Surgical Outreach Camps: Getting It Right

Roger Furlong MD
Adjunct Professor of Ophthalmology
John A. Moran Eye Center
University of Utah
Rocky Mountain Eye Center
Missoula, Montana

Financial Disclosure

- No Financial Interest

Surgical Outreach Camps

- A very gratifying and productive experience when done correctly
- Success is highly dependent on proper planning and execution: “logistics”
- Doing your homework from the beginning will help ensure a quality trip
- Seek out advice and assistance when getting started
- Consider traveling with an experienced surgeon or group initially
Before You Go: Thoughts
- Why are you going?
- Philanthropy: Doing some good
- Teaching: Leaving a legacy
- Takes more than one trip to be proficient/efficient
- Takes time to understand the situation and establish trust with providers and patients
- Working with local partners often helpful
- What are you leaving behind?

Before You Go: Personal
- Health: vaccinations/medications: work with Public Health Clinic or CDC website
- Carry needed and emergency medications (eg Abx)
- Visa: not needed everywhere, can do via consulate or through a visa service
- Passport: > than 6 months to expiration
- Travel / Evacuation Insurance
- Research: Find out what you can about local area, providers, demographics, cultural issues

Before You Go: Credentials
- Expect to be credentialed and licensed, allied staff as well: CV, diplomas, licenses
- May be covered/facilitated by sponsoring group but ensure this is done correctly
- Letter of invitation on official stationary: must have, inviting hospital/group up to Minister of Health
- Carry copies of ALL documents, even those you already sent
- Emergency Contacts
Before You Go: Customs
- Have a notarized “Letter of Explanation” outlining what you are carrying and why
- Detailed manifest of all equipment/supplies carried by all team members
- Letter of Invitation, manifests to all team members
- Equipment to be shipped needs special paperwork
- Despite all this, customs can be difficult and unpredictable
- “We’re here to help your people” not magic words

Screening and Planning
- Work with local partners or sponsoring group to determine numbers and types of surgery planned
- Screening: Know how much additional work is needed such as full exams, biometry, ultrasound for opaque media
- Evaluate facility for clinic space, OR size, beds, sterility, patient flow
- Make an appropriate equipment packing list

Equipment and Supplies
- Equipment: instruments (make a travel set), phaco machines (?Vit), sterilizers, microscopes, A/B scan
- Clinic: tonopen, loupes, indirect, lenses
- Supplies: the devil is in the details
- IOLs (bag, sulcus, AC), BSS, tubing, viscoelastics, trypan blue, injectors, blades, sutures, CTRs, iris hooks/rings, miostat, intraocular lido/epi
- Endophthalmitis kit
- Drops: mydriatics, miotics, anesthetic, antibiotic, steroids, NSAIDS, IOP drops,
- All supplies for retro/peri bulbar blocks
Paperwork Matters
• Registration and exam paperwork-can facilitate the process if well done
• Confidence in screening and surgical planning
• Post-op documentation to help local providers and followup care
• Consents-verbal if needed
• Collecting data for demographics/epidemiology and research

Before You Go: Miscellaneous
• Travel arrangements: air, ground, transfers
• Security: Work with local partners, internet research, State Department
• Accommodations: hotel, house, tent, showers, toilets
• Meals: Plan, know your options and limitations
• Water: expect bottled best option
• Money: Credit cards often unsafe or not accepted; ATMs or cash (customs)

On The Ground: Organization
• Clinic flow: registration and consent
• Screening for pathology and co-morbidities
• Important to treat only when good chance of success
• Additional testing: ultrasound, biometry, IOP
• Surgical counseling and preparation
• Post-operative exam, education, medications
• Arrangements for follow-up: regular and complications
On The Ground: OR Flow
- Have the team organized beforehand
- Everybody knows their responsibilities
- Patients move efficiently through the OR process
- Every movement matters for efficiency
- Do the math: 3 minutes extra/case X 30 cases adds 1.5 hours to your day, or limits your volume
- Golden Rule: Surgeons are always busy maximizing work to be done

OR Flow
- Anesthesia: long-acting blocks
- Minimize time to move patients
- Consider 2 tables per surgeon-limit turnover time
- Right eyes on one table, left eyes on another
- Instruments: extra sets, sterilize with spirits
- Complications eat up time
- Try not to shut down OR (eg breaks, lunch)
- Work until queue is done

Post Op Clinic
- Start of each day, see prior day post-ops
- Patch off, clean patient, check Va and IOP
- Exam: SLE or loupes
- Post-op instructions and medications
- Involve family/friends to help
- Follow-up instructions/plan
- Simple things: drops in ziplock, OTC readers