0.13	1	100.00				
ERM	11	1.38	11	100.00				
ESOTROPIA	2	0.25			2	100.00		
ETHAMBUTOL TOXICITY	1	0.13	1	100.00				
FTMH	7	0.88	6	85.71			1	14.29
FUCHS DYSTROPHY	1	0.13	1	100.00				
GLAUCOMA	15	1.88	10	66.67	4	26.67	1	6.67
GLAUCOMA NEOVASCULAR	1	0.13			1	100.00		
GOA	1	0.13	1	100.00				
HEMIANOPIA	2	0.25			2	100.00		

HOMONYMOUS HEMIANOPIA	3	0.38	1	33.33	2	66.67		
HYPERMETROPIC ASTIGMATISM	2	0.25	2	100.00				
IRIS ATROPHY	2	0.25	1	50.00	1	50.00		
IRIS BOMBE	1	0.13	1	100.00				
KERATOCONUS	2	0.25	2	100.00				
KERATOPLASTY	1	0.13	1	100.00				
LATERAL RECTUS PALSY	1	0.13	1	100.00				
LATTICE DEGENERATION	3	0.38	3	100.00				
LEBER'S CONGENITAL AMAUROSIS	1	0.13			1	100.00		
LHON	3	0.38	1	33.33	2	66.67		
MACULAR ATROPHY	6	0.75	5	83.33	1	16.67		
MACULAR DEGENERATION	9	1.13	8	88.89	1	11.11		
MACULAR DYSTROPHY	3	0.38	2	66.67			1	33.33
MACULAR HARD EXUDATES	2	0.25	2	100.00				
MACULAR HOLE	5	0.63	5	100.00				
MACULAR LESION	2	0.25	1	50.00			1	50.00
MACULAR OEDEMA	7	0.88	7	100.00				
MACULAR PIGMENTS	2	0.25	2	100.00				
MACULAR SCAR	14	1.76	13	92.86	1	7.14		
MACULAR TELENGIECTESIA	1	0.13	1	100.00				
MACULOPATHY	11	1.38	11	100.00				
MACULOPATHY CIRCINATE	1	0.13			1	100.00		
MICROPHTHALMOS	1	0.13			1	100.00		
MIXED RETINOPATHY	1	0.13	1	100.00				
MOEBIU'S SYNDROME	1	0.13			1	100.00		
MYOPIA	33	4.14	18	54.55	14	42.42	1	3.03
NEOVASCULAR GLAUCOMA	4	0.50	4	100.00				
NEUROPATHY	1	0.13	1	100.00				
NPDR	42	5.27	38	90.48	1	2.38	3	7.14
NS2	1	0.13	1	100.00				
NYSTAGMUS	10	1.25	5	50.00	4	40.00	1	10.00
OPTIC ATROPHY	4	0.50	1	25.00	1	25.00	2	50.00
OPTIC ATROPHY GLAUCOMATOUS	2	0.25	2	100.00				
OPTIC DISC COLOBOMA	1	0.13	1	100.00				
PAPILLOEDEMA	1	0.13	1	100.00				
PATTERN DYSTROPHY	1	0.13	1	100.00				
PC IOL	18	2.26	17	94.44	1	5.56		
PDR	34	4.27	30	88.24			4	11.76
PED	1	0.13	1	100.00				
PFT	1	0.13	1	100.00				
PHOTOSENSORY NEUROPATHY	1	0.13			1	100.00		
PKP	1	0.13	1	100.00				
POAG	1	0.13	1	100.00				
PRP POST	22	2.76	22	100.00				
PSC	1	0.13	1	100.00				
PSEUDOPAPILLOEDEMA	1	0.13	1	100.00				
PSEUDOPHAKIA	3	0.38	3	100.00				
PVD	2	0.25	2	100.00				
RD	6	0.75	5	83.33			1	16.67
RETINAL ASTROCYTOMA	1	0.13			1	100.00		
RETINAL ATROPHY	1	0.13	1	100.00				
RETINAL THINNING	1	0.13	1	100.00				
RETINOCHOROIDAL COLOBOMA	1	0.13	1	100.00				
RETINOCHOROIDAL SCAR	1	0.13	1	100.00				
ROD CONE DYSTROPHY	3	0.38	3	100.00				
ROP	3	0.38			3	100.00		
RP	33	4.14	21	63.64	11	33.33	1	3.03
RPE ATROPHY	1	0.13	1	100.00				
RPE CHANGES	27	3.39	23	85.19	4	14.81		
RUBELLA SYNDROME	1	0.13	1	100.00				
RUBEOSIS	2	0.25	2	100.00				
SOR POST	17	2.13	16	94.12	1	5.88		
SPHEROPHAKIA	2	0.25			2	100.00		
SRE	1	0.13	1	100.00				
SRMD	1	0.13	1	100.00				
STAPHYLOMA POSTERIOR	8	1.00	6	75.00	2	25.00		
STARGARDT'S DISEASE	3	0.38	3	100.00				
STRABISMUS	1	0.13			1	100.00		
STROMAL ATROPHY	1	0.13	1	100.00				
TPPV POST	18	2.26	16	88.89	2	11.11		
TRAB POST	8	1.00	7	87.50	1	12.50		
TRD	1	0.13	1	100.00				
UVEAL EFFUSION SYNDROME	1	0.13			1	100.00		
UVEITIS	2	0.25	2	100.00				
VH	9	1.13	7	77.78	2	22.22		
VKH	1	0.13	1	100.00				
YAG POST. CAPSULOTOMY	1	0.13	1	100.00				
TOTAL	**797**	**100**	**547**	**68.60%**	**217**	**27.20%**	**33**	**4.20%**

Introduction to Implementation of NABH Standards in an Eye Hospital

KSOS has started an initiative to help eye care centres in helping with the process as part of President's programme.

NABH accreditation for hospitals has now become almost a necessity for any hospital for competing in healthcare market. Now we have the advantage of ECO standards (Eye care Organisation) specific for eye care centres. It is less stringent than the regular NABH accreditation. There are different ways in which hospitals prepare themselves for accreditation. Some put up their own team to understand and implement standards while others hire a consultant to help them towards this. Irrespective of the method adopted, preparation for accreditation requires substantial resources, proper planning and dedicated efforts on part of the organization.

Preparing for accreditation is like a journey with milestones to achieve and unless the path and approach chosen is correct, reaching the milestones can become very difficult. Big hospitals may have dedicated Quality control personnel and administrative staff to manage this. To take up the task of going through the NABH preparations all alone, would be a tall order for small eye hospitals. Employing a Consultant will make things easy. Still it is better to designate or employ a person in the hospital to prepare for the accreditation process. Saving on this will delay the process unnecessarily. Besides you need someone to maintain and monitor the entire system for full accreditation and subsequent reviews.

The accreditation phase with its three constituting sub processes:

- Preparation for the assessment
- Assessment process
- Evaluation

First Step is making the decision about getting accreditation for your hospital from NABH, and announcing it to the team. Make a definite plan of action for obtaining accreditation and nominate a responsible person to co-ordinate all activities related to seeking accreditation, who is familiar with existing hospital quality assurance system.

Next step would be to procure a copy of standards and guide book from the NABH Secretariat. Understanding the NABH standards, their intent and implementation guidelines by attending Program on Implementation or reading the guidebook.

- After Understanding the standards- and training needs, Interact /educate the end users regarding the same- including doctors. Identify and address all infrastructures, statutory and legal requirements.
- A good idea would be to visit a friend's hospital which has been accredited.
- Download the application form and self-assessment tool kit for NABH accreditation from the website. Identify gaps from the existing practices in relation to the NABH standards.
- Conduct Self-assessment for NABH standards at least 3 months before submission of application and must ensure that it complies with NABH standards at least 50% for entry level pre-accreditation and 70% for complete accreditation.
- Assemble a team and have a common goal and strategy to improve Quality with involvement of senior management.
- Committee Formation: First Committee to be formed is a multidisciplinary Quality team which will be the Steering committee for NABH, which in turn will form various other committees for Infection control, Safety, Pharmacy, Medical Records, Internal complaints etc.
- Functioning of Committees will be governed by a strict protocol consisting of specific objectives. The quorum required, Agenda and Minutes of the meetings have to be documented and reviewed periodically. Appropriate changes in the committee and action plan should be made to achieve the objectives in the time frame.
- Framing your policies and protocol based on your workflow and established guidelines. Reference guidelines for your policies are ofparamount importance. Following is the list of references you can refer, while making your policies and protocols Some of the references that will help you formulate your hospital policies are:
  a. NABH entry level guidebook, CAHO guidebook
  b. Medical Records manual(WHO)
  c. National infection control guidelines 2017
  d. National building code 2017
  e. CDC , Centre for disease control and prevention guidelines
  f. American academy guidelines for preferred practice patterns in ophthalmology
  g. American society for cataract and refractive surgery guidelines for preferred practice patterns in cataract surgery 2017

The areas to the covered in the process of accreditation

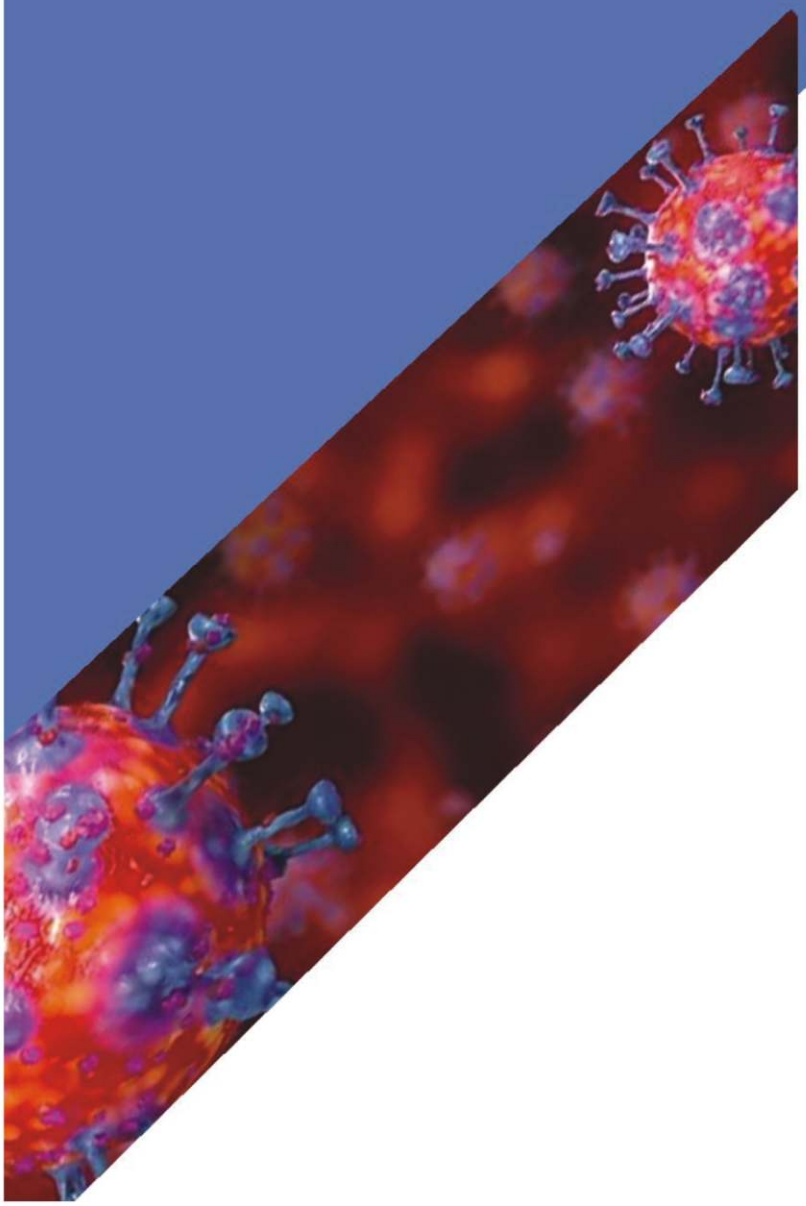
- Infrastructure related assessment include the OT complex
  a) Pertaining to patient/staff safety, communication, displays, electrical/plumbing safeties, etc.
  b) Fire safety and pollution control requirements.
  c) Licencing &Statutory needs.
- Documentations:
  a) Standard operating procedure (SOP)
  a. Maintained Documentation -What I Need- SOP Manual
  b. Retained Documentation- What I have done - Records, reports
  b) OP/IP Case sheet documentations - deals with consents and procedure notes.
- Formation of committees: Infection control, auditing, Cardio-pulmonary resuscitation, anti-sexual harassment committee, etc.
- Training the staff: Ranging from Code Red, blue, pink to infection control, firefighting a total of about 18.
- Registers & check lists: Infection control, Error reporting and corrective register, complaint, minutes of the meetings, etc.
- MOUs: For outsourced facilities like laboratory, ICU, ambulance etc.

These topics will be dealt with in details, including samples for SOPs, case sheet and uploaded in our website www.ksos.in. A special thanks to Dr Nirmal Fredrick for his support.

Dr Rajiv Sukumaran
Dr S Sasikumar

Ref: CME series on Accreditation of Eye Hospitals, AIOS 2018

KERALA
Society of
Ophthamic Surgeons



COVID-19
CLINICAL PRACTICE GUIDELINES

- Dr Prashob Mohan

12 April 2020

INTRODUCTION

The medical fraternity all over the world is passing through unprecedented times. In the wake of the COVID-19 pandemic, we have witnessed stringent lockdowns in all of India and Kerala. As we come to the end of the lockdown period, no ophthalmologist should be under the illusion that the storm has passed and that it will be practice as usual in the post lockdown period. There will be a number of challenges that medical practitioners and in particular ophthal mologists will have to face in the coming months. It is in this scenario that the Kerala Society of Ophthalmic Surgeons (KSOS) has decided to release guidelines to be followed while reopening your practice to the public after the lockdown period.

KSOS recommends the following best practices for running of ophthalmic outpatient departments and operation theatres. The guidelines have borrowed heavily from the guidelines provided by All India Ophthalmological Society, Government of India and State Government during the present period. KSOS members are encouraged to update themselves about the most recent guidelines as and when they are modified.

PREVENTIVE MEASURES

FOR PATIENTS

- Every person shall do hand wash/ sanitise their hands using alcohol based sanitizers before entering the hospital
- A patient screening desk should be functional outside of the reception area.
- All persons coming to hospital shall pass the "thermal screening" (Based on history and non-contact thermometer, if available)
- All patients/bystanders with fever shall be redirected to a designated fever clinic
- All patients and bystanders shall sign the COVID-19 ophthalmic treatment consent form
- One attendant per patient policy to be strictly followed.
- Avoid bringing children to the hospital unless they are patients
- 1 meter distance shall be maintained between 2 patients and between healthcare workers and patients
- All patients and bystanders should wear masks while inside the hospital premises.
- Ensure non-contact of patients hands with surfaces like desks, ropes or similar separators can be used
- Reduce instances of hand to hand transfer (handing over of bills/ prescriptions)
- Avoid cash transaction as far as possible. Electronic cash transfers are encouraged.

FOR STAFF

- All staff should perform hand wash/ sanitise their hands using alcohol based sanitizers prior to entering the hospital
- Any staff member with fever and/or respiratory tract infection should not report for duty
- All staff should undergo thermal screening
- All Health care workers (HCW) coming in direct patient contact and ophthal mologists should change into scrubs at entry to the hospital and change out to street clothes at exit. They should be encouraged to take a soap bath at once they reach home.
- Avoid full sleeves, watches, rings and bracelets. Ladies staff should put up their hair.
- As far as possible avoid bringing personal items into the hospital and carrying them out of hospital.
- All staff members to mandatorily wear face masks (3ply surgical masks/N95 masks)in hospital premises
- Staff dealing with high risk cases (patients with conjunctivitis and/or history of travel out of state) should be provided with appropriate personal protective equipment (PPE).
- N95 masks should be provided for staff involved with aerosol generating procedures like intubation and extubation
- Avoid hand shakes
- Staff must educate patient and their families about early identification of symptoms and essential preventive actions.
- All the OPDs will have alcohol based hand sanitizers for the staff use
- Staff shall practice hand wash on an hourly basis
- Information and Education content should be displayed periodically in waiting areas, if available.
- Disposable operation theatre (OT) gown to be use in OT.
- Optimise support staff allocation (one-third to half of the regular staff per day)
- All health care workers coming in direct patient contact should be encouraged to take a soap bath at once they reach home.

OUTPATIENT DEPARTMENT PRACTICES

PATIENT FLOW

- Appointment based practice as far as possible
- Discourage non urgent walk in patients
- Stagger appointments over time for crowd control
- Avoid long waiting periods

SCREENING DESK

- Preferably placed outside hospital
- Transparent (glass/plastic sheet) barrier to be maintained between staff manning the screening desk and the patients
- Full time staff at screening desk with gloves and 3 ply surgical masks
- History of travel, recent onset fever with cough to be done at screening desk
- Non-contact thermometer to screen for fever (if available)
- 1 meter distance between patients to be ensured with the help of floor markings
- COVID-19 ophthalmic treatment consent form to be provided to patients at screening desk

REGISTRATION DESK

- Separator to be used to prevent patients hands from contacting desks
- Avoid handing over of files/folders to patients or bystanders

WAITING HALL

- Should be kept as empty as possible
- Seating to be arranged in a manner that patients should remain at least 1 meter from each other
- Only one attendant per patient
- To keep the waiting time minimum in the hospital premises
- Face masks for all the patients and their attendants
- Provision of alcohol based hand sanitizers in the waiting hall
- Keep open as many doors as possible to avoid touching of doorknobs
- Sanitize the waiting hall and most-touched surfaces periodically

CONSULTATION / OPTOMETRY ROOMS

- All slit lamps to have acrylic/ plastic / X-ray sheets attached so that the direct contact with the patients is avoided. Material used should be amenable to cleaning with alcohol swabs (To be cleaned every 2 hours)
- In the exam rooms, slit lamp/ mouse/ keyboard/tablets will be cleaned by optometry staff/ fellows/ doctors twice a day and in between patients as often as needed using alcohol wipes
- Clean hands with alcohol based sanitizers before touching any equipment once patient has been touched
- While performing any contact procedure like tonometry, gonioscopy, keratometry, A scan, B Scan, UBM, Humphrey Visual Fields, thoroughly clean instruments before and after every new case
- OPD -Trial frames, lenses to be wiped with alcohol swabs after doing refraction for each case.
- Avoid aerosol generating procedures like non-contact tonometry as far as possible
- One consultation room shall be reserved for handling of conjunctivitis patients. Appropriate PPE is recommended for personnel attending to conjunctivitis patients.
- Avoid nasolacrimal duct syringing as far as possible. If needed perform with adequate PPE.
- Open door/non AC policy as far as possible.

- All used items must be disposed off in proper colour bins

INVESTIGATIONS AND MINOR PROCEDURES

- Investigations and procedures like HFA, OCT, angiogram, ERG, lasers etc that require confinement in a small closed room and/or close contact between patient and treating physician may be deferred if not urgent, subject to the discretion of the treating physician. For eg. Laser for horseshoe tear in acute PVD is urgent but prophylactic barrage laser for lattice degeneration may not be. Follow-up field evaluation for glaucoma may be deferred but a field evaluation in a neuro-ophthalmological condition may be done as it is urgent.
- All preventive measures for staff and patients listed previously must be followed while performing investigations and procedures.

CASH COUNTER

- Separator to be used to prevent patients hands from contacting desks
- Encourage electronic transactions and avoid cash as much as possible
- Alcohol based hand sanitizers to be provided to cashiers

PHARMACY

- Separator to be used to prevent patients hands from contacting desks
- Encourage electronic prescriptions
- Hand to hand transfer of prescriptions to be minimised/avoided

OPTICALS

- Avoid overcrowding of optical dispensing area. Social distancing measures must be strictly adhered to.
- Separator to be used to prevent patients hands from contacting desks
- Electronic spectacle prescriptions are encouraged.
- Hand to hand transfer of prescriptions to be minimised/avoided

HOUSEKEEPING

- Floor of must be cleaned with 1% Sodium Hypochlorite every 2 hours
- Deep Cleaning to be done any time when there is any contamination.
- Door handles, side rails on stairs, bed side rail, high touch surface like- reception counter, help desk, gate should be cleaned with 1 % Sodium Hypochlorite (4 Times /Day)
- Chair in the waiting area (head end, arm rest etc) , Electronic /IT equipment like monitor, Key board, Mouse etc must be done with alcohol swab every two hourly
- All Wheel chair and Stretcher trolley must be cleaned with 1% Sodium Hypochlorite solution
- Fogging of entire hospital shall be done on weekly basis

OPERATION THEATRE (OT) PRACTICES

- When scheduling the surgery detailed history may be taken for exposure or travel. Patient may be asked to remain in the house till actual date of surgery to avoid contacts with COVID.All surgeries must be day care unless the medical conditions or the Government of India rules strictly mandate admission.
- Screening Chest X-ray before each surgery, if needed.
- Covid testing for all surgery patients is not feasible and not mandatory. But may be done as decided by the surgeon after careful history and examination of the patient.
- Patient and attender should be informed which should be documented of the chances of them getting Covid later, which may not be attributed to the hospital.
- Avoid elective surgeries at off-hours or with an incomplete team
- The OT should be ready for the surgery and then only the patient should be called from the ward so that patient spends minimum time in OT
- The patient has to wear a fresh disposable mask before entering the OT.
- Stagger planned surgeries so as to achieve a 30 minute time out between surgeries
- Faculty or senior fellows or senior residents should preferably do the surgery - quick and safe surgery is warranted
- Choose the quickest possible surgical procedure
- Try to avoid/defer GA unless mandatory
- Prefer topical anaesthesia over local anaesthesia if possible
- PPE or surgical gown with N95 mask should be worn by surgeon, anesthetist and assistant. N95 mask for floor staff. To prevent contamination of outer surface of N95 mask, another 2 ply mask can be used which can be disposed off at the end of surgery.
- Disposable operation theatre (OT) gowns to be used in OT.
- All universal precautions should be followed
- Minimum number of staff in the OT
- Immediately transfer the patient out of OT after surgery without waiting
- Stop positive ventilation in theatre during procedure and for at least 20 minutes after the patient has left theatre
- Aerosol generating procedures such as intubation, extubation, bag masking, electrocautery should be done by anesthetist and the surgeon while wearing full personal protective equipment
- Surgeon and assistants should wear appropriate PPE or surgical gown with N95 mask while performing procedures like dacryocystorhinostomy and dacryocystectomy
- Bare minimum staff should be present when the patients are intubated and extubated in the OT
- No two patients should be handled together in the same OR.
- Protocol based disinfection of the OT should be done after each surgical procedure
- OT cleaning should be performed at least twice weekly
- Ultraviolet units (if available) may be used to assist disinfection in the OT. All the staff should move out of the OT and the UV Lamp should be switched ON. After 15-20 minutes the UV light should be switched OFF and the cleaning staff should enter the OT and clean up all the surfaces in the OT till arms reach.
- Gloves, gowns, masks etc. should be disposed of after each case.
- Unnecessary entry or exit from the OT room should be avoided as much as possible.
- In the lockdown period, it is advisable to prime and run instruments such as the phacoemulsifier and vitrectomy cutter at least twice a week.
- While re-opening OT for procedures after a prolonged period of non-use, a microbiological culture of the water used for scrubbing should be performed.
- All consumables like viscoelastic and other intracameral drugs should be disposed of after each case.
- All other protocols like a bio-hazard patient is to be followed for all patients during the Covid time.
- To avoid all camps until the pandemic has been brought under control and government regulations regarding congregation of people have been lifted.

CAMPS

- To avoid all camps until the pandemic has been brought under control and government regulations regarding congregation of people have been lifted.

MISCELLANEOUS

- All CMEs and large gatherings must be avoided until government regulations regarding congregation of people has been lifted
- Overcrowding of elevators must be avoided. Adequate social distancing must be maintained on elevators. Elevator buttons and surfaces must be cleaned frequently.
- Virtual class rooms and meetings must be encouraged
- Avoid non urgent visits such as those by medical representatives.

COMPILED BY
Dr Prashob Mohan

WITH INPUTS FROM
Dr Merine Paul and the **KSOS executive committee members**

CLUB ACTIVITIES

Trivandrum Ophthalmic Club









The Trivandrum ophthalmic club meeting convened on 18th January 2020 had as its speaker the eminent surgeon, inventor and technical director of Shankar Eye Hospital Coimbatore, Dr JK Reddy. Dr Reddy gave an elaborate talk and video based presentation on how to perform Corneal surgeries in general ophthalmology practice as well as fine tuning of Phaco emulsification surgery. The meeting was attended by 78 members.

The T O C members felicitated Dr Susheela Prabhakaran who was awarded the the Lions International excellence award 2020. The T O C felicitated the following doctors on their achievements at Drishti 2019. Doctor Dhanya- the best poster award at K S O S Trichur 2019. Doctor Sheena KR - Padma Bhushan Dr P Shiva Reddy award. Dr Asmita Indurkar - Dr KC Shankar Menon award. The Trivandrum team- Travancore Vibes which comprised the following junior residence doctor Kezia Sandy Stephen, Dr Lakshmi G, Dr Swati S Pillar, Dr Keerthana and Dr Vivek S Pat, were felicitated for being the overall all winners of K S O S Drishti 2019 TEACHERS of TOMORROW.

The Trivandrum ophthalmic club had Dr Meena Chakrabarti, eminent surgeon and President of K S O S on its meeting. Dr Meena spoke on the " Significance of Post intra vitreal injection I O P raise". Dr Saji Nair, assistant professor R I O, Trivandrum give a talk ON, " Newer Forefront in allergic conjunctivitis". The T O C congratulated its members Dr Manoj Soman and Dr Sheera KR who did a remarkable job as editors and co-authors of chapters and in bringing out an invaluable contribution to the the society a book(Malayalam) named " Diabetes and Eye Care". The meeting was attended by 65 members.

Dr Abraham Kurian, medical superintendent of Chaithanya Eye Hospital Trivandrum was selected as one of the recipients of the I J O Honour award for Peer review for the year 2019.

Dr Arup Chakrabarti, Chakrabarti eyecare centre Trivandrum was re-elected as AIOS editor proceedings at AIOS 2020 elections held at Gurgaon. Dr Minu Mathen Chaithanya Eye Hospital Trivandrum was awarded the Pride of India award along with the International ophthalmic Hero award for his multiple International awards and contributions at a AIOC 2020. He also received the best education video prize at the challenging cases video symposium at AIOC 2020.

Dr Devin Prabhakar, Divya Prabha Eye Hospital received the Asianet excellence award 2020 for his contributions in creating public awareness about preventable causes of blindness.

Dr Chitra Raghavan
Trivandrum

Cochin COC

Secretary's report

Amidst the lockdown imposed by Corona virus and its bloops and blues, it was a pleasure to look through the activities undertook by Cochin Ophthalmic club and to reinvent the moments that we went through in the last 3 months. As a committed organization of eye doctors, the COC took this decision to be involved wholeheartedly in four fronts- Social, clinical, educational and philanthropic and we planned to undertake these four activities every month. Apart from the usual COC monthly meeting, we planned to make the first Sunday of each month a Super Sunday of academics for postgraduates and interested doctors and another day dedicated to social interaction with targeted groups under the let's connect program of the President. This was apart from the usual camp and other patient welfare activities usually run by the COC.

December was the month after the Drishti 2019 and we had the award winning presentations of COC as usual. As part of the world diabetes day, we had a month long activity where our COC members did a diabetic awareness camp with the physicians and partook in the diabetes awareness activities. COC designed a special "lets connect against diabetic retinopathy blindness" poster, which all doctors displayed during the free diabetic retinopathy detection camps for the the month for social awareness.

COC activities in January were kick started with a special program on the 4th of January, the World Braille day- "COC learns Braille". A group of blind children and their teachers took to the stage to teach the COC how to read using the Braille language. The spellbound COC members were blindfolded and for the next 2 hours we went through the life of a blind. The children showed us their higher capability with the computer and mobile and this was one great program all of us would cherish for years to come.

The very next day was COC's first Super Sunday - the theme this time was Retina and the faculty took the 40 odd Postgraduates through the various diseases and trials in retina. In the afternoon, the Quiz program on retina was done and the first prize winner got a VOLK widefield lens.

Amrita Hospital with COC, KSOS and Uveitis society of India conducted the Uveitis conference on the 12th of January attended by more than 100 delegates. It was followed by the January 19th Noel Moniz memorial CME attended by about 150 delegates. Dr JK Reddy, the renowned corneal surgeon was given the Noel Moniz memorial oration award.

Super Sunday in February was on cataract surgery conducted by Chaithanya eye hospital. Attended by more than 30 postgraduates, the theme was on common surgical situations and how to come out successful. Again, it was culminated with an innovative quiz in the afternoon.









As a part of social connect, to commemorate the world Low vision awareness month, COC as well as SAKSHAMA, an organization working on handicapped people including visually challenged people, conducted a cultural evening in an orphanage called Mathruchhaya where COC joined hands with visually challenged people for an evening of singing and dancing for the orphaned. It was widely acclaimed by the inmates and the blind singers.

February again showcased COC faculty in the AIOC Gurugram. More than 20 faculty had instruction courses in the AIOC. Awards were won by Dr John Davis, DrPrashobh Mohan, DrMeenakshiDhar, DrNeena R. COC divided all the Cochin AIOS members among the executive committee members for campaigning and saw that the entire COC voted together for the KSOS candidate- Dr Arup Chakrabarti, who won his contest hands down with the record margin for the elections.

Apart from the usual member hospital camps.Abhayam clinic and COC camps, COC did a massive camp along with Sevabaharati and CAMBA at the AluvaShivaratri grounds attended by more than 400 people. The Dewasswom Board president inaugurated the camp and lauded COC's commitment.

Our monthly COC clinical meeting was on NSAIDs and after the guest faculty, DrAneetaJabbar spoke on once daily NSAID, there was a panel discussion on use of NSAIDs in common ophthalmic diseases, which sparked a lot of discussions.

The Super Sunday of March at Little Flower on pediatric ophthalmology was even more widely attended as the news of Super Sunday has spread to other districts also and PGs even from as far as Trivandrum wanted to attend these PG centric academics.

World Glaucoma day was on March 8th and Chaithanya Eye hospital and COC under the aegis of KSOS conducted a CME on glaucoma. The authorities due to Corona clampdown called off the proposed Glaucoma walkathon. However COC promoted glaucoma awareness with activities like mobile photography contest, COC posters for glaucoma awareness in all hospitals and individual hospitals glaucoma programs.

With great anguish, we had to cancel the Rotary conclave on glaucoma awareness to be attended by multiple clubs, the monthly COC meeting, ALOKA the COC- Amrita optometrist's conference to celebrate the World Optometry day and GEI's Trauma conference in April.

In this dark corona times, let us all join the Government's initiative of 'break the chain' and defeat the virus spread. Let us all try to make people aware about the need for social distancing and keeping to their homes. Spreading awareness to patients, staff, colleagues and neighbors will go a long way in preventing the catastrophe that we are witnessing elsewhere. Wuhan and Italy tell us that eye doctors are at great risk in contracting the virus. Requesting all of you to stay safe and cool yourselves.

Dr. Gopal S. Pillai, Secretary

Thrissur

Report of TACO - December 2019-March 2020

Dr Lathika.V.K, secretary,TACO



TACO in December

Monthly academic meet

Conducted on 17th December at Casino hotels Thrissur.We had eminent in house speakers .Dr Rani Menon spoke on OCT in glaucoma and our Dr Reji philip ,glaucoma consultant ,Vasan eye care spoke on top ten myths in glaucoma practice.Dr Andrews Kakkanad shared his experience with using Laser for treatment of pterygium .

The TACO family also shared the joy of winning the president's award for the best ophthalmic club- 2019.Then,the senior most(Dr P.V.Thomas)and the junior most TACO member together cut the Christmas cake, thus ushering in Christmas festivities and a fresh year of renewed activity .

Community activities

A) Synopsis of camps

1. Cataract screening camps

Total number of camps conducted	26
Total number of patients screened	2616
Total number of cataract surgeries advised	321
Total number of glass prescriptions given	335

2.School eye screening camps

4 school screening camps supported by Ranimenons eye care screening 816 students

3.Diabetic retinopathy screening camp

1-at Shornur on 18.12.19

B) Monthly eyeclinic

On 18.12.19,in addition to our regular monthly eye clinic ,a Diabetic retinopathy awareness and screening camp was also conducted at Shornur Sathysai primary health center by Dr Kalyanikutty

TACO in January 2020

Monthly academic meet- Conducted on 16th january at Casino hotels Thrissur.we had eminent paediatric ophthalmologist Dr Leila Mohan from comtust hospital as our guest faculty .Madam gave a very useful talk on pearls in management of paediatric cataract followed by a small update on trifocals.

Community activities

A) Synopsis of camps

1. Cataract screening camps

Total number of camps conducted	20
Total number of people screened	1890
Total number of cataract surgeries advised	266
Total number of glass prescriptions given	390

2. Diabetic retinopathy screening camp

1-at Aswini hospital by Dr Babu Krishnakumar on 21.01.2020

B) Monthly eyeclinic

On 15.01.2020 the regular monthly eye clinic was conducted at Shornur Sathysai primary health center by Dr Kalyanikutty on behalf of TACO

TACO in February 2020

Monthly academic meet-It was conducted on 21st Feb at Casino hotels Thrissur..This time we had the renowned glaucoma specialist Dr Sathyan Parthasarathi from Dr Sathyan's eye hospital Coimbatore as our guest faculty .Dr Sathyan gave two talks-one on Pattern ERG in diagnosis of early glaucoma and the other on Rhokinase inhibitors in glaucoma management.

Community activities

A) Synopsis of camps

1. Cataract screening camps

Total number of camps conducted	34
Total number of people screened	3170
Total number of cataract surgeries advised	471
Total number of glass prescriptions given	327

2.Diabetic retinopathy screening camp

At TACO DREAM clinic - by Dr Divya on 06.02.2020

B) Monthly eyeclinic

- The monthly TACO DREAM clinic was conducted on 6.02.2020 at Patturaickal by Dr Divya Ravindran ,JR ,AIMS ,Thrissur.
- On 12.02.2020 the regular monthly eye clinic was conducted at Shornur Sathysai primary health center by Dr Kalyanikutty on behalf of TACO

TACO makes KSOS proud at AIOC 2020

On behalf of TACO,Dr Babu Krishnakumar received a plaque and certificate of appreciation from AIOS for being the pioneer ophthalmic club in south India to associate with 'diabetic retinopathy -fix the missing link' community initiative launched recently by AIOS

14 Scietific presentations were made in AIOC by TACO members including 2 Instruction Courses, 11 Free Papers/ Posters and a Chairmanship.

Kollam

Kollam Ophthalmic Association

26 Dec 2019: Diabetic retinopathy screening camp was conducted at "The Quilon Poor Home", Mundaikkal, Kollam. 80 people were screened and 8 cases of diabetic retinopathy were detected.

7 Jan 2020 : The bimonthly CME, NewYear Celebrations and monthly GB were conducted at Beach Hotel. Chief Guest and speaker was Dr MeenaChakravarti,President KSOS. She spoke on'Strategies to manage Anti VEGF non responders in AMD'. It was very interesting and good amount of interaction was there. It was followed by dinner.

26 Feb 2020 : KOA conducted a school screening as part of KSOS's 'Baladharshan Programme,Move against Myopia" at Government LP School,Karicodu.Screened around 300 children and detected 26 children with refractive errors. We also conducted awareness class for teachers and parents. It was conducted in association with PTA of Government LPS,Karicodu and Yathra 2020.

6 Mar 2020 : Glaucoma screening was done for Kerala Police in association with Kerala Police Officers Association atChathanoor,Regional Co-operative Bank Auditorium.

8 - 14 Mar 2020 : Glaucoma awareness talk by Dr Mini Jayachandran during Glaucoma week was broadcasted by Radio benziger. Dr Mini Jayachandran also created awareness about Glaucoma to the public by publishing article in newspaper.

Dr. Rajiv Sukumaran



















Kozhikode

Activities of Kozhikode Ophthalmic Society (November 2019 to April 2020)

Report to KSOS

The new team of office bearers took charge on November 3rd.

Following members were elected as office bearers:

President: Dr Vijayalakshmi

Vice president: Dr Nirupama Balaji

Secretary: Dr V Sujith Nayanar

Treasurer: Dr Mihir shah

In the month of November, the diabetic retinopathy screening camps were conducted by various hospitals under aegis of KOS as part of awareness programmes to commemorate World Diabetic day

Diabetic retinopathy screening camp

	No. of camps conducted	No. of patient screened
Kozhikode Govt Medical College	3	340
Comtrust Eye Hospital	1	58
Dr Chandrakanth Malabar Nethralaya	6	1013

Monthly Meetings

Our regular monthly meeting started from January.

- Our first meeting was held on Jan 31st - at IMA hall which was attended by 72 members. Dr Prithvi Chandrakanth presented his 2 award winning papers of Drishti 2019.Dr Aneesha and Dr JincyPaul presented topics on Dropped Nucleus and Pneumatic retinopexy. Dr Padmaja Krishnan gave a lecture titled ' food for thought' which was based on a book named 'Over-diagnosed-Making people sick in the pursuit of health'.It was followed by a New Year Cake cutting by senior members of the Society and prize distribution to acknowledge various award winners of Drishti 2019
- We conducted our next monthly meeting on Feb 21stat Hotel Hyson Heritage which was attended by 52members. The Guest speaker was Dr Sanitha Sathyan From Chaithanya eye hospital Cochin. She presented 2 topics viz; Pediatric ophthalmology pearls for the general ophthalmologist and Update on Myopia. A case on Leber's Hereditary optic neuropathy was presented by Dr Nirmal from Comtrust Eye hospital.It was followed by an exciting quiz programme for PG students. Dr Prashob Mohan from Giridhar Eye Institute conducted the quiz programme. From this year we decided to make it an annual event with a rolling trophy. The first winners of this rolling trophy was Dr Shabeeba and Dr Aneeshafrom Comtrust Eye Hospital.
- March 1st: ComtrustCharitable Trust Eye Hospital conducted their 19thannual CME 'I COMET 2020' on March 1st at Hotel Taj Gateway Calicut under the aegis of Kerala Society of Ophthalmic Surgeons and Kozhikode Ophthalmic Society.The sessions were well attended and had a record attendance of over 116 delegates and PG students from all over Kerala. The CME was inaugurated by KSOS Vice President, Dr.Babu Krishna Kumar and he presided over the function.Dr Meenakshi Swaminathan(Sankar Nethralaya), Dr Sirisha (LVPEI),Dr Revathy.R and Dr George Manayath (Aravind Eye hospital) and Dr Mathew Kurien (Chaithanya eye hospital) were the guest faculties.The sessions were based on grand rounds and case presentations with very active discussions.
- Our planned monthly meeting on March 21st was deferred inview of restrictions for gathering due to COVID-19 pandemic. That meeting and further monthly meetings was conducted through virtual meeting platforms like Zoom and Webex.
  - April 8th: Zoom meeting attended by 46 members. The Topic was 'Role of Nepafenac in Post cataract surgery protocol' and the speakerwas Dr Gana Din; Retina Consultant at Comtrust Eye Hospital
  - April 21st:Webinar On Webex platform which was attended by 52 members.

    Dr Anusha Venkataraman; Senior Consultant Dept of Vitreo -Retina, Sankara Eye hospital Coimbatore spoke on Anti VEGF in Diabetic retinopathy and Macular Hole surgery. Panel discussion was led byDr Rajesh P(AlSalama Eye Hospital) and Dr Prakash (Comtrust Eye hospital).

Glaucoma awareness programmes:

As part of Glaucoma awareness week KOS conducted following programmes and camps from March 8th to March 15thwith support of its members

(1) Radio talks:Dr Mihir Shah/Dr Venugopal/Dr Leila Mohan gave awareness messages on various aspects of glaucoma in Radio Mango which was aired in five schedules for 3 days.

(2) Awareness videos:Dr K V Raju/Dr Jyoti P T /Dr. Padmaja Krishnan/ Dr.Bindu Ajith/Dr Shanthi Sunil/Dr Vinod Kumar NV / Dr. Sandhya/Dr Manjusha Rajesh/Dr Sishira/Dr.Preethiparticipated in making 10 different short videos explaining various of glaucoma awareness messages and was circulated among general public through social media for awareness. It was shown in TV screens at waiting areas in major hospitals for patient information and awareness.

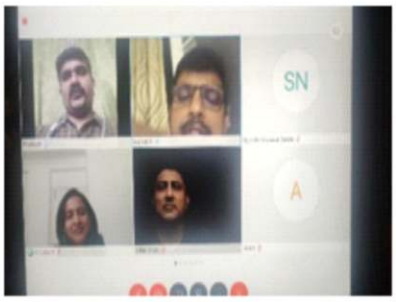
(3) Awareness digital poster:Various online posters on glaucoma awareness were created and circulated through online social media like face book / whats app among general public with help of NGO.












(4) Awareness camps:

Glaucoma screening camps were conducted (details below) with participation of various hospitals. We had to cancel 2 camps due to COVID 19 restrictions.

Glaucoma screening camp

	No. of camps conducted	No. of patient screened
Super Speciality MEH	2	120
Puthalath Eye Hospital	1	50
Comtrust eye hospital	1	112
Kozhikode District Co-operative Hospital	1	17
Dr Chandrakanth Malabar Nethralaya	1	231

• Community campsand School screening :

List of community cataract screening camps and school screening camps conducted under aegis of KOS during the above-mentioned period (Nov'19 to March'20) are given below:

• Group activities:

(a) Face book page was started for KOS and various awareness videos and posters (espduring glaucoma awareness week)were uploaded for benefit of general public.

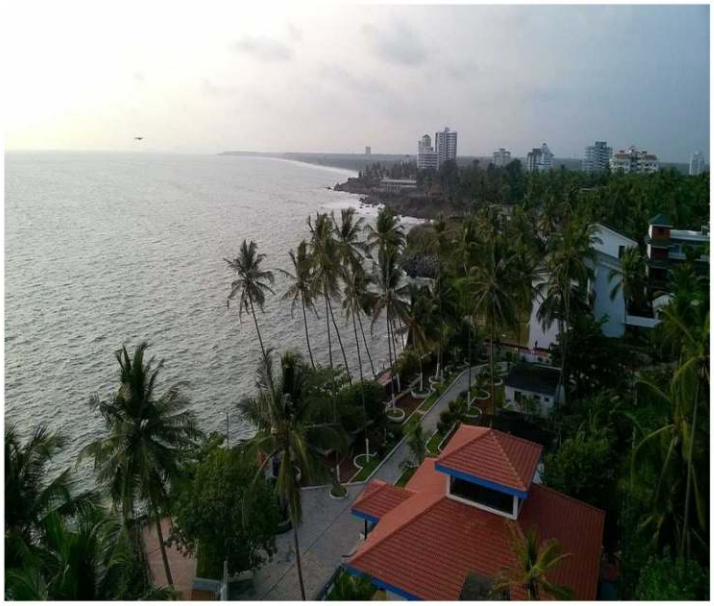
(b) Weekly Online Quiz titled 'Diagnose this', is being conducted on every Wednesdayssince January, for members (primarily focussed for PGs) and prizes are distributed during monthly meetings.

(c) Another academic activity was initiated titled 'Interactive Case Based Learning' series since March whereby a case based approach to various clinical conditions are discussed online and consensus thus arrived is circulated among members as Preferred Practice Patterns for KOS members.

Dr. Sujith Nayanar

Kannur

First Quarter report of Ophthalmic Soceity of Kannur



At the outset humble apologies for the delay in bringing out the report late.

Jan 11th 20,Sunday ,under the aegis of KSOS,OSK in association with Department of Ophthalmology,Pariyaram Medical College organized a half day CME on Paediatric Opthalmology at Hotel Central Avenue,Kannur.It was well attended with over 75 participants including PGs and Residents.

Jan 24th Friday evening there was a new year family get together of OSK at State Beach Resort,Payyambalam,Kannur.It was a gala and fun filled nite with music and entertainment by various artists including our own member doctors and their family.There was an attendance of almost 100.

Feb 28th,Friday A symposium was held on Recent advances in Management of Dry Eyes,Main Guest Speaker was Dr Sachin George.There was a case presentation By Dr Binu Ashraf,Post Graduate student at Kannur Medical College,Anjarakandy,who spoke on a rare case of Incontinenti Pigmenti.

Activities of March including Glaucoma Walkathon and CME had to be put off in view of Govt Directive to control Covid pandemic

Please make a note of the above activities

Regards

Dr Aravind Bhat

Secretary, OSK 2019-2020

Malandan imoc

MOC ACTIVITIES FROM DECEMBER 2019 TO MARCH 2020

14-1-20.
CME. speaker : DR. Thomas Arun. Varghese.
Topic. How not to miss an Optic neuropathy.

25-2-20
CME. speaker : Dr. Saju Joseph
Topic. Exceed expectations with modern day monofocals.

8-3-20
Glaucoma week. Detection camp by imoc and St Joseph 's hospital kothamangalam.

14-3-20
Awareness class by imoc and MOSC Medical college, Kolenchery.











Palakkad

The Report of activities of PSOS for the period from 01/01/20 to 31/03/20






PSOS had hectic activities during this period. Dr Aneeta Jabbar was the speaker for the CME on Ocular Surface Disorders on 10/01/20. Three speakers Dr Mohamed Shahabaaz, Dr Naveed Attar & Dr Prasanth Bhagath shared their views on Keratitis & Chloroquin maculopathy. We had three executive committee meetings which discussed & planned in detail about the conduct of summerspice 2020 , fixed on 10/05/20. It is at this point , the Covid struck and spoiled our dreams of Summerspice.

Dr Jayadevan P (Secretary)

The Joint Secretary...



Dear seniors, friends & colleagues
Greetings!!

It's indeed my pleasure to issue the first newsletter of KSOS EC 2019-20. My sincere appology for the delay due to the current scenario and humbly request you to bear with my pitfalls. I am extremely grateful to KSOS for giving me this opportunity to associate with our own national & international legendaries in Ophthalmology. I also acknowledge the support and guidance by our President Dr. Meena Chakrabarthi, Secretary Dr. Mahesh.G and Dr. Rajiv Sukumaran. My sincere thanks to Dr Rajesh Radhakrishnan who is always ready with his helping hand.

Stay healthy and practice safely

Dr. A.Rohan

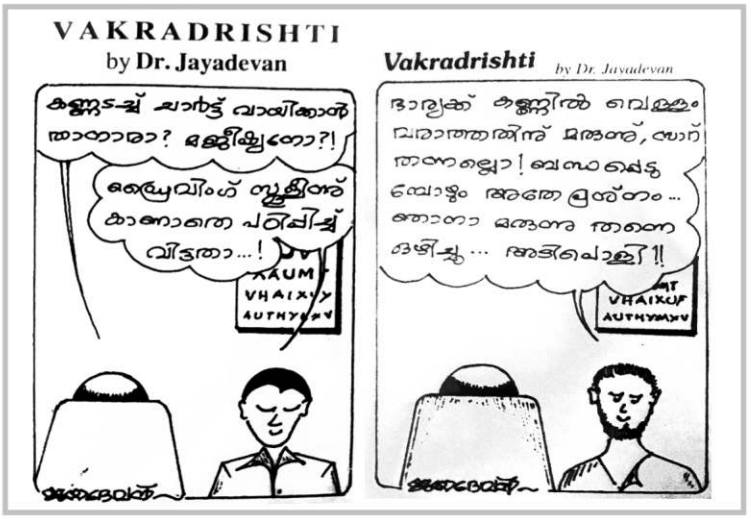


of the house including rearing of two childrenand finance planning.It is because of that I could get involved in my profession and find time for myhobbies and activities.

Advise to upcoming ophthalmologists

We were citizens of 20th century, who studied with kerosene lamp light and have now upgraded to LEDs.The upcoming generation including our children and grandchildren can't even dream about those days. My advice to all the future generation of ophthalmologists is that after looking into the eyes of the patient, please look behind to see the human being to whom the eyes belong. He or she is not at different from us , the same Sapien !

Please don't see the lens or macula alone but also look around to see the environment, the nature, the world. Saveat least one day per week entirely for relaxation. Spend at least two hours per day with family. Play with children, interact with friends and relatives.



Obituary



Dr. K.U.GOPALAKRISHNAN

Dr KU Gopalakrishnan, 76 years, s/o Adv. Umamaheswara Iyer, Payyannur, Senior Ophtalmologist , Palakkad expired on 21/03/20 following cardiac arrest. MBBS & DO from KMC Manipal & MS from Kozhikode. He served the KHS as Ophtalmologist at DH Kannur & Palakkad. Wife (late) Dr Rajalakshmy. Survived by two daughters.

Obituary



Dr K C BABY

(1945 to 2020)

Born to C.Chandy Olickal & Anna Chandy of Bharananganam in Kottayam district,he was the 6th among his 11 siblings . Had his primary education at St.Mary's school Bharananganam and attended college at St.Thomas college Pala. Did MBBS from Medical College kottayam (1965 batch.)

Started career at St.John's hospital Kattapana and , later joined govt Service . DO and MS from Medical college TVM. Started Alphonsa eye hospital at Pala in 1984.

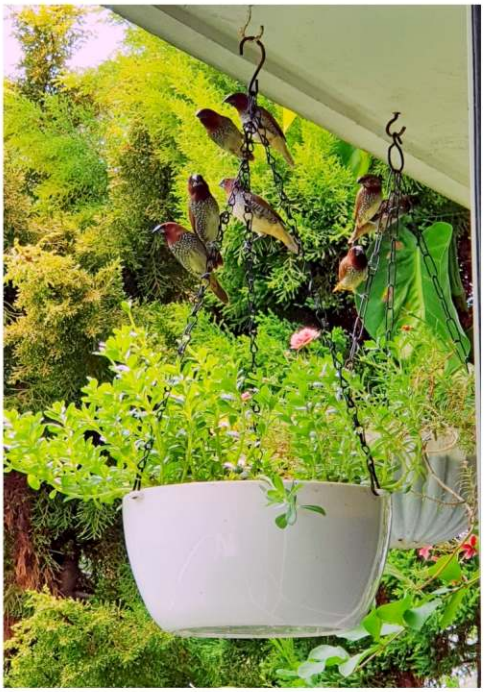
One of the 1st eye hospitals of kerala in private sector ,he gradually but steadily developed the hospital with many state of the art facilities in eye care. When he started Alphonsa Eye hospital at Thodupuzha in 2013 many of the facilities in ophthalmic practice where introduced for the first time in Idukki district also.

POSITIONS HELD.

He has held various poistions in IMA, Rotary Club, Kottayam Ophthalmic Society, KSOS, QPMPA, KASC etc.

Survived by Wife (Mrs. Gracy Baby) and 4 Children (Dr.Alex Baby, Ms.Deepa Bino, Dr Deepthi Sunil, Ms.Merin) and 11grand children. His daughter in law Dr. Teena Alex is also an Ophthalmologist.

Corona Cerebrations



To most of us, homo sapiens, so used to waking up, going for a jog or walk, rushing through bath and breakfast and then cursing our way through morning rush hour to an intense day of battling work pressures, then having to wade through the evening traffic to reach home tired, irritable and totally beat; the Covid lockdown has been a boon. (Forgive me for the long sentence but it is to be read in one breath for effect!!)

We have, till the middle of March, or should I say, 'the ides of March', been living a very mechanical life driven primarily by career and money. All else was secondary. Suddenly, life has ground to a stop and career is no more the priority. We are forced to recognise that money can't buy happiness anymore! Some have money but can't spend it and others are running out of money and wondering how to kickstart their lives, whose batteries have run out of juice.

The world around us shrank into our living rooms, kitchen and bedrooms. Faces of family members became clearer and more strongly etched into our hearts. Old folks and pets who hardly got to spend time with their children and grandchildren or their masters suddenly found that these people whose company they silently yearned for were around them all day.

Should we call that a blessing in a viral disguise, I wonder?!

The air cleared, with all the polluting vehicles also getting 'quarantined'. The peaks of the Himalayas were suddenly holding their heads high without having to gasp in the haze that covered them. Pollution levels in cities fell to an all-time low. Rivers and seas became clearer. Animals and birds were seen scurrying or flying around places where they were rarely seen, or was it because we didn't notice them in our humdrum existence? As the air and water cleared, we learned to turnour gazes to the beauty of nature instead of the gadgets and instruments that ran our daily lives.



Whatever be the reason, though Corona kills, it also reminded us that there is a world outside our windows which we were destroying, knowingly and unknowingly, without worrying about the consequences. The animals, birds, flowers, and trees were there before us and will be there after we are long gone. It is our responsibility to preserve them for future generations of homo sapiens. If two months of quarantine can work so much magic, can we not consider a self-imposed quarantine occasionally?

Imagine, if we spent every weekend in such a self-imposed lockdown. We could stay home or go to a place where we could commune with nature in the company of our best friends or family. The world will become a better place for all of us. Think of it. What a Happy Thought!



One final thought;should we also consider building a temple to Corona?! After all our regular Gods have become inaccessible, and their self-proclaimed representatives, the Godmen and Godwomen have gone underground!



A few weeks or months from now we will be learning to live life again. That is what I hope. However, to those who are looking forward to plunging into life like in the pre-Corona days, a word of caution. The next one will not be so forgiving. I hope we have learnt our lessons and will give Mother Nature the respect she deserves. Muse on that Happy Thought I mentioned a little while ago.

Dr. Rajesh Radhakrishnan
woodcrawler@gmail.com

(Pic Courtesy: Dr. Natasha R, Dr. George Thomas, Dr. R.R Varma & Dr. Preethy Prasanth)

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