

# “Tut, tut, tut... Armani?”

## Eyecare in the Land of the Eagles

Last month, Dr David Thomson and Margaret Lawrence of the Department of Optometry and Visual Science at City University took a group of six new graduates to work in Albania. One of the participants, Penny D'Ath, writes about her experience.

My own consulting room, computerised test chart, electronic chair and a checklist of 42 points of what to do and when to do it, seemed like a distant memory as the sun rose over Shkodra and another day dawned – a day entrenched with realities as far removed from my university consulting room as it was possible to get. Here we all were. Six fresh-faced graduates barely out of university, barely out of our final year refraction clinic, barely able to differentiate between a retinoscope and an ophthalmoscope let alone know how to use them properly, foot-loose and fancy-free in a tiny village called Koplík, 17km North of Shkodra in hot, dusty but hospitable Albania.

Every morning we would meet at a café before being transported by ambulance to a school in Koplík. It quickly became apparent that the only thing we were truly going to crack on this trip was our heads on the roof of the ambulance as we hammered along dirt tracks with giant

Naomi Smith tests a patient

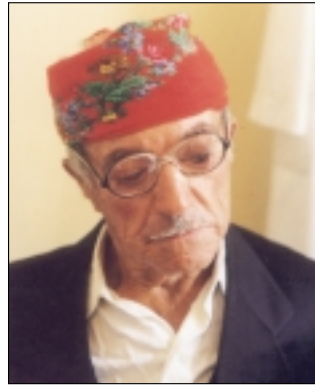


potholes at 70mph, laughingly described as main roads. One member of the team was assigned the all-important task of looking out for every bump, bridge, cow, pedestrian, armed police officer or, indeed, any eventuality which may have resulted in yet another crack on the head. When the words “Brace! Brace!” were heard, 13 heads (it was a miracle to fit 13 heads into the back of an ambulance never mind the bodies that accompanied them) went down between the knees in perfect synchrony to prevent serious skull fracture.

As we unloaded the equipment on that first day, I wondered if somebody had thrown a bucket load of Cyclopentolate over the ever-dilating crowd, which had amassed by the entrance. The door opened and I, and half of Albania it seemed, diverged into an untidy heap in the entrance hall only to converge almost immediately as they all merged into a haphazard line ready for screening.

### In at the deep end

It all seemed such a far cry from the safety of the final year clinics. If the list size of several hundred expectant people were to be seen by close of play, then our refraction time was going to have to be radically reduced from the two hours we had grown accustomed to. I looked down at my checklist, Chapter 12 “Putting it all together”, and wondered



Putting recycled spectacles to good use

which of the 42 salient points I might feasibly be allowed to bin. “No. 13 Measure PD, No. 15 Turn out cubicle light, No. 17 Turn on cubicle light”... I felt sure that this would be a good place to start as I looked at the bin liners wondering if they would be better utilised for dispensing with my checklist than blocking out the light from the windows. It also occurred to me that perhaps we might also be permitted to skip monocular RAF amplitudes of accommodation and near point of convergence. “No. 41 Colour vision” – I was beginning to get the hang of this.

The team was divided into pairs so that two students did refraction, two dispensed spectacles and two did the initial screening to ascertain history, symptoms and visual acuity. The screening quickly became relabelled as ‘crowd control’ and new methods had to be adopted such as beating a big stick against a desk to maintain order.

Once patients were screened, they would line up for refraction. I am sure that the first 20 patients I saw were given the wrong prescriptions on the grounds that I had forgotten that “Po” and a shake of the head meant “Yes”, whereas a “Jo” and frantic nodding meant “No”. We quickly found a compromise and opted for the universal thumb and forefinger “OK” sign or the “Tut, tut, tut” wagging finger, “Very bad” sign.

On completion of refraction, patients were issued with their

prescription which they then took through to the dispensary where they were issued with one pair of spectacles. There were ways round the one pair of spectacles rule though, and the production of three chocolate ice creams on the last day definitely warranted a second pair of ready readers.

People are image conscious the world over and this was highlighted when one lady was clearly not too impressed by the frame she was offered. “Tut, tut, tut,” she said wagging her finger. “Armani?” – possibly a certain element of wishful thinking!

At one point, a Perkins tonometer was placed in my hand. I had only used one twice before so was quite proud that I had actually recognised what it was! I tried to remember how I had been taught to use it – “No fluorescein painting. No skating over the cornea” – but that was all very well, the ones at university had new batteries in them and a lecturer on hand to spare the epithelial cells from brutal indentation. This time it was just me and the Perkins.

How do you explain when there is no common language that you are going to stick a large lump of plastic in someone’s eyeball, let alone the reason? I didn’t remember any lectures covering this. However, it was all too busy to worry about such formalities. Head back against the wall and slap it on. Don’t think too hard, just pray that you can see some fluorescein rings and don’t make a dent in Bowman’s membrane (at least not a big one)!

The pathology was fascinating – hypermature cataracts, iridodialysis, nystagmus with null zones, chorioretinopathy, macular burns from an explosion in the face, an albino fundus, inflamed pterygium encroaching on the pupil, retinitis pigmentosa, Marfan’s syndrome ... the list was endless and we were fortunate enough that “Profesoreshë” Thomson and Mrs Lawrence were patient enough to point them all out.

In seven days, the City Albania Relief Effort (CARE) managed to see just over 1,000 patients and issued spectacles to the vast majority of these. How can you do justice to such a fantastic trip in such a short article? The Albanian would be "Shumë mire" as the experience obtained was unbeatable, the tuition offered by Dr Thomson

and Mrs Lawrence was unsurpassable, the patients were delightful and the country was just so inviting.

To anyone even vaguely considering such work, the only words I could offer for not immediately signing up for such a trip would be "Tut, tut, tut", accompanied by a severe wagging of the finger!

### **Acknowledgements**

On behalf of the CARE team, the author would like to thank ophthalmologist, Dr Astrit Beci, for his generosity, hospitality and organisational input, and Dr David Thomson and Margaret Lawrence of City University for their support and patience. Also Alitalia, Alpha Instruments, BIB Instruments, Eyesite Laboratory,

Keeler Instruments, Queen Victoria Hospital, WT Rees and Specsavers Opticians for their support, and the Wiseman Memorial Fund which sponsored the team.

### **About the author**

Penny D'Ath is a pre-registration optometrist at Moorfields Eye Hospital, London.