

Rapid assessment of cataract surgical services di Kecamatan Kebon Jeruk dan Pulogadung = Rapid assessment of cataract surgical services in Kebon Jeruk and Pulogadung Subdistricts

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Abstrak

Objective: to find out the difference of blindness prevalence cataract surgical coverage, the visual outcome post-operatively, society constraints to get the cataract surgical services in Kebon Jeruk and Pulogadung Subdistricts. and also to assess the effectiveness of cataract surgical instruments availability in Kebon Jeruk Subdistrict Primary Health Care (Puskesmas).

Design: Door to door survey, sample determined by cluster systematic random sampling, according to the Rapid Assessment Cataract Surgical Services (RACSS) method.

Method: Four hundred subjects, each subdistrict consist of 200 subjects (5 clusters, respectively), which is have age 50 year, visited according to the subjects definitive residence, The ophthalmology examination includes visual acuity harshly evaluation with pin-hole, inspection of posterior segment and lens by using flash light, binocular loop, and direct ophthalmoscopy.

Result: Subjects that able to be checked completely equal to 94,3%. The blindness prevalence in Kebon Jeruk Subdistrict is 1,5%, while in Pulogadung is 4,0%. The main cause of blindness is senile cataract (63,6%) with higher tendency 3 until 4 times at woman compared to men, The cataract surgical coverage in Kebon Jeruk is 28,6%, while in Pulogadung is 14.8%. All pseudophakic subjets without any other ocular disorder can reach the post-operative visual outcome 6 / 18 (good visual acuity). Cataract patients' constraints to get the cataract surgical services include 3 aspects, namely ignorance, unawareness, and disability. The effectiveness of cataract surgical instruments availability in Kebon Jeruk Subdistrict Puskesmas, could not be estimated directly according to the cataract surgical coverage in Kebon Jeruk, but showing higher cataract surgical rate (CSR) 744,6 per million per year, compared to national CSR (350).

Conclusion: The cataract blindness prevalence is still high and become main problem in society. The cataract surgical coverage must be improved 3-4 times higher, especially for woman gender. Society constraints can overcome by improving the cataract blindness knowledge of society, and also improve the quality of life, especially in educational, social and economic states. The CSR highness must be accompanied by the higher of cataract surgical coverage.