Uptake of Surgery for Childhood Cataract in University College Hospital, Ibadan, Nigeria

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Introduction: Childhood blindness remains the second leading cause of blind person years worldwide. Childhood cataract is becoming a major cause of childhood blindness in developing countries [1,2]. Globally, approximately 190,000 children are estimated to be blind from childhood cataracts[2]; in Nigeria, 7500 children are blind due to cataract [3]. Although surgical intervention is the definitive treatment modality, the proportion of children with cataracts in developing countries who have had surgery for cataracts is significantly low [4].

Aim of the Study: The aim of this study was to determine the uptake of surgery and the frequency and reasons for rescheduling of surgery among children presenting with cataract to the eye clinic, University College Hospital, Ibadan.

Methods: A retrospective study of 164 patients with childhood cataract seen over a 5 year period (2011-2015) in UCH, Ibadan was carried out. Demographic and clinical information was retrieved from the patients' clinical records. Data was analysed with IBM SPSS Statistics version 20.

Results: There were 90(54.9%) males. The median age at presentation was 4yrs with a range of 2-180 months. The median waiting time for surgery was 2months with a range of 1 - 13months. All the patients were scheduled for surgery at presentation, of which 123 patients (75%) underwent surgery. The remaining 41 (25%) children defaulted and were lost to follow-up.In 46 (37.4%) of the children who underwent surgery, the booking for surgery was rescheduled at least once prior to surgery. Reasons for rescheduled surgery included financial constraints, illness, delayed paediatric evaluation and industrial actions in the hospital.

Discussion: A quarter of our patients defaulted despite surgery booking. This is similar to a study in Calabar where 36% defaulted following booking for surgery[5]. The tendency for late presentation and reluctance for surgery uptake may be due to cultural myths about surgery and many care-givers may opt for non-surgical treatment at peripheral health facilities until their child's vision becomes debilitating. Delayed uptake of childhood cataract surgery has also been reported at National Eye Centre Kaduna by Murtala Umar *et al* [6] and by Bronsard *et al*[7] in Tanzania. A significant proportion of our patients who underwent surgery did so after rescheduled bookings for surgery for various reasons including financial constraints and industrial actions. A study done in Calabar showed that the major challenge with uptake of cataract services occurred between recognition and presentation at appropriate surgical facility[5].

Conclusion: Although three quarters of our patients had surgery, it was rescheduled in more than a third of these patients. A quarter of the patients who presented to hospital did not have surgery at all and were lost to follow up. Cost of treatment and industrial actions are major reasons for delayed uptake of surgery. Routine screening of children and health campaigns to caregivers may encourage early presentation and surgery uptake. Better funding for healthcare, wider health insurance coverage and improved staff welfare may help address some of the reasons for delayed uptake of surgery and loss to follow up.

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