

## A day at Takeo Eye Hospital, Cambodia

Leo J Ryan

*Endless opportunities to help a friendly people*

BOMBED IN SECRET FOR YEARS by the United States during the Vietnam War, overrun by Pol Pot and his murderous Khmer Rouge, invaded by Vietnam in 1978, blighted by landmines, and lurching through periods of famine, post-colonial political crisis, and intermittent civil war, Cambodia has suffered terribly. Its people are among the poorest in Asia. Aid work commenced by the Maryknoll organisation in 1993 has expanded and been handed over to another Catholic charity, Caritas, supported by funding from Germany and Australia. The centrepiece of the project is an eye hospital in Takeo, 80 km south of the capital, Phnom Penh. Here, services are provided to the poor and local doctors and nurses are trained in the basics of ophthalmology. This is the story of my short time working at Takeo Eye Hospital around Christmas 2001: a day in the life of a volunteer.

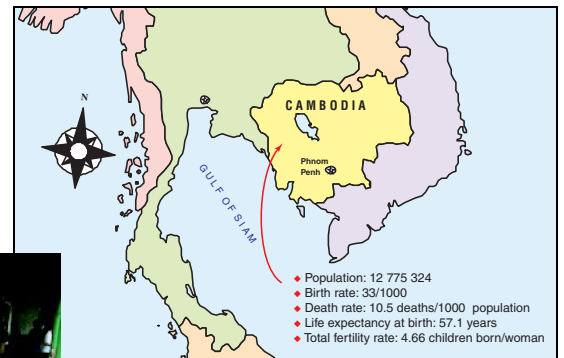
You can tell that French colonialists were in Cambodia; the bread is excellent and a breakfast favourite at the Café Chisor where I start the day. I hail a prowling motorscooter, because taxis do not exist, and negotiate a price to the Takeo Eye Hospital on the outskirts of this small town. As we bounce and weave along the dilapidated dirt tracks that pass for roads, I notice some causes of the eye trauma that will present to hospital today. Workers threshing rice by hand or angle-grinding in metal shops have no eye protection. Despite the dust and insects, none of the “moto” riders wear goggles, let alone a helmet.

The hospital is run by a Dutch ophthalmologist, Dr Franz Lion, and staffed by his three trainees, Dr Eng Kimborarith, Dr Sok Chenda and Dr Poch Thaly, who have come from various distant provinces, leaving their families behind, to attend the 18-month Basic Eye Doctor course.

Our day begins with a ward round before 8 AM, but the nurses start much earlier, removing dressings and ensuring that the patients' relatives are out of the wards. There are two rooms, each with about 20 wooden platforms making



*More patients than beds. Dr Lion, Dr Kimborarith and Dr Thaly doing ward rounds on the verandah of the Takeo Eye Hospital.*



the 40 hospital beds. These are rarely sufficient, and today we have an additional 20 patients who have spent the night on the verandah. Our procession enters each area in turn, led by Dr Lion and his cheery salutation of “*Sua s’dei*” (an informal “hello”). The patients return the greeting and offer the traditional hands-together gesture of Buddhist greeting. One elderly lady just claps. Brief examinations are undertaken and results of the previous day’s surgery are revealed. Patients with corneal ulcers are quarantined in their own ward and it too is full. Carers, who spent the night on the floor beside their relatives, are cooking breakfasts over the fires in the communal kitchen area outside the wards.

Other nurses are already assessing new patients, some of whom have travelled great distances and have queued since

dawn. To ensure the afternoon’s surgery will start on time, nurses will only accept new patients until mid-morning. We join them in the outpatients area; a large room with four small desks, slit-lamps and a few tables for simple procedures. The verandahs are used for assessments of visual acuity, visual fields, eye movements and other basics.

A toddler is brought in by her father with a lacerated cornea. Like many locals, he traps wild birds and keeps them at home before slaughter or sale. She has been pecked in the eye and, incredibly, is the third such young patient



*In the high humidity and with a lack of basic hygiene, many injuries from foreign bodies result in corneal ulcers. Pathology services are virtually non-existent and mixed infections are the norm anyway, so ulcers are treated with a combination of antifungals, antibiotics and antivirals.*

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this week. The injury occurred about a week ago and precious time (and money) has been wasted on “traditional healers” in the interim. She will be properly assessed under anaesthesia this afternoon.

Another child is screaming inconsolably. He is found to have a small rice grain in the upper conjunctival fornix. I imagine that in future he will not stand so close as his parents bash rice sheaves against the threshing boards.

I’m obtaining valuable experience with the slit-lamp in reviewing some of the long-term ulcer patients, but their progress is sometimes discouraging. Every surgery list includes eviscerations of eyes that cannot be saved. One of my patients today is a 10-year-old girl with the classic Khmer smile that the guide books always mention. I’ve never found out how she lost her left eye; I’m just worried about the persistent ulcer on the right that has her vision down to “count fingers at two metres”.

Uveitis is a common and painful condition in this community, but in the harvest season only very serious ailments will cause an adult to leave their fields. Advanced cases of uveitis with bizarrely misshapen irides due to lens adhesions are frequent. A steady stream of elderly patients present with glaucoma and cataracts.

Lunch is an event I’ve been enjoying with the local doctors for a few weeks now. One of the cleaners is given funds and goes to the market daily. She returns to prepare delicious traditional meals; like the spicy soup, curried fish, and pickled vegetables which we eat noisily and with gusto, as is the custom. I’m told this feast is only “simple food”. It costs me two dollars but that is the daily wage in Cambodia.

Everyone who survived the Khmer Rouge has a story, and now that I know them better the trainees are talking about some of these events. Dr Thaly’s family were separated to work on different communes for almost the entire four years of Pol Pot’s regime. All educated people were considered counter-revolutionaries. Dr Thaly confirms that people were killed simply because they did not have the calloused hands of a peasant, as depicted in *The Killing Fields*. One doctor in a nearby town survived by passing himself off as mentally handicapped, feigning a twitch and a stammer for four years, and is now unable to cease these behaviours.

The afternoons are dedicated to surgery. The operating theatre is airconditioned, but a wardsman armed with a flyswatter watches for intruding insects. Equipment is basic; fragments of razor blades serve as scalpels and haemostasis is achieved with a probe heated in a candle. Adult patients are given a face block and walk in and out of the surgery. Children are anaesthetised with ketamine, and vital functions are monitored by a stethoscope.

The eye of our bird-peck girl collapses as the wound is explored and another evisceration is performed. But there



*A stork tethered outside a Cambodian business. Trapping wild birds for food or sale is common. In my time at Takeo Eye Hospital, I saw three children with eye injuries from being pecked by trapped birds.*

are many successful outcomes: tarsal plate rotations for trachoma, trabeculectomy for glaucoma (drugs are unaffordable), lid elevations for ptosis, corrections for strabismus, pterygia removed, and sight restored for many patients by cataract extractions. Last year, this hospital performed 3100 operations.

In the late afternoon, Dr Lion enthusiastically summons us for a tutorial. Afterwards, I stay back to do some study, but mostly chat, with the trainees. Later, as I’m walking home two nurses on a moto stop and offer a lift. As three is only half the maximum number that I’ve seen on a Cambodian motorscooter, I feel quite secure.

The best place for dinner is back at Café Chisor. This was set up by Dr Lion’s wife as a non-profit enterprise to provide employment and training for local women. The food is traditional,

wonderful and very affordable, but I have been startled by a scorpion and a snake during meals here, much to the amusement of local patrons. Very few westerners visit Takeo and young Khmers are desperate to learn English, so I am quite popular. I’ve started giving impromptu lessons to relatives of the cafe’s staff and they return the favour in kind. We often end up just laughing at each other.

As I return to my room, extinguish the candle (the electricity has failed again) and carefully slither under the mosquito net, I’m very grateful to have learned from the inspirational Dr Lion and other staff, and to have been of some assistance to the needy patients of Takeo Eye Hospital. I hope that this project will one day mean that there are enough Cambodian eye doctors to go around.

### Acknowledgements

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*Surgery at Takeo Eye Hospital: barefooted patients and doctors in thongs.*