



March 28, 2009

## International Council of Ophthalmology

### Bahrain Declaration on Trachoma and Trichiasis Surgery

#### Preamble

- We recognise that trachoma remains a major cause of blindness and worldwide some 150 million people are affected by trachoma.
- We recognise that the major pathway to blindness from trachoma is through trichiasis and corneal opacity, and some seven million people suffer from trichiasis.
- We support the 1998 Resolution of the World Health Assembly (WHA 51.11) calling for the elimination of blinding trachoma by the year 2020.
- We recognise that trichiasis surgery is one of the four components of the SAFE Strategy promoted to control blinding trachoma, although at present only about 100,000 trichiasis operations are performed globally each year.
- We support the provision of primary trichiasis surgery at a local level and the use of appropriately trained and supported non-ophthalmic surgeons, including mid level personnel.
- We support the target for the elimination of blinding trachoma set by WHO that states that trichiasis should be reduced to less than one unoperated case of trichiasis per 1,000 population.
- We recognise that those with vision loss from trichiasis will not have a dramatic improvement in vision, even though on average their vision may improve. The aim of surgery is to prevent the loss of vision or further vision loss and to improve the quality of life by reducing pain and suffering.
- We recognise the natural history of trichiasis may include progressive changes that leads to the recurrence of trichiasis. This process is often compounded by severe ocular surface disease.
- We observe that the lowest post operative recurrence rates for trichiasis are reported to be about 5% in the first year. This rate must set a benchmark for quality surgery.
- We also observe that recurrence rates 10 times as high as this are also reported and these clearly show a systems failure in the delivery of trichiasis surgery.
- We maintain that the management of recurrent trichiasis, especially associated with lid closure defects, requires considered oculo-plastic surgical repair rather than the repetition of the initial surgery.

#### Declaration

With these considerations in mind, the International Council of Ophthalmology:

1. Calls on National Ophthalmic Societies in those countries with endemic trachoma to become active advocates for the effective management of trichiasis. Similarly, we call on the National Ophthalmic Societies in donor countries to advise Government agencies and non-government organizations about trichiasis and assist with trachoma control activities.
2. We call on ophthalmologists in trachoma-endemic areas to take a leading role in trichiasis surgery activities, to become involved in the training and supervision of primary trichiasis surgeons, and provide referral support for the management of recurrent and complex cases, especially those with lid closure defects.

3. We call on National Trachoma Control Programs to ensure that all surgical staff in their programs are:
- properly trained and supervised
  - adequately resourced with sterile operating environments and the appropriate instrumentation
  - appropriately resourced to provide post operative care, including the use of prophylactic antibiotics
  - able to provide ongoing follow up not only to detect recurrent cases but also to provide a “surgical audit” to ensure ongoing quality assurance of care.

The International Council of Ophthalmology is the global body representing ophthalmologists around the world through their National Ophthalmic Societies. The ICO has a long history of leadership in the prevention of trachomatous blindness and grew out of efforts in 1857 to address the problem of trachoma in Europe. Again in 1928, the ICO led international efforts to address trachoma around the world. The ICO was a founding member of the International Agency for the Prevention of Blindness and is a partner in Vision 2020: The Right to Sight.