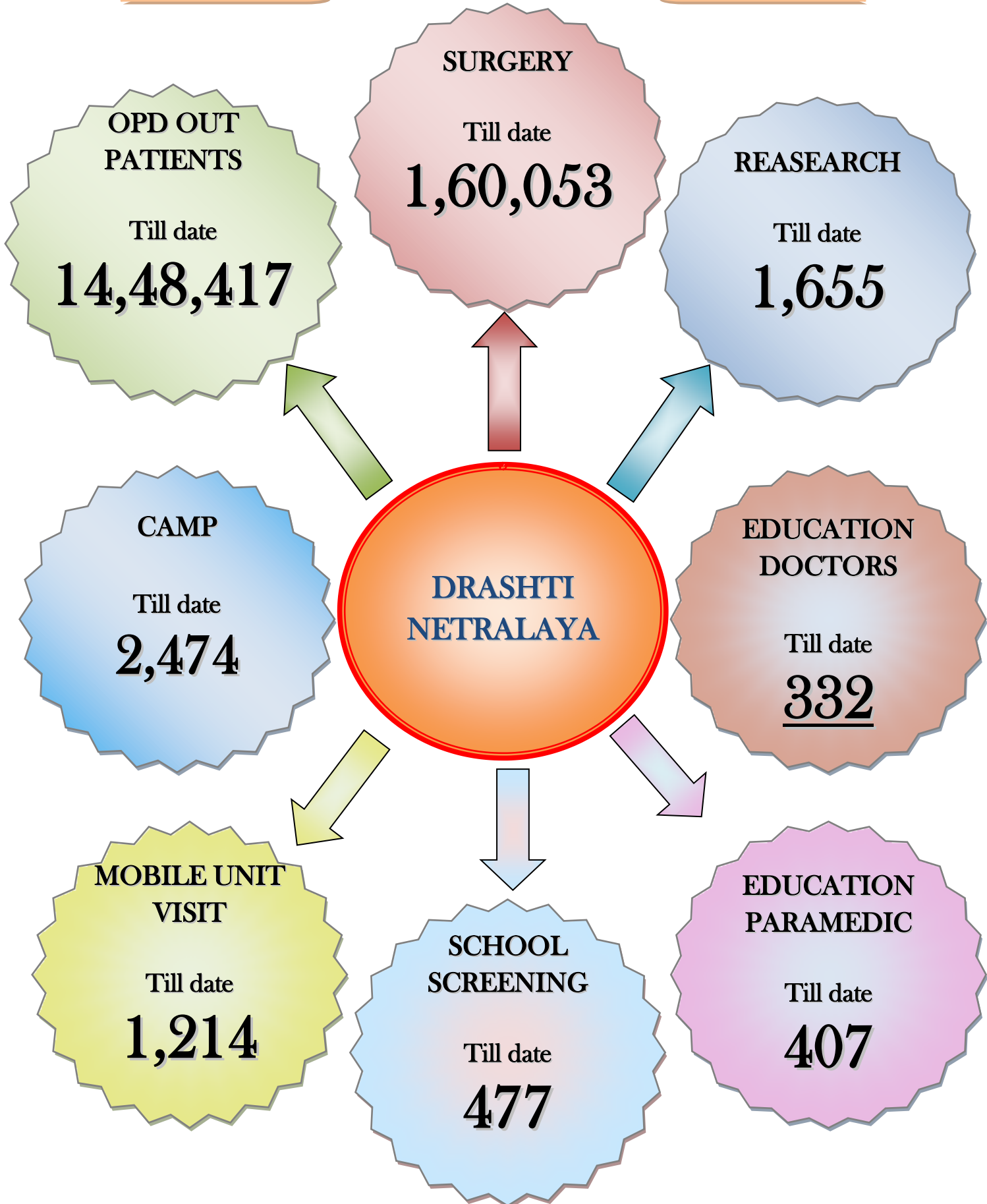


# WORK IN BRIEF



## Patient care

	Total of this Month	Paying of this Month	Free of this Month	Subsidized of this Month	Total Till Now
OPD Total	4898	1646	3252	00	14,48,417
Surgeries total	769	292	476	01	1,60,053



**Republic day celebration at Drashti Netralaya**

**Flag hosting done with the auspicious hands of**

**Shri Ashwinbhai Shah**

**:Acknowledgement:**

**We are grateful to these donors for financial contribution to help needy and poor January-2022**

Date	Donor Name	Donated By	Place	Amount in Rs.
Jan-22	Dr Asif Sathliya	Self	Dahod	6,000/-
10-01-22	Late Renukaben D Desai	Shri Dashrathlal G Desai	Dahod	5,000/-
11-01-22	Miss.Sakshi P Shah	Mr Preyashbhai A Shah	Dahod	11,000/-
17-01-22	SmtKashmiraben S Desai	Self	Dahod	1,000/-
24-01-22	Shri Rajubhai P Rami	Self	Dahod	500/-
25-01-22	Mr Suresh V Dakhra	Self	Surat	1,500/-
28-01-22	SmtUrmilaben B Kadakia & Shri Ketanbhai B Kadakia	Self	Ahmedabad	10,000/-
30-01-22	Late Kanubhai M Shah	Dr Jigneshbhai Shah	USA	38,500/-
31-01-22	Shri Mithalal R Desai	Self	Dahod	2,500/-







આજરોજ પ્રજાસત્તાકદિ વસદ્રષ્ટિનેત્રાલય માટે  
યાદગાર રૂપરહ્યો.

આજરોજ જિલ્લા કક્ષાના ૭૩ મા પ્રજાસત્તાકદિને  
પોલીસ પરેડ ગ્રાઉન્ડ દાહો દખાતે માનનીય કલેક  
ટરશ્રીના વરદહસ્તે માનનીય સાંસદશ્રી,  
જિલ્લા પ્રમુખશ્રી અને અન્ય અગ્રગણ્ય અધિકારી  
શ્રીઓની ઉપસ્થિતિમાં આયુષ્માન ભારત અભિયા  
ન હેઠળની આપણી હોસ્પિટલની સેવાકીય વૃત્તિ  
ને બિરદાવવા સન્માનરૂપે સર્ટિફિકેટ પ્રાપ્ત થયું.

**Mr Dharmendra Khatri (Bablubhai) and Dr Bankim Gandhi are receiving the honour  
on behalf of Drashti Netralaya.**



ગોધરા  
ગોધરા ખાતે શ્રી ગોવિંદ ગુરુ યુનિવર્સિટીના ત્રીજા દીક્ષાંત  
સમારોહમાં મુખ્યમંત્રી ભુપેન્દ્ર પટેલની ઉપસ્થિતિમાં  
ઉત્તરપ્રદેશના મહામહિમ રાજ્યપાલ આનંદીબેન પટેલે ૧૧૨  
વિદ્યાર્થીઓને સુવર્ણચંદ્રક એનાયત કર્યા હતા.



આ અવસરે આનંદીબેન મુખ્યમંત્રી ભુપેન્દ્ર પટેલ અને  
મહાનભાવોની ઉપસ્થિતિમાં શ્રી ગોવિંદ ગુરુ યુનિવર્સિટી

**Ms. Bhavika Prajapati, a student of Shri H V Desai Optometry college, run by  
Drashti Netralaya, stood first in university and receiving gold medal from Shri  
Guru Govind university by chief minister Shri Bhuendrabhia Patel in presence  
of UttrakahndgovernorsmtAnandiben Patel**

**Special Focus, Systemic Syndromes, Original Article**

**Clinical profile and outcome of ocular manifestation in Marfan syndrome in India**

Shreyash Shah, Vikash Shah, Pratiksha Nandani, Sakshi Mishra, Gagan, Divyanshu, Divyanshu, Shree Narayan

**Abstract:** Marfan syndrome (MFS) is a genetic connective tissue disorder characterized by a mutation in the fibrillin-1 gene. It is a systemic disease with ocular, skeletal, cardiovascular, and other manifestations. The aim of this study was to evaluate the clinical profile and outcome of ocular manifestation in Marfan syndrome in India.

**Methods:** A retrospective study was conducted in a tertiary care hospital. All patients with a confirmed diagnosis of Marfan syndrome who had undergone ophthalmological evaluation were included in the study. The clinical profile and outcome of ocular manifestation were analyzed.

**Results:** A total of 100 patients were included in the study. The most common ocular manifestation was ectopia lentis, followed by myopia, keratoconus, and retinal detachment. The outcome of treatment was generally good, with most patients achieving visual acuity of 20/40 or better.

**Conclusion:** Marfan syndrome is a systemic disease with ocular manifestations. Early diagnosis and treatment are essential to prevent vision loss and other complications.

**Keywords:** Marfan syndrome, ectopia lentis, myopia, keratoconus, retinal detachment.

**References:**

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4. Marfan G. *Ann Anat Physiol Pathol*. 1896;18:246-50.
5. Marfan G. *Ann Anat Physiol Pathol*. 1896;18:246-50.

**Scientific research article published in IJO (Indian journal of ophthalmology) from Drashti Netralaya about Marfans Syndrome**

**Muscle Loss is not Lost Hope**

Shreyash Shah, DDOIS  
Drashti Netralaya

**Abstract:** Of all the complications of strabismus surgery, the lost muscle is one of the most alarming. Yet, with patience and careful management, it may be one of the most amenable to treatment. With good illumination and magnification and a detailed search of the sub-Tenon's capsule space, it is unusual to not be able to explore the orbital fat to retrieve the muscle.

**Keywords**

Lost muscle, strabismus surgery, slipped muscle, oculocardiac reflex, medial rectus, lateral rectus, inferior rectus, overcorrection, under correction. A lost extracocular muscle is defined as a muscle that has lost all direct or indirect connection to the sclera.<sup>1</sup> It may be traumatic or iatrogenic. A slipped muscle lacks direct attachment between muscle-tendon and sclera but is indirectly attached via loose (muscle capsule) or dense (epithelialized scar) connective tissue.<sup>2</sup>

**Investigations**

The repair of a lost or slipped muscle requires advanced diagnostic and surgical skills. Therefore, alternative procedures such as muscle transpositions, Faden procedures, and weakening of antagonist's muscles others are used. However, with adequate preparation, the direct repair is usually possible and produces a more functional result.<sup>3</sup>

**Mechanism**

Most lost muscles occur during strabismus or retinal detachment surgery while the muscle is under traction. In some, the muscle ruptures at the musculotendinous junction due to connective tissue weakness. This has been termed the "pulled-in-two syndrome" and is usually seen in the elderly, but it has been described in younger patients with presumed collagen abnormality. The proximal portion of the muscle retracts posteriorly and becomes a lost muscle; by others, the suture pulls through the muscle-tendon after muscle dissection, even also leading to a lost muscle. The most severe lost muscles are those created during strabismus surgery, in which a portion of the muscle is eaten away, creating a length deficit in addition to the lost proximal end<sup>4</sup>

**Differential Diagnosis**

The differential diagnosis of a slipped or lost muscle includes excessive muscle recession, hemorrhage and edema around the muscle, and postoperative pain-causing splitting of the extracocular muscle movements. A severed nerve to an extracocular muscle, neuropraxia, a crushed muscle, muscle entrapment in an orbital wall fracture, and muscle fibrosis and contracture can also mimic a slipped or lost muscle.

**Lost muscle has also been reported after conventional eye surgeries.<sup>5,6</sup>**



Figure 1: Traumatic rupture of inferior rectus

Large strabismus overcorrection occurring 2 to 4 weeks after large hang-back or adjustable suture surgery could indicate nonattachment to the sclera and a lost muscle. If strabismus resulted from trauma, was the trauma blunt or penetrating? When was the impact, and from what direction? Did the loss of consciousness occur, and if so, what was the time in a coma? Was phoria or enlarged pupil present? Was exotropia, proptotic, or ptosis present? Was the onset of diplopia immediate or gradual after the injury? Diplopia following periorbital trauma with little or no evidence of head injury should increase one's suspicion toward muscle injury rather than cranial nerve palsy.

**2. Traumatic**

In blunt trauma, the muscle may arise from its insertion without losing its attachments to the intermuscular septum. The torn end scars into surrounding orbital soft connective tissue (personal observation). Penetrating trauma may directly sever the muscle with the variable penetration, depending upon the penetration location.<sup>4</sup>

As in all facets of medicine, the clinical history is crucial in the diagnosis of lost muscles. Most commonly, the diagnosis of lost muscle is made immediately, as it is visualized intraoperatively.



Figure 2: Pulled-in-two syndrome

**Subspecialty-Neuro-ophthalmology Strabismus**



Figure 3: Faden operation slipped medial rectus

The most critical factor in the successful management of a lost muscle is having a high index of suspicion. If muscle movements are checked after operation, inappropriate movement accompanied by unexpected over or under correction should alert the clinician to the possibility of lost muscle. For example, in the case of detachment of the medial rectus, the globe may be voluntarily abducted beyond the midline and mild exophthalmos accompanied by a marked limitation of ocular rotation in attempted gaze into the field of action of the disinserted muscle. In addition to the clinical observation of restriction of movement, statement of the saccadic velocity of the eye in the direction of movement gives further information and may be confirmed using electro-oculography to monitor the saccadic velocity. Additional information can be obtained by forced duction test in the fully conscious patient, although not in small children. In the case of the infant, a forced duction test under anaesthesia is warranted. In the early postoperative period, a forced duction test will distinguish between restrictions due to excessive retraction and lost muscle, whereas the latter, there will be no evidence of restriction when the eye is passively rotated in the direction of the limited muscle action.

When there is a marked reduction of eye movement after the operation and a lost muscle is suspected, the patient should be taken to the theatre without delay for exploration.



Figure 4: Hooked adjacent recti muscle to trace intermuscular septum to find lost end of muscle

The diagnosis of a lost muscle will become evident at that time. The antagonist's muscles become tight and contractured if days or weeks have elapsed before the diagnosis is confirmed. This significantly limits forced duction in the field of action of the disinserted muscle. This, in turn, substantially increases the chance of misdiagnosis and subsequent inappropriate secondary corrective surgery.<sup>7</sup>

If the muscle is not found to be attached to the anticipated insertion and no sign of the sheath is present, the possibility that both the muscle and the sheath have slipped must be considered. A careful search in the sub-Tenon's capsule space extending back even to root the optic nerve should be carried out. Failure to identify the muscle in the sub-Tenon's capsule space should be followed by careful dissection with good illumination and magnification as an endeavor to find the muscle even into the orbital tissue. The operating microscope needs to be rotated to permit adequate illumination and magnification in some cases. Breaching Tenon's capsule and allowing orbital fat to get into the wound involves the sever risk of causing unightly scarring and adhesion syndromes, which in themselves form a strong reason for not breaching Tenon's capsules until a careful search of the sub-Tenon's capsule space has been completed.

**Clinical Pearls**

- Do not loose patience
- Be calm & cool
- Plan
- Make an arrangement for extra instruments
- Searching should be time bound
- Mental revision for the course of muscle
- Proper inspection
- Clean the area
- Proper exposure of the area with extra hooks.
- Extension of Conjunctival incision

**Subspecialty-Neuro-ophthalmology Strabismus**

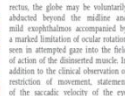


Figure 5: Conventional strabismus surgical approach for lost medial rectus muscle

With careful dissection, the majority of muscles can be successfully recovered, as this report indicates in the rare case when the muscle cannot be retrieved. It would be necessary to consider working procedures of the antagonist combined in some cases with a Faden operation and transposition of muscles, taking care to avoid anterior segment ischemia.<sup>8</sup>

References

1. Leaver TJ, Lambert JC. Slipped and lost extracocular muscle. *Ophthalmol Clin North Am*. 2005;50(4):334-42. doi: 10.1016/j.optcl.2005.07.014. PMID: 16270143
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4. Shreyash Shah, Vikash Shah. Successful repair of injury to the eyelid, lacrimal passage, and extracocular muscle (CEM). *Ophthalmology Case*. 2018; Vol. 6, ISSN: 2329-1498

**Prevention and precautions to be taken when FDT is tight**

- Be extra cautious when FDT is positive particularly for abduction and elevation.
- Keep extra instruments ready
- Do no hesitate to enlarge conjunctival incision rather than small fancy fornicis incisions.
- If there is no space for two hooks use special grooved instruments to pass under muscle.

**and or retractors**

- Don't push any tissue towards orbit while moving
- Aim for searching the muscle sheath
- Follow surrounding intermuscular septum
- Search along with the globe and not towards orbit
- Hold the attached portion but do not pull the 'hot' muscle to expose the area which may push cut end more posterior.
- Once you get the sheath, hold the muscle inside the sheath with non-traumatic forceps
- Confirm the muscle fibers

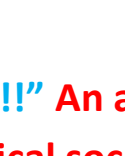


Figure 6: Hooked adjacent recti muscle to trace intermuscular septum to find lost end of muscle

**Subspecialty-Neuro-ophthalmology Strabismus**

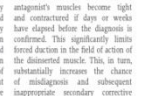


Figure 7: Hooked adjacent recti muscle to trace intermuscular septum to find lost end of muscle

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**“Muscle loss is not the lost hope!!!” An article for squint surgery published in DOS times(Delhi ophthalmological society times) from Drashti Netralaya**



### A prospective cohort study on the epidemiology of ocular trauma associated with closed-globe injuries in pediatric age group

Dear Editor,  
Thank you for pointing out important points regarding this study (10.4103/ijo.IJO\_463\_19).<sup>[1]</sup>

As this study is an extension of the trauma project, many studies published prior have the answers.

This is a study from a single trauma care center located in a rural tribal area of western central India providing free services to the catchment area. The current study included 706 eyes (69.9%) from the rural population. According to our previous studies, 78% were from the lower socio-economic class according to Kuppuswami criteria.<sup>[2-4]</sup>

Further, only 25% of patients reported within 24 hours of injury and 34.3% reported after 1 month of injury, suggesting a lack of awareness and referral network.<sup>[5]</sup>

Figure 1 of the current article shows activities during injuries 62.2% during play and 12.2% during domestic activities.

The answer regarding visual outcome was referenced from a previous study. At 6 weeks postoperatively, the visual acuity in the operated eye was >20/60 in 298 (58%) eyes in the open-globe group and 75 (39.1%) eyes on the closed-globe group ( $P < 0.001$ , ANOVA,  $\chi^2$ ); this difference was significant (OR = 1.61, 95% CI: 0.85-3.02). Overall, 373 (54.3%) eyes regained a final visual acuity of >20/60.<sup>[2]</sup>

Regarding format, we used the American Society of Ocular Trauma initial and follow-up forms for online data collection, which was designed in 2004.<sup>[6]</sup> Currently, we are working with a prospective global trauma registry named International Globe and Adnexal Trauma Epidemiological Study, which has 16 centers globally; we are one of them and have published several reports. We are working on new terminology and guidelines and awaiting more publications.<sup>[6]</sup>

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

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Gujarat, India.  
E-mail: contrustdahod@gmail.com

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**Letter from Brazil in response to article published in IJO (Indian journal of ophthalmology) highlighting the uniqueness and the volume of ocular trauma work and doing lots of research in field of ocular trauma (eye injuries)**

"મન કી આંખે ખોલ બાબા... મન કી આંખે ખોલ" ગીતથી માત્ર ૧૩ વર્ષની ઉંમરથી સંપૂર્ણ અંધ બની ગયેલા સુખ્યાત ગાયક કૃષ્ણચંદ્ર (કે.સી.)ડે.એ ગાયેલું રસકવિ રઘુનાથ બ્રહ્મભટ્ટ લિખિત જે તે સમયનું ખૂબ જાણીતું ગુજરાતી ગીત...

"મને આપો આંખ મુરારી,  
મને આપો આંખ મુરારી...  
પ્રભુ એક જ આશા મારી,  
મને આપો આંખ મુરારી...  
રંગભરેલી રચના તારી  
મારે કાળી કાળી  
મને આપો આંખ મુરારી"



અંધ ગાયક કૃષ્ણદાસના આ ગીતને દાહોદના કૃષ્ણદાસે પોતાના મૃત્યુ બાદ ચક્ષુદાન થકી સાર્થક કર્યું છે. મૂળ વાત પૂર્વે અત્રે એક આડવાત યાદ આવે છે કે પોતાના જીવનકાળમાં છેલ્લા સમયગાળામાં ડાયાબિટીસના કારણે આંખ ગુમાવી ચૂકેલા દાહોદના અગ્રણી ઇન્દુભાઈ શેઠની મુલાકાત વખતે આ ગીત જ્યારે મેં સંભળાવ્યું ત્યારે તેઓ અંધ આંખે પણ યોધાર આંસુએ રડ્યાં હતા.

દાહોદ સ્થિત શ્રી દશાનીમા વણિક સમાજના ૯૨ વર્ષીય વડીલ કૃષ્ણદાસ ગોરધનદાસ શાહ તા.૨.૨.'૨૨ ના રોજ ઢળતી સાંજે અવસાન પામ્યા ત્યારબાદ તેમના સ્વજનોએ ત્વરિત નિર્ણય લઈ કૃષ્ણદાસની બંને આંખનું દાન કરવાનું નક્કી કર્યું અને તે અંતર્ગત દાહોદ દ્રષ્ટિ નેત્રાલયના ડૉ. શ્રેયા શાહ તથા ડૉ. મેહુલ શાહનો સંપર્ક કર્યો અને તાબડતોબ સમગ્ર પ્રક્રિયા હાથ ધરાઈ અને કૃષ્ણદાસની બે આંખના ચક્ષુદાન થકી બે અંધજનોના જીવનમાં જે તે જરૂરી ઓપરેશન કરી રોશની પણ આપી દેવાઈ છે.

ચક્ષુદાન અને રક્તદાન, એટલે મહામુલું ગણાય છે કે હાડકાં તો આર્ટિફિશિયલ બનીને શરીરમાં ફીટ પણ થઈ શકે પણ આંખ અને રક્ત એ બંને આજપર્યંત કોઈ વૈજ્ઞાનિક બનાવી નથી શક્યો. દાહોદની નહેરુ સોસાયટીમાં રહેતા કૃષ્ણદાસના નિશિથભાઈ અને જયરાજભાઈ નામે બંને પુત્રોએ અને પરણિત પુત્રી પદ્મિનીબેન રાજેન્દ્રભાઈ મોદી (પમીબેન)એ પોતાના પિતાની છત્રછાયા ગુમાવ્યા બાદ દુ:ખના સમયે પણ લોકહિતની ઉમદા ભાવના દાખવી મૃતક પિતાના ચક્ષુદાન થકી કોઈને દ્રષ્ટિ સાંપડે તો સારું તેવો નિર્ણય લીધો તે ભાવનાને નમન...

નોંધ: દ્રષ્ટિ નેત્રાલય ખાતે ચાલતા "શાંતાબેન શાંતિલાલ કોઠારી કોર્નિયા સેન્ટર" ખાતે ચક્ષુદાન સ્વીકારી, જે તે જરૂરતમંદોને આંખનું પ્રત્યારોપણ કરી ડૉ મેહુલભાઈ, ડૉ શ્રેયાબેન તથા ટીમ DN દ્વારા દ્રષ્ટિ અપાય છે.

- સચિન દેસાઈ

***If You Want to Donate.....***

Donations given to DRASHTI NETRALAYA is exempted under the income tax under 80(G) Option for year 2021



No	Donation options	Amount (INR)	Amount (USD) 1\$=68Rs Subject to variation
1	Cataract Surgery with IOL with Phacoemulcification	2,500/-	37 \$
2	1 School Eye Screening Program (100 children)	5,000/-	74 \$
3	1 Pair of spectacles for 10 children	3,000/-	44 \$
4	1 Operation of child	3,500/-	51 \$
5	One Major Eye operation(Other than cat)	10,000/-	347 \$
6	Treatment for one eye cancer patient with investigations	25,000/-	367 \$
7	1 operation every year for life time gift of sight(Attached later)(endowment-donation at once)	35,000/- 50,000/- 1,00,000/-	515 \$ 736\$ 1471\$
8	Sponsorship for 1 camp (Eye Screening)	10,000/-	147 \$
9	Running expenditure of one sub center of DN per month	1,00,000/-	1470 \$
10	Yearly donation on specific dates for any number of surgery as per your wish (for 1 cataract suregery-2500 Rs)	Depending on number of surgeries	Depending on number of surgeries
11	Donation Box	Any amount	Any amount
12	Monthly donation for local people.	Any amount	Any amount
13	Name of any department	As per dept.	As per dept.
14	Name of any block or room in hospital-According to demand of new construction	As per site	As per site
15	For any equipment	As per equipment	As per equipment
16	Not for any specific purpose	Any amount	Any amount
17	Any other specific services as per your wish for example-education, research	Any amount	Any amount
18	Corpus fund	Any amount	Any amount

MIS Supported by:  
Shri BhadreshbhaiNavinchandra and  
Smt. Chitraben B. Shah Family by Pranay-Ruchir,  
Ahmedabad.

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## Total Work

	Total of this Month	Paying of this Month	Free of this Month	Subsidized of this Month	Total Till Now
<b>OPD Total</b>	<b>4898</b>	<b>1646</b>	<b>3252</b>	<b>00</b>	<b>14,48,417</b>
<b>Surgeries total</b>	<b>769</b>	<b>292</b>	<b>476</b>	<b>01</b>	<b>1,60,053</b>

## OPD in Detail

	Total of this Month	Paying of this Month	Free of this Month	Total Till Now
<b>OPD at Base Hospital</b>	<b>3133</b>	<b>1172</b>	<b>1961</b>	<b>8,59,016</b>
<b>OPD Sub centers</b>	<b>547</b>	<b>290</b>	<b>257</b>	<b>79,172</b>
<b>OPD PN+Outreach</b>	<b>1218</b>	<b>184</b>	<b>1034</b>	<b>5,10,229</b>

## Surgery in Detail

	Total of this Month	Paying of this Month	Free of this Month	Subsidized of this Month	Total Till Now
<b>Surgeris at BaseHospital</b>	<b>462</b>	<b>259</b>	<b>202</b>	<b>1</b>	<b>66,671</b>
<b>Surgeris Sub centers</b>	<b>64</b>	<b>19</b>	<b>45</b>	<b>0</b>	<b>4,805</b>
<b>Surgeris PN + Outreach</b>	<b>243</b>	<b>14</b>	<b>229</b>	<b>0</b>	<b>88,577</b>



## RESEARCH (Publications & Presentations)

	Till now(jan-2022)
<b>Presentations</b>	
National	1150
International	165
<b>Publications</b>	
Peer reviewed Journals	287
Non peer reviewed journals	53
<b>Grand Total</b>	<b>1655</b>

## EDUCATION REPORT

		Total Till Now (jan-2022)
	No of Doctors	
1	Post graduate(DNBs)	044
	DOMS	003
2	Post MS fellow-national	245
3	Post MS fellows-International	040
4	No of Optometrists	20
5	No of Ophthalmic Paramedical	175
6	No of Optom Fellow	02
7	No of Optom Internship	11
8	No of Drashti Ophthalmic Personnel	171
9	No of Ophthalmic Nurses	48
	<b>Grand Total</b>	<b>759</b>

# Work in Detail

<b>OPD</b>	<b>Total This Month</b>	<b>Total Till Now</b>
<b>DN- Pediatric Ophthalmology Dept.</b>	<b>278</b>	<b>85593</b>
<b>+</b>	<b>+</b>	<b>+</b>
<b>School children eye screening</b> (Supported by Shree Shantinath Charitable Trust)	<b>00</b>	<b>150833</b>
<b>Glaucoma Department</b>	<b>214</b>	<b>14969</b>
<b>Vitreo-retinal Department</b>	<b>319</b>	<b>28340</b>
<b>Squint Department</b>	<b>204</b>	<b>16315</b>
<b>Oculoplasty Department</b>	<b>740</b>	<b>47402</b>
<b>Ocular trauma Care center</b>	<b>266</b>	<b>35532</b>
<b>Contact Lens Clinic</b>	<b>2</b>	<b>2401</b>
<b>Optometry services</b>	<b>197</b>	<b>343403</b>
<b>Uvea</b>	<b>56</b>	<b>5595</b>
<b>Cornea</b> ( Supported by ChandrabenPiyushbhai Kothari)	<b>215</b>	<b>27525</b>
<b>R V Desai Telemedicine center</b> (established by NPCB Delhi)	<b>55</b>	<b>47346</b>

# Drashti Netralaya Sub

## Centers **DrashtiNetralaya BanswadaCenter,Rajasthan started**

**From-Jun-2009**

	Total This Month	Till Now
OPD	213	47521
Surgeries	14	2439

**Drashti Netralaya City center, Dahod started from-April-2011**

	Total This Month	Till Now
OPD	00	10497
Surgeries	00	609

**Drashti Netralaya Partapur Center, Rajasthanstarted from-August-2012**

	Total This Month	Till Now
OPD	181	15828
Surgeries	11	672

**Drashti Netralaya, Nirant Eye Care Center, Godhra, Panchamahhal started From-26-August-2016**

	Total This Month	Till Now
OPD	153	4714
Surgeries	39	961

**Drashti Netralaya CC-1 City center, Dahod started from-15-January-2020.**

	Total This Month	Till Now
OPD	00	342
Surgeries	00	09



## RURAL EYE HEALTH CARE

	Events (of this month) Till Now	Patients examined (of this month) Till Now	Surgeries (of this month) Till Now
Mobile Diagnostic Camps	<b>5</b> <b>2474</b>	<b>610</b> <b>319013</b>	<b>138</b> <b>54055</b>
SmtShantadevi K Agrawal & TATA Mobile Unit Visits	<b>00</b> <b>1214</b>	<b>00</b> <b>38311</b>	<b>00</b> <b>2864</b>
School Screening Supported by Shri AmitbhaiBhansali	<b>0</b> <b>477</b>	<b>0</b> <b>147699</b>	<b>0</b> <b>305</b>
Door to Door	<b>00</b> <b>431</b>	<b>00</b> <b>4560</b>	<b>00</b> <b>1760</b>
Referrals	- -	<b>124</b> <b>32204</b>	<b>105</b> <b>21936</b>

## SUGERIES

	Total This Month	Total Till Now
<b>DN- Pediatric Ophthalmology Department</b>	<b>39</b>	<b>9530</b>
<b>Cataract Department</b>	<b>602</b>	<b>117892</b>
<b>Glaucoma Department</b>	<b>13</b>	<b>2457</b>
<b>Vireo retinal Department</b>	<b>66</b>	<b>9175</b>
<b>Squint Department</b>	<b>4</b>	<b>2994</b>
<b>Oculoplasty Department</b>	<b>25</b>	<b>5816</b>
<b>Lacrimal Department</b>	<b>31</b>	<b>4953</b>
<b>Ocular trauma Care center</b>	<b>22</b>	<b>6336</b>
<b>DawoodiBohra Welfare Trust YAG Laser center</b>	<b>8</b>	<b>3140</b>
<b>Green Laser</b>	<b>1</b>	<b>1689</b>
<b>Cornea (keratoplasty) ( Supported by ChandrabenPiyushbhai Kothari )</b>	<b>0</b>	<b>322</b>
<b>Lasik</b>	<b>16</b>	<b>871</b>
<b>IPCL</b>	<b>0</b>	<b>11</b>
<b>Other</b>	<b>59</b>	<b>8395</b>

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