

## Audit of the Pattern of Oculoplastic Procedures in a Tertiary Hospital in Port Harcourt, Nigeria

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### Abstract

**Aim:** To determine the pattern of Oculoplastic procedures done in a tertiary hospital in Port Harcourt, Nigeria

**Method:** This study was a hospital-based retrospective study involving retrieval of records of all oculoplastic surgeries performed in a tertiary hospital in Port Harcourt Nigeria. Oculoplastic procedures performed in the hospital were routinely entered into an Ophthalmology register from where the data, of the first one hundred cases in 2018, were extracted. Data analysis was performed using United States Centers for Disease Control and Prevention (CDC) Epi-Info version 7 software.

**Result:** The result of the audit showed that Incision and Curettage (38.1%) is the most prevalent Ophthalmic plastic surgery followed by Excisional Biopsy (14.4%), Aspiration with Sclerosants injection (12.4%), Temporary Lateral Tarsorrhaphy (10.5), Crigler's Massage (6.7%), Frontalis Sling Suspension (2.9%), Prosthesis Insertion (2.9%), Epilation (1.9%), Botox Injection (1.9%), Symblepharon Release (1.9%), Syringing and Probing while Temporary Tarsorrhaphy, Ankyloblepharon release, Jones procedure (Entropion), Dacryocystorhinostomy (DCR), Lid Repair are individually 0.9% of the Ophthalmic plastic surgeries.

**Conclusion:** Oculoplastic practice is evolving in sub-Saharan Africa. With more training for ophthalmologists and awareness on the part of patients, there will be an increase in both the scope and coverage of oculoplastic interventions.

**Keywords:** Audit Oculoplastic Procedures; Tertiary Hospital Nigeria

### Introduction

Some of the commonest reasons for most ocular surgeries are either to restore or improve vision, for cosmetic reasons, or to reduce morbidity and mortality from malignant lesions [1]. Surgical intervention in eye practice in Nigeria is evolving into sub-specialization. This increases the scope of cases that are handled in eye care. Cases that were previously referred because of lack of expertise are now managed in most hospitals. Oculoplastic practice aims at reducing mortality and morbidity from orbital malignancies while at the same time improving vision and cosmetic appearance. Any deformity or disorder around the eye and orbit can negatively impact on the psychosocial, economic as well as educational achievement of affected persons [2]. Apart from the concerns about the function of the eyes, individuals also have great concerns about their cosmetic appearance [3]. The Ophthalmic plastic surgeons assist patients to restore youthfulness around the eyes and orbit in terms of function and appearance [4].

Some of the Oculoplastic procedures that are routinely done are chalazion incision and curettage, pterygium excision, surgeries for cancers [5-7], foreign body removal, punctal dilation, epilation [8] and squint surgeries. Cases of lid lacerations are usually under reported because majority of them are minor and are either managed at home, chemists or in peripheral clinics and fail to reach the tertiary centres [9]. All these procedures are aimed at restoring good cosmetic appearance.

We intend to do an audit of oculoplastic procedures done in an oculoplastic practice in Port Harcourt Nigeria.

**Method**

This study was a hospital-based retrospective study involving retrieval of records of all oculoplastic surgeries performed in University of Port Harcourt Teaching Hospital, Nigeria in 2018. The various ocular surgeries performed in the hospital are routinely entered into an ophthalmology register. Patients of all ages and gender were included. Data were extracted from the ocular surgery register and inputted into an excel-spread sheet. Double check was employed to avoid errors in data entry. Data analysis was performed using United States Centers for Disease Control and Prevention (CDC) Epi-Info version 7 software.

**Result**

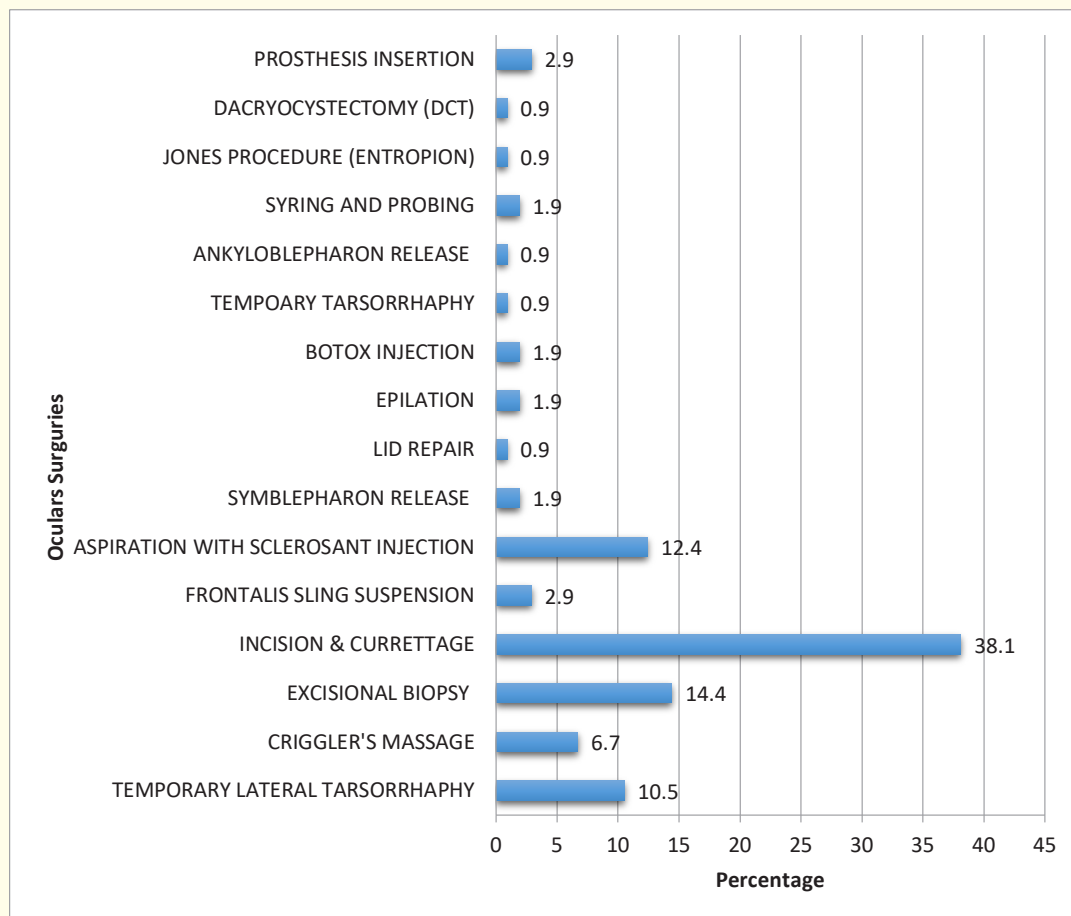


Figure 1

S/No	Procedures	Number	Percentage (%)
1	Temporary Lateral Tarsorrhaphy	11	10.5
2	Criggler's Massage	7	6.7
3	Excisional Biopsy	15	14.4
4	Incision and Curettage	40	38.1
5	Frontalis Sling Suspension	3	2.9
6	Aspiration with Sclerosant Injection	13	12.4
7	Symblepharon Release	2	1.9
8	Lid Repair	1	0.9
9	Epilation	2	1.9
10	Botox Injection	2	1.9
11	Tempoary Tarsorrhaphy	1	0.9
12	Ankyloblepharon Release	1	0.9
13	Syring And Probing	2	1.9
14	Jones Procedure (Entropion)	1	0.9
15	Dacryocystectomy (DCT)	1	0.9
16	Prosthesis Insertion	3	2.9
	Total	105	100

**Table 1:** Oculoplastic procedures.

The table 1 and figure 1 above showed that Incision and Curettage (38.1%) is the most prevalent Ophthalmic plastic surgery followed by Excisional Biopsy (14.4%), Aspiration with Sclerosants injection (12.4%), Temporary Lateral Tarsorrhaphy (10.5), Criggler's Massage (6.7%), Frontalis Sling Suspension (2.9%), Prosthesis Insertion (2.9%), Epilation (1.9%), Botox Injection (1.9%), Symblepharon Release (1.9%), Syringing and Probing while Temporary Tarsorrhaphy, Ankyloblepharon release, Jones procedure (Entropion), Dacryocystorhinostomy (DCR), Lid Repair are individually 0.9% of the Ophthalmic plastic surgeries.

**Discussion**

Oculoplastic intervention is aimed at enhancing cosmetic appearance of patients. However, in some serious cases, it could be life-saving especially when it involves surgical removal of malignancies. There are several cases that are handled by oculoplastic surgeons. Some of the common procedures done in this study were incision and curettage in treatment of Chalazion and also excision biopsies. This was in keeping with other reports [5-7]. From the study it was also observed that a good number of patient had aspiration and injection of sclerosant rather than have cystectomy. There was a low output of lid repair and reconstruction surgeries. This could be due to the fact that Cases of lid lacerations are usually under reported because majority of them are minor and are either managed at home, chemists or in peripheral clinics and fail to reach the tertiary centres [9].

Only few patients had Botox injection. This could be due to low incidence of blepharospasm. More so, this injection is quite scarce in our region and when available, could be quite expensive and not within the reach of an average patient.

The low percentage of prosthetic use could be due to patients objecting to eye removal because of its negative psychological impact. However, few might consent especially when vitally necessary like in the case of trauma and tumour [10].

Only sixteen different procedures were recorded in the first one hundred cases. The small variety of oculoplastic procedures recorded in this study compared to elsewhere [11], could be due to due to ignorance, poverty and probably because most oculoplastic disorders requiring surgery are not sight threatening. These will lead to less number of patients presenting at the hospital.

### Conclusion

Oculoplastic practice is evolving in sub-Saharan Africa. With more training on the part of ophthalmologist and awareness on the part of patients, there will be an increase in both the scope and coverage of oculoplastic intervention.

### Recommendations

There should be increased awareness of the need for oculoplastic surgeons and training of Oculoplasty specialists should be encouraged by both the governments and institutions. These will increase both the number of oculoplastic cases seen and operated upon.

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