I recently completed my ninth mission with Project Orbis. From June 1 to 7, I served as visiting faculty in Nairobi, Kenya, with three other ophthalmic specialists. For those unfamiliar with the nonprofit organization, the mission of Project Orbis (also known as the Flying Eye Hospital) is to eliminate avoidable blindness in developing countries. Despite a broad range of programs to diagnose and treat eye disease, the most awe-inspiring part of the Orbis mission is the converted DC-10 jet, which serves as a clinic, ASC, and lecture hall. The goal of a visiting faculty member is to teach local ophthalmologists an approach to his or her specialty within the confines of the local ophthalmic practices. In addition, nurses teach nurses, and technicians teach technicians.

I went to Kenya having read Hugh Taylor’s recent editorial, which reviewed the increasing prevalence of glaucoma worldwide and the limited therapeutic options, especially in the Third World.1 One of his suggestions was to use laser trabeculoplasty as the initial treatment, because the procedure receives 100% compliance and requires a one-time cost. In Africa, where the cost of medication is unreasonable for the vast majority of glaucoma patients and where trabeculectomy surgery is compromised by intense scarring, trabeculoplasty as initial therapy makes good sense. With that in mind, my goal while volunteering with Orbis in Kenya was to teach gonioscopy, laser trabeculoplasty, and drainage device surgery.

As the old adage goes, you don’t know what you’ve got until it’s gone. Going to Africa to treat glaucoma is more than refreshing; it is a reality check on all that is wrong with how we diagnose and manage glaucoma. In addition to the clinical challenges of caring for patients that all practitioners share, resources and access to care are much more limited in Africa. After a week there, however, I realized that glaucoma care is not quite as bad (or good) in the United States as we think. Treating the disease in any clinical setting essentially comes down to diagnosing individuals at risk, lowering IOP, and caring for patients for the long term. In establishing new relationships with the glaucoma specialists in Nairobi, I was reminded of the problems we share.

This edition of Glaucoma Today explores the important issue of achieving a work/life balance. As I read the articles on balance, I was interested to see how the contributing physicians work and play to achieve this goal. Giving back by donating our time to teach others is an additional way of helping to maintain balance and perspective in our lives.

Richard A. Lewis, MD
Chief Medical Editor