PAEDIATRIC SERVICES OFFERED

- Vittala International Institute of Ophthalmology also runs the paediatric ophthalmology department at Indira Gandhi Institute of Child Health.
- The detection and management of the following conditions are available:

— Congenital and developmental cataracts

— Refractive errors

— Squint and amblyopia

— Congenital glaucoma

— Oculoplasty services

— Paediatric uveitis and screening for uveitis in children with Juvenile Idiopathic Arthritis

— Neuroophthalmology services

— Ocular prosthetics

his **vision** restored
sight to many

No one shall go blind for
want of money
or care.

Dr. K. R. Murthy

1943-2008

Founder of Sri Keshava Trust

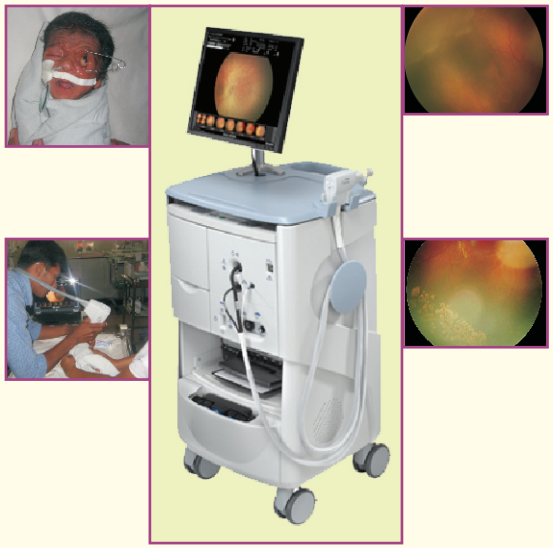
Vittala International Institute of Ophthalmology

C.A. Site No.1, 2nd Cross, 2nd Main,
7th Block,Banashankari 3rd Stage,
Hosakerehalli, Bangalore - 560 085
Ph : 26722214, 26722215, Fax : 26722213
Helplines : 94490 72214, 94490 32214
E-mail: viio@vsnl.net
Website : www.viio.org

॥ श्रद्धाहि परमा गतिः ॥

Vittala International Institute of Ophthalmology

Retinopathy of Prematurity Information Brochure



Helplines : 94490 72214, 94490 32214
Project email id : rop@viio.org

What is ROP?

Retinopathy of prematurity (ROP) is a potentially blinding eye disorder that primarily affects premature infants(those born before 36 weeks) and with low birth weight. ROP is one of the most common cause of visual loss in childhood and can lead to lifelong vision impairment and blindness.

Why does ROP occur?

Normally, maturation of the retina proceeds in-utero. At term, the mature infant has a fully vascularised retina. However, in preterm infants, the periphery of the retina is often not fully vascularised. Thus the periphery of the retina may not get sufficient oxygen and nutrients. This probably sends out signals to other areas of retina resulting in development of abnormal blood vessels. These abnormal blood vessels are fragile and can bleed resulting in scarring of the retina and pulling it out of position. This causes retinal detachment which is the main cause of visual impairment and blindness in ROP.

Incidence of ROP in India:

Today, with advances in neonatal care, smaller and more premature infants are being saved. These infants are at a much higher risk for ROP. The incidence in India (reported from neonatal intensive care units and tertiary referral centres) is between 21-40%.

Risk factors for ROP:

Prematurity, low birth weight, high levels of oxygen in the neonatal period, anaemia, blood transfusions, respiratory distress, sepsis are some of the risk factors for ROP.

Type of ROP and Treatment:

ROP is classified by anatomical zones and stages of severity. Zone 1 is the center of the retina while zone 3 is the far peripheral retina. The disease is also divided in to 5 stages. Stage 0 is the mildest form of ROP while Stage 5 is the most severe indicating total retinal detachment. Treatment varies from observation to laser photocoagulation or cryotherapy. Stage 4 and stage 5 will require surgery. Most babies who develop ROP have stages I or II. However, in a small number of babies, ROP worsens, sometimes very rapidly. The most important factor in the outcome is early detection and treatment.

Detection:

High risk premature infants are usually monitored by a retinal specialist or pediatric ophthalmologist during their stay in a neonatal care unit. Guidelines for screening will vary within different hospitals, but recommendations may typically include screening all preterm babies less than 36 weeks of gestation age between the 3rd and 4th week after birth.

Can ROP cause other complications?

Yes. Infants with ROP are considered to be at higher risk for developing certain eye problems later in life, such as retinal detachment, myopia (nearsightedness), strabismus (crossed eyes), amblyopia (lazy eye), and glaucoma. In many cases, these eye problems can be treated or controlled.

The Vittala ROP Project:

The ROP clinic at Vittala International Institute of Ophthalmology and Indira Gandhi Institute of Child Health, a premier institute of excellence in paediatrics, saw the screening of over 2000 premature babies and babies with low birth weight in the last 5 years for ROP. Treatment was rendered in all babies with ROP. The success of this clinic pioneered the initiation of this project.

Seven locations in Karnataka (Hassan, Gadag, Sirsi, Davangere, Shimoga, Bellary and Bangalore) with neonatal intensive care units, will be visited by our mobile ROP clinic. All at-risk babies will be screened for ROP using the RETCAM and photographs will be taken at regular intervals. Opinions on followup, treatment and further course of action will be given through a unique web based secure system. Screening and treatment will be provided at a nominal cost to patients who can afford to pay and free in deserving cases.

Goal of this project:

To bring every preterm baby born in the mentioned districts under the screening network for ROP and provide complete treatment in those babies with ROP.

For further project and ROP related information, Kindly contact:

Dr. Krishna R Murthy
(DO, FMRF, MRCOphth(Lon)

Vittala ROP Project in Charge
Project email: rop@viio.org/ viio@vsnl.net