

# Delay in Surgical Uptake for Cataract Services in a Pediatric Population in Cross River State, Nigeria

Sir,

We conducted a population-based study on the prevalence and causes of visual impairment in children in 2011 in Cross River State, Nigeria.

A total of 76 children with visually significant, operable, cataracts were referred from 18 local government areas of the state to the University of Calabar Teaching Hospital for surgical services. Only 56 (74%) children presented at UCTH Department of Ophthalmology for surgery and 20 (36%) of children did not present in the hospital at the appointed date and time for surgery in spite of surgery being free to the patients.

There were more males with developmental cataract (81%) than males with congenital cataract (51%). On the other hand, there were more females with congenital cataract (49%) than females with developmental cataract (19%). These differences were statistically significant ( $P = 0.027$ ). Regarding laterality, out of 34, 27 (79%) children with bilateral cataracts were presented for surgery and that of 42, 29 (69%) children with unilateral cataracts were presented for the examination, however, the differences were statistically insignificant ( $P = 0.3$ ). This may be because the children do not present with any obvious visual impairment which is noticeable to the parents, so the lack of urgency or assumed need for surgery was not required on them. The advanced age for all 76 children was 120.8 months ( $SD \pm 48.4$ ) and the number of months delay from the time the problem of cataract was first noticed at the age for the presentation was 87.4 months ( $SD \pm 55.9$ ). The delay among those who were "given medicine" at first presentation to a health facility was significantly

greater 98.1 months ( $SD \pm 58.1$ ), than those who were given some other advice, 59.8 months ( $SD \pm 50.8$ ). We do not know what the medicine was, but whatever it was, it was inappropriate. This finding may be interpreted as more evidences suggesting that non-specialists are not qualified to treat children's eye problems and those providing them with medicines to treat problems only provide false sense of security and delay the proper treatment of very important conditions. Further, improved recognition by health workers may by itself, be inadequate to address this problem, if health workers continue to give eye medications unsupervised.

We seem to agree that the major challenge in the uptake of cataract services in children of our environment appears to occur between recognition and presentation to the appropriate surgical facility, rather than the presentation in clinic for the treatment uptake, even though this should also be further investigated and addressed.

We recommend that our cataract services for children may benefit from the framework in developing the comprehensive cataract care in children suggested by Muhiit based from experiences in Bangladesh and the need to update the knowledge of health workers especially for the management of leukocoria in children.

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