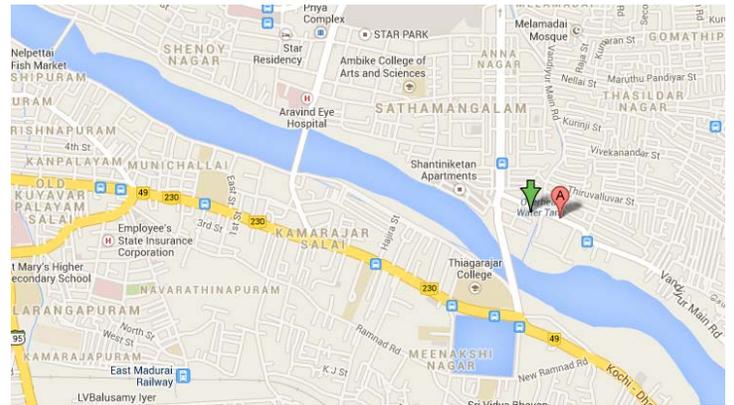


Aravind 2013 Postcard 2



Saturday 5 October 2013



Madurai is a very developed city. Near the hospital there are beautiful homes, well maintained roads, and a complete lack of traffic signals. I guess it is cost effective to not put them up if nobody would use them.

Running has become a big part of my life in the past few years. I was delighted to be up early and meet another runner, David Green, who was getting ready to leave for a run. David has been coming to Aravind since the 1980s advising on development. He also knows his way around the neighborhood!



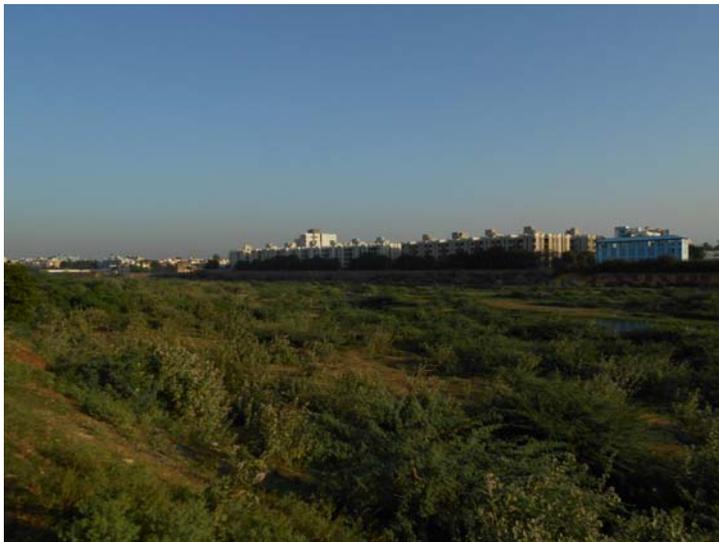
In Honduras, there were goats wandering around. Same here- the difference is that the goats seem to have a taste for the sugar cane husks. Street vendors squish sugar cane into a little cup, a sweet confection, about 20 cents.



If you google 9.916223,78.149994 you will see on Google Maps this “Overhead Water Tower” right by Aravind Eye Hospital where I am staying in Madurai.



Breakfast vendors were getting set up.



The City is getting ready for the rainy season. Meaning they have drained the river. Hearing people talk around here is like being back home wondering if the monsoons are going to come early.

CATARACT SURGERY

I spent the morning observing Dr Rashar Gupta do Small Incision Cataract Surgery (SICS), the procedure I have come to learn. It was a light day. He did 18 cases in three hours. While doing a case every ten minutes, he was also going to the next operating theater to help residents when something started to go south. I didn't take any pictures. There is no teaching head on the scope. I have a new empathy for the medical students we stick in a room.

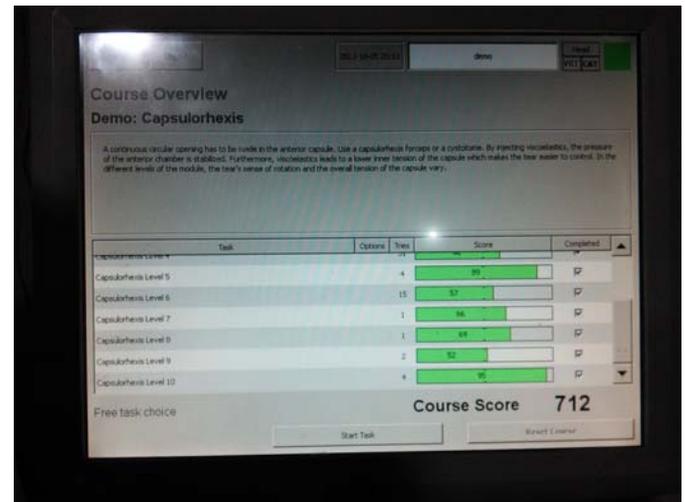
The cases that I saw were for the most part 20/100 to 20/200 cataracts where the fundus was well visualized. Their rule is if there is no view of the posterior pole, an

ultrasound is done if there is not reliable 4 quadrant localization of light.

SURGICAL SIMULATOR

I spent the afternoon in the Surgical Training Center, using the VRmagic EyeSi surgical simulator, training on the capsulorrhexis module. My instructor was quite disturbed with my initial performance. There is no teaching head, and I thought that I was going through the usual hazing that accompanies being a noob. Finally I asked if we could change the position of the inverting prism so I didn't have to do everything upside down! She seemed quite relieved to see that once we flipped the world upside right, I wasn't doing so badly.

I certainly wish we had one of these for our residency program. In addition to training the technique, the learner must operate the scope, keeping it centered and focused. The system grades economy of motion and tissue handling – this is an essential skill. I was happy to see that while I crashed the system occasionally (essentially couching the lens!) I did it with steady hands and determination...



Sunday is the day of rest around here. The library will be open but the wet lab closed. I hope you are all well, and please, wish me luck. I have some trepidation trying to learn cataract surgery again, but I am certainly in the place where it is best taught. Dr. Venkataswamy started Aravind at age 58, with hands that were crippled from Rheumatoid Arthritis. I try to remember that as I start to relearn the skills that our residents master so well.

Regards,
Joe

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