

## The eye specialist surgical team for Khmer refugees.

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**Yaisawang S. The eye specialist surgical team for Khmer refugees. Chula Med J 1989 Dec; 33(12): 905-911**

*Every weekend for over 9 years these volunteers have given up their personal leisure time to serve the unfortunate and innocent victims of armed conflicts without discrimination due to race, nationality and beliefs. It is an example of a selfless humanitarian service which exemplifies the international red cross principles. For this action, in 1988 the team received an honorary recognition by the Selection Committee of the First International Humanitarian Service Award presented by the American Red Cross. The Thai Red Cross team members intend to continue their work until peace prevails inside Cambodia once again.*

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Received for publication. October 2, 1989.

สุดารัตน์ ใหญ่สว่าง. ชุดคัดลอกกรรมจักมุขของสภาภาษาชาติไทย เพื่อบริการชาวกำพูชาอพยพ และชาวไทย  
ชายแดน. จุฬาลงกรณ์เวชสาร 2532 ธันวาคม; 33(12): 905-911

ชุดคัดลอกกรรมจักมุขของสภาภาษาชาติไทย ได้ก่อตั้งขึ้นเมื่อเดือนมีนาคม พ.ศ. 2523 เพื่อให้บริการรักษาและ  
ผ่าตัดตาแก่ชาวกำพูชาอพยพบริเวณชายแดนด้านอำเภออรุณประเทศ จังหวัดปราจีนบุรี และใกล้เคียงรวมทั้งชาวไทย  
ในพื้นที่นี้ ซึ่งได้รับความเดือดร้อนจากผลของสงคราม โดยใช้เวลาในวันหยุดสุดสัปดาห์ที่ทุก ๆ สัปดาห์ติดต่อกันเป็นเวลา  
9 ปีเศษ

โรคที่พบได้มากในคนไข้ชาวไทยคือ ต้อเนื้อ ต้อลม และต้อกระจก ส่วนโรคที่พบได้มากในคนไข้ชาว  
กำพูชาคือ เยื่อตาอักเสบ และยังพบโรคที่ไม่ค่อยพบในคนไข้ชาวไทยแล้ว แต่ยังพบได้มากในคนไข้ชาวกำพูชาคือ  
โรคสีดวงตา และโรคตาแห้งจากการขาดวิตามินเอ

จำนวนคนไข้ที่ได้รับการตรวจรักษา และผ่าตัดเพิ่มมากขึ้นทุกปี และคนไข้ชาวไทยมากกว่าชาวกำพูชา  
แสดงให้เห็นถึงความต้องการของประชาชนในแถบนี้ ซึ่งยังขาดแคลนจักษุแพทย์ประจำ ชุดคัดลอกกรรมจักมุขจึงมีความ  
ตั้งใจที่จะปฏิบัติงานต่อไปจนกว่าจะมีสันติสุขบังเกิดขึ้นในบริเวณนี้อีกครั้ง

The Thai Red Cross eye specialist surgical team was initiated nine years ago in March 1980 by the Department of Ophthalmology., Chulalongkorn Hospital, Thai Red Cross Society. Its operation is financially supported by the International Committee of the Red Cross (ICRC). The team, which is composed of three ophthalmic surgeons, two registered nurses and three nurses aides, all of whom are volunteers, provides medical and surgical treatment for eye problems to Khmer refugees and displaced persons, as well as to Thai villagers living along the Thai-Cambodian border. The service is provided regularly each weekend. The establishment of this volunteer service in 1980 was prompted by the lack of eye treatment service for the refugees in Khao-I-Dang holding center and the various other camps housing Khmer displaced persons, as well as for the Thai villagers in the vicinity who were often affected by the frequent firing and shelling along the border at that time.

Each Saturday at 5 am. in the morning the team leaves Chulalongkorn Hospital for the Thai Red Cross Health Station located in Aranyaprathet, Prachinburi province, arriving around 8.30 am. Shortly after arrival at Health Station, the team examines and treats Thai patients in the O.P.D. and surgical building which is donated by the German Red Cross. While eye examinations are being undertaken, another two ophthalmologists perform prescheduled eye surgery on both Thai and Khmer patients in the operating room.

The clinical and surgical sessions take up almost

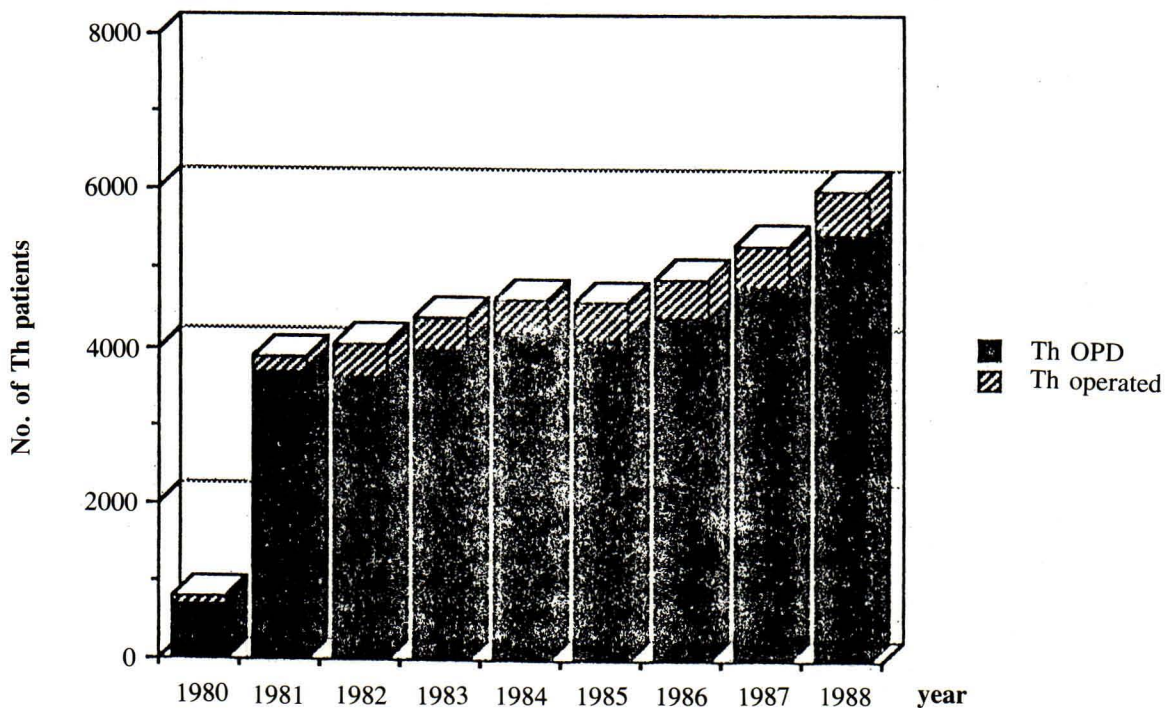
the whole of Saturday. The average number of Thai patients receiving examination and treatment at the Health Station each Saturday is 100; the average number of Khmer and Thai patients upon whom eye surgery is performed is 20. Eventhough the service provided by the team is performed at maximal capacity, it is limited by the space available at the Health Station as well as the limited time of the team, since all team members carry out their regular duties at Chulalongkorn Hospital on weekdays. These limiting factors at times result in patients waiting for months before an operation can be performed. Exceptions are of course made for emergency cases.

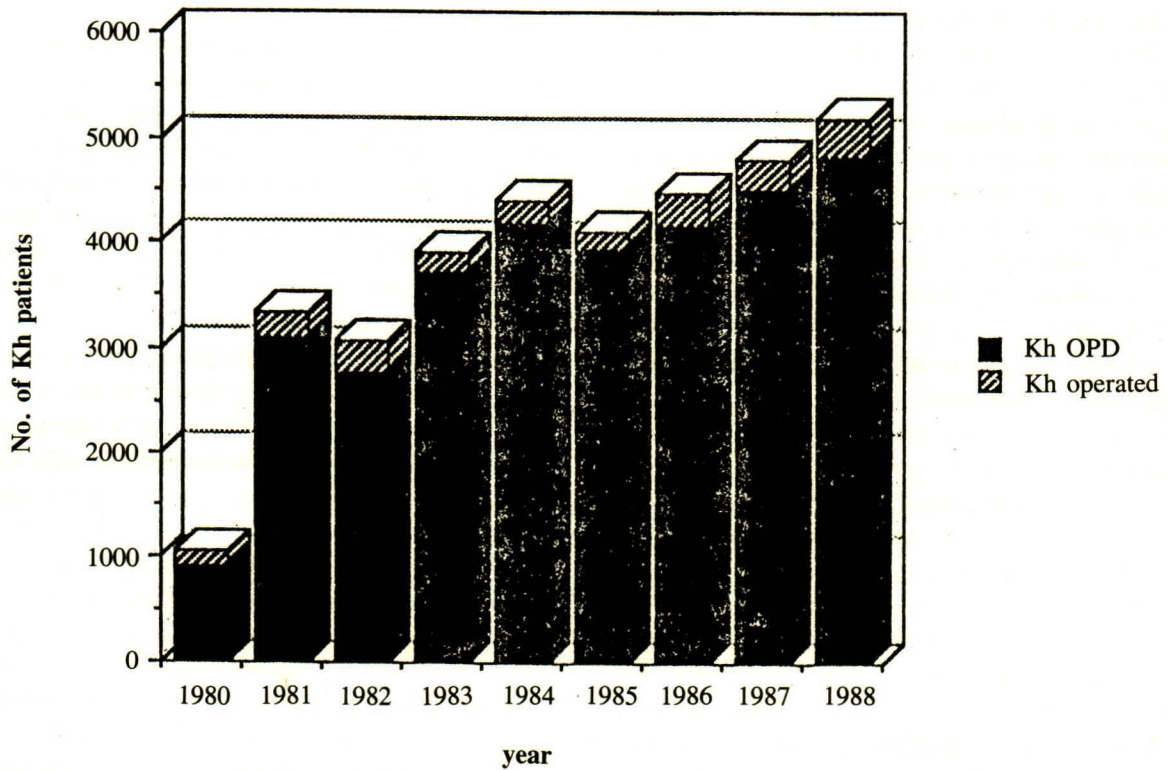
On Sunday morning the team visits the post operative patients in the ward and the Khmer patients are sent back to Khao-I-Dang. After this, the team leaves for Khao-I-Dang in order to provide services for Khmer patients with eye problem at eye clinic in the camp and at the ICRC Hospital. Patients seen on Sunday also include the Khmer from Site 2, Site 8 and Site B. Transportation to and from these other camps is provided by the ICRC. The average number of patients receiving eye treatment at Khao-I-Dang is 100. On Sunday afternoon the team returns to Bangkok.

From March 1980 to March 1989 the Thai Red Cross eye specialist surgical team treated 36,378 Thai patients and 33,207 Khmer patients. The number of eye operations on Thai patients was 3,764 and on Khmer patients was 2,339.

Figure 1 and 2 show the number of Thai and Khmer patients in each year (O.P.D.cases and operated cases).

**FIGURE 1 :** Number of Thai patients, O.P.D. cases and operated cases.



**FIGURE 2 :** Number of Khmer patients, O.P.D. cases and operated cases.**Table 1.** Eye diseases found among Thai and Khmer patients.

DIAGNOSIS	NO. OF PATIENTS (%)	
	THAI	KHMER
PTERYGIUM & PINGUECULA	24.07	17.4
CONJUNCTIVITIS	14.41	22.78
CATARACT	13.53	6.13
CORNEAL DISEASES	4.89	6.69
INFECTION & INFLAMMATION OF EYELID	4.54	2.02
REFRACTIVE ERRORS	4.17	6.77
GLAUCOMA	3.86	2.56
UVEITIS	2.39	1.01
EYE INJURY	2.29	1.18
RETINAL DISEASES	2.17	1.21
OBSTRUCTION OF LACRIMAL PASSAGE	2.04	1.29
TRACHOMA & TRACHOMATOUS ENTROPION	1.85	4.96
STRABISMUS	0.89	0.82
OPTIC NERVE DISEASES	0.86	1.26
VITREOUS DISEASES	0.79	0.14
MISCELLANEOUS	8.56	10.62
POST-OP. FOLLOW UP	8.69	13.16



The most common eye diseases found among Thai patients are Pterygium and Pinguecula. These are found in about 24.07% of all Thai patients. These diseases, which are caused by chronic irritation from sunlight, wind and dust, are common because most people in this area are farmers.

The most frequent type of eye disease found among the Khmer patients is conjunctivitis caused by bacterial or viral infections. The relatively high number of cases seen is due to poor hygiene and overcrowded living conditions. Most of the patients are children who often infect their whole family.

Cataract is a common eye disease and is found in about 13.53% of Thai patients. The cause of the disease is senile change and trauma. So, the most common eye surgery performed is Pterygium excision. The second most frequent surgery carried out is Cataract extraction.

Another important disease seen is Trachoma which is found in about 4.96% of the Khmer patients. Trachoma is a chronic bilateral infection of the conjunctiva and cornea caused by Chlamydia. This may result in conjunctival and corneal scars with severe visual disability. This disease, which is the main cause of blindness in the world, usually occurs in people with poor hygienic practices and of low economic status.

In the miscellaneous group, there is a serious eye disease which can cause blindness. It is Vitamin A deficiency with eye involvement called xerophthalmia and keratomalacia. Xerophthalmia means dry eye; keratomalacia means corneal softening. The condition is found in 1.08% of Khmer infants. It is associated with another dietary deficiency, namely protein. The complication following this disease is usually corneal ulcer, followed by perforation of the cornea and loss of the eye.

Figure 3. Thai Red Cross Health center 6.



Figure 4. Operating room in TRC Health center 6.

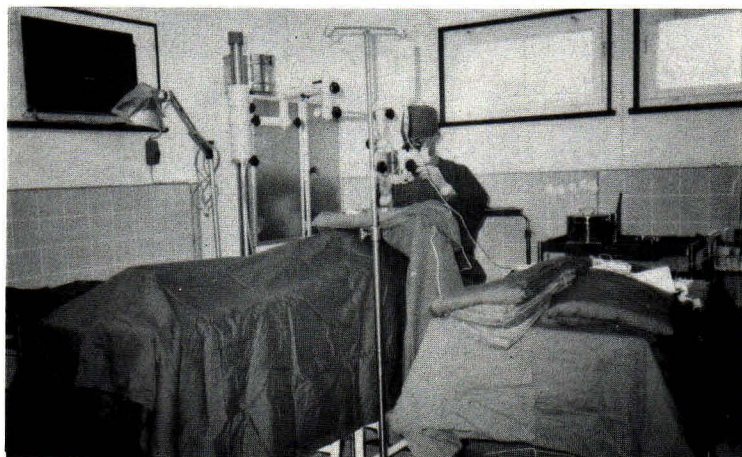




Figure 5. Khao-I-Dang Holding Center.

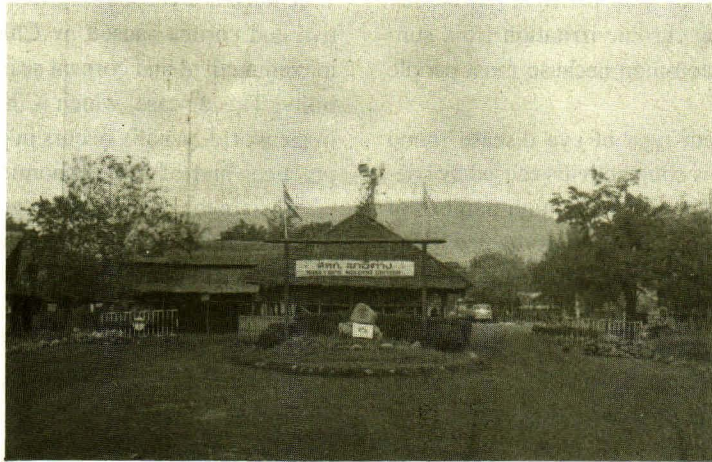


Figure 6. ICRC Hospital.



Figure 7. Inside ICRC Hospital.





**Figure 8.** Eye clinic in Khao-I-Dang.



**Figure 9.** Eye examination by Ophthalmologist.

