

INTERNATIONAL VOLUNTEERISM

# Get Tips and Learn Skills for Overseas Service

If you're interested in international ophthalmology, the Annual Meeting provides an easy way to learn about the issues.

**ENJOY DEBATES AND UPDATES AT MONDAY'S INTERNATIONAL FORUM.** Despite the ongoing efforts of Vision 2020 and related initiatives, blindness and visual disability continue to be major problems for the developing world. In this free session, Ahmed M. Trabelsi, MD, will report on South-South partnerships in Africa.

His presentation will be followed by three debates:

- **What is the priority—aid or development?** Suzanne Gilbert, PhD, MPH, will moderate a debate between Gullapalli N. Rao, MD (arguing for aid) and Alfred Sommer, MD, MHS (advocating for development).
- **Should non-MDs in developing nations be trained to perform cataract surgery?** Victoria M. Sheffield will moderate a debate between Larry Schwab, MD (pro) and Benedictus G. K. Ajayi, MBBS (con).
- **Is phaco preferable to small incision cataract surgery in developing nations?** Abhay R. Vasavada, MBBS (pro) will debate Sanduk Ruit, MD (con), with Geoffrey C. Tabin, MD, stepping in as moderator.

The session will conclude with Ruth D. Williams, MD, explaining how to get involved in international volunteerism.

This free event takes place on Monday from 8:30 to 11 a.m. in Room 294.

**ATTEND AN INSTRUCTION COURSE.** Visit the Course Ticket Sales desks in Hall E to purchase tickets for the following Instruction Courses:

- **Eyes of Africa** will provide an A to Z of tropical ophthalmology: Anthrax, keratomalacia, kwashiorkor, Luapua eye, mycosis, pellagra, onchocerciasis, rickets, trachoma, war trauma and other ophthalmic zebras will be presented in a survey of ocular pathology seen in Africa but rarely encountered in North America (Instruction Course #210; Sunday, from 2 to 3 p.m.; \$35).
- **How to Prepare and Conduct a Successful International Visit** will describe many of the elements that are necessary for a successful visit, including early planning details, preparation, goal setting, management and options for future involvement (#240; Sunday, from 3:15 to 4:15 p.m.; \$35).
- **Quality Assurance in High-Volume Surgical Setup in Developing Countries** will describe the processes and methodology that have enabled a clinic in Southern India to reach a high standard of quality—from comprehensive patient counseling, to standardized protocols, close monitoring of intraoperative and postoperative complications, and development of affordable technology (#259; Sunday, from 4:30 to 5:30 p.m.; \$35).
- **Young Ophthalmologists in International Ophthalmology** will address the challenges of treating eye disease in developing nations, will identify the organizations that are involved in this, and will

describe the opportunities that are available to residents and young ophthalmologists (#469; Monday, from 4:30 to 5:30 p.m.; \$35).

**VISIT THE SCIENTIFIC POSTERS.** Two of these will be on display today—**Cataract Detection by School Children in Rural India** (#PO107) and **Ocular Examination in Rural Government Schools in a Developing Asian Country: An Important Tool to Prevent Childhood Blindness** (#PO108)—and you can talk to the authors about their research from 11 a.m. to 12:30 p.m. today at their display in Hall D.

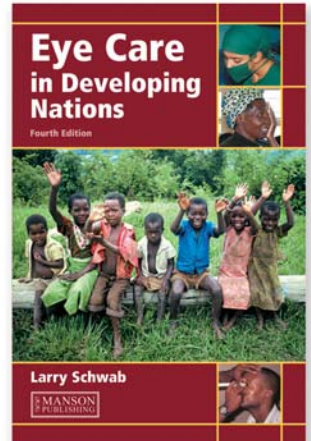
Another two Posters will be on display on Monday and Tuesday—**Ocular Tuberculosis: A Public Health Problem in Developing Countries** (#PO354) and **Blindness in Costa Rica** (#PO355)—and you can meet their authors from 12:30 to 2 p.m. on Monday.

You can also view all four posters at the Scientific Posters Online terminals in Halls D and J.

**BROWSE THE INFORMATIONAL POSTERS AND EXHIBITS.** Many of these are presented by organizations that are seeking volunteers to serve the visually impaired worldwide. They are located in Hall D.

**GO ONLINE FOR THE EYECARE VOLUNTEER REGISTRY.** This service will help you to find a volunteer site in a developing country. Go online to find an opportunity that fits your skills and interests. Find out more at [www.eyecarevolunteer.org](http://www.eyecarevolunteer.org).

**BROWSE THE UPDATED HANDBOOK—Eye Care in Developing Nations.** Most blind-



ness in the developing world is curable. And much of the remainder could be prevented if people had access to simple interventions that already exist. In this newly revised fourth edition, Larry Schwab, MD, describes in practical detail what these interventions consist of and how they can be readily implemented.

Visit the Academy Bookshelf display at the Academy Resource Center (Hall G, Booth #2939) to browse *Eye Care in Developing Nations*, 4th ed. (London: Manson Publishing, 2007). It is available at the Academy Store for \$43 (Product #0240621).



**AVOIDABLE BLINDNESS IN THE DEVELOPING WORLD.** For the past 20 years, *Eye Care in Developing Nations* has topped the reading list of Western clinicians as they prepared for overseas missions. Now in its fourth edition (see "Browse the Updated Handbook"), it provides an authoritative guide to the most important causes of blindness and visual impairment in the developing world. And this afternoon, the book's author—Larry Schwab, MD—will present a quick overview of ocular conditions that an international volunteer might encounter (see "Eyes of Africa" under "Attend an Instruction Course"). Topics will include: (A) **Bilateral cataract.** The world's leading cause of blindness and low vision is cataract, and most cases of cataract blindness occur in the developing world. Cataract surgery is one of the most cost-effective public health interventions worldwide. (B) **iatrogenic injuries.** A traditional healer attempted to treat this woman's trachoma. Note the lower lid ectropion caused by the healer's use of thermal cauterization. (C) **Leprosy.** This patient has lepromata, ptosis from facial nerve palsy, and loss of eyelashes and eyebrows. (D) **Trachoma.** In dry climates, moisture-seeking flies may play a part in spreading *Chlamydia trachomatis* from person to person. Trachoma control can be achieved by improving sanitation, providing clean water, and treating individuals and communities with appropriate antibiotics. (E) **War.** This Mozambican boy suffered eye and facial injuries from an antipersonnel land mine. Children's natural curiosity tempts them to pick up any interesting object they find lying on the ground, and that puts them at particular risk from such mines.

A-D: LARRY SCHWAB, MD; E: HARJINDER DHANA, MD