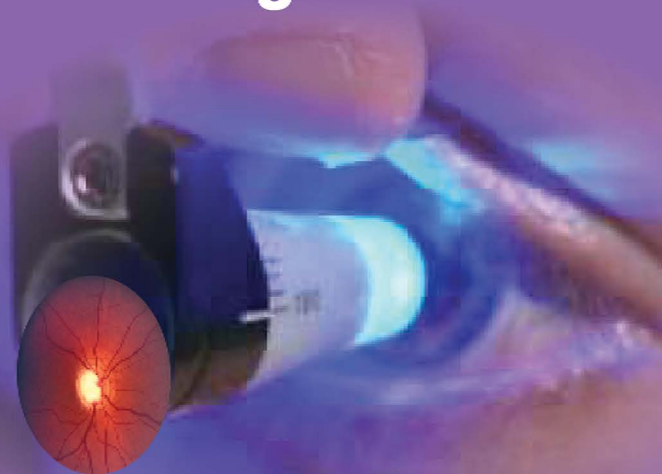


# The GLAUCOMA Screening Manual

GLAUCOMA



**Shibal Bhartiya**

*Foreword*  
**Tanuj Dada**



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Before the screening program is scheduled, it is important that the timelines for the ancillary activities critical for its success are clearly established.

### **PHASE 1: MANPOWER PLANNING**

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Each screening unit must do an individual, best-fit manpower planning depending on available resources and expected turn out for the screening program. Recruitment and selection the members of the project team at the implementing center is to be carried out in consultation with the appropriate authorities. The training schedule for the field staff can be framed according to the different cadres of the project. However, it is advisable to have a common orientation workshop/training session for the entire team. Screening techniques and standardization of examination methods are key and should be carried out meticulously not just for the support staff but also for certified ophthalmologists and residents in training.

### **PHASE 2: PRESCREENING PROTOCOL IMPLEMENTATION**

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Distribution of materials for information, education and communication should commence at least 2 weeks before the scheduled day of screening. All possible methods of mass and group approach must be implemented in order to publicize the date and location of the screening camp.

### **PHASE 3: SCREENING DAY**

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The screening is to be carried out on the specified day, at the specified location in accordance to the screening protocol. All standard operating procedures and referral end points are to be strictly adhered to. Any deviations from the protocol must be noted, and duly justified.

### **PHASE 4: MONITORING AND REPORTING**

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Each screening day data is to be reviewed by the team leader within a week of the screening day and duly dispatched to the nodal agency responsible for data collection. Review of postscreening follow-up must be made within the appropriate time points (2–6 weeks postscreening). The relevant data from the follow-up must be dispatched to the nodal agency within 8 weeks of screening day.

Quarterly review meetings or teleconferencing may be organized with the members of the senior management team, together with the heads of the project, whenever feasible, for each of the regions.

The interim analysis should be scheduled for 12 months from institution of the screening program and final analysis at the end of 24 months, to ascertain its impact.

# The GLAUCOMA Screening Manual

*The Glaucoma Screening Manual* is designed to be used by all healthcare professionals involved in glaucoma management, and not just medical practitioners. It is a complete and comprehensive guide for setting up a community-based glaucoma screening program. With checklists and details of the equipment, manpower, and infrastructure required, the manual endeavors to provide insights into encouraging community participation, support mobilization, and data recording.

This book also provides a clear and comprehensible plan for action to be taken once screening is positive or negative, along with continuous monitoring of the program for efficacy and acceptance. The text is lucid, comprehensible and intuitive, and aims to help the healthcare practitioner to transition from a clinic-based practice, to collaborations with the grassroots community. It hopes to facilitate this conceptual shift through preventive, promotive, curative and rehabilitative approaches, each one of which is critical to glaucoma management, and the consequent prevention of blindness.

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