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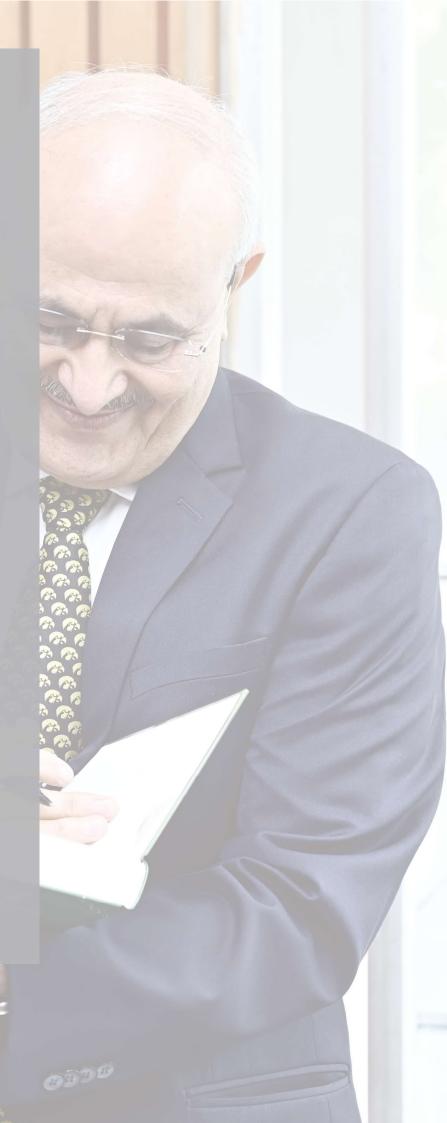
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# "Everything negative - pressure, challenges - is all an opportunity for me to rise" - Kobe Bryant

hen COVID-19 took the world by surprise, limitations and lockdowns were the new normal, need for creative solutions to solve everyday problems was felt. Even though the hospitals were working, travel was compromised. patients feared coming to hospitals for the risk of infection and public transport had taken a hit. So, along with COVID related complications, occurrence of diseases other and their repercussions also increased. In ophthalmology specifically, it was seen that post lockdown, more presented with mature cataracts, advanced corneal ulcers and ocular cancers.

idea This initiated the for Teleconsultation – A tool which could be used for remote consultation through pictures and video calls. This proved its worth in the second wave where patients were encouraged to follow up via teleconsultation and were advised appropriate treatment. Today, it is being applied to a larger scale to reach areas with minimum healthcare access to the grassroots. Lack of knowledge and funds often preclude patients from seeking treatment in bigger cities and

4 years Tele-consultation trend

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towns. Having a specialty consultation in their village changes things.

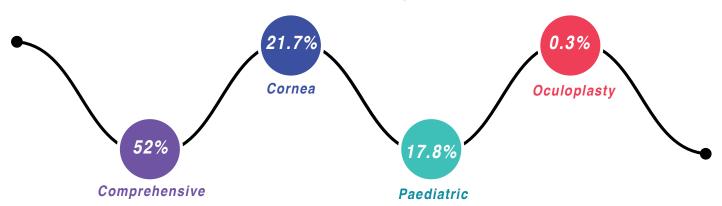


Teleconsultation from Vision Center's (VC) started as a pilot in January 2021, with inclusion of ten VC's in Delhi and Saharanpur. Over time, more VC's were included. After multiple review meetings, standard operating procedures (SOP) were laid While out. cataract was diagnosed by the vision technician (VT) or optometrist posted in the center and referred. non-cataract pathologies underwent teleconsultation. All VC's are now equipped with a slit-lamp attachment for taking high quality images from mobile phones and a computer with speakers. camera and internet access. For all patients needing teleconsultation, a brief history and slit lamp pictures are uploaded on the platform called VCMS. Each file is to be responded to within 15 minutes. however, if that doesn't happen, a tele-coordinator posted in the Delhi center contacts the doctor and also shares the contact of the VT in case more information is needed. Every dav. comprehensive one specialist is posted for teleconsultation, and doctors from the department of Cornea, Pediatrics and Oculoplasty are also posted on rotation for specialty calls. Glaucoma soon to be introduced. A teleconsultation cell is created in the apex center where all the activity takes place. Medical management is advised by the Delhi team and a referral is requested wherever

# Editorial

Teleconsultation seen the seconsultation seco

#### Total Teleconsultations sought so far - 98490



Highest recorded teleconsultation numbers from VC's on any day - 221, on 23rd June 2025

necessary. Through video consultation, the doctor is directly able to counsel the patient for the need of intervention and also instills confidence in the patients before referral for a travel to an alien city. A multitude of repercussions are prevented by correct and targeted early intervention. Also, the urgency of referral is explained to the VT and the visit of each patient is planned accordingly so they can be fast-tracked in the system if needed.

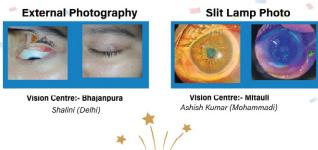
No innovation comes without its challenges and many people had to step out of their comfort zones to make this work. Starting with the VT's and optometrists who are the first responders to the doctors sitting many miles away who have to decipher the pro blems with limited access to the patient. But, evolution is a cosmic rule and our efforts in teleconsultation are taking patient care to the next level.





**ΑΙκα** Vision Technician Mawana vision center

"Through teleconsultation, 60 out of 100 patients receive successful treatment directly from our vision center without the need for referral, saving both time and money. Earlier if we advised referral to the nearest satellite centers, a lot of patients would not go and seek treatment elsewhere. Now, if they are not convinced or have questions, a video call with the doctor satisfies them. Also, a deeper sense of trust is now formed and patients follow what we tell them. I am thankful for this service and it has definitely helped me do my job better"





**Dr Meenal Kataria** Cornea Fellow

"In the beginning, we were hardly getting any teleconsultation calls from the vision centers. I think we had not emphasized the importance enough. We made several WhatsApp groups, one only to deal with grievances. We took a weekly report and monthly classes to educate the VT's regarding various ocular conditions. I think that's when we were able to successful increase interest. For the patients, it's a great thing, solution to many problems just next door"



**Shivani** Vision Technician Mustafabad Vision Center

"With the help of teleconsultation, I find it easier to gain the trust of patients. The OPD numbers have increased and our patients are bringing in more patients. Not only are we able to treat more complex pathology here, I am getting to learn more about eye problems and diagnose conditions like allergic conjunctivitis"

Contribution by Ms Nagma



# Patient Story

Contributed by **Dr Namita Kumari** 

#### Teleconsultation saves the day!

Mr. M. Akhtar (name changed), a 28-vear-old male, resident of village Gulabnagar. Mohammadi is welder by profession. Like most welders in our country, He doesn't wearing protective glasses while working. On one particular day at work, a metallic particle from a grinder entered his left eye while welding leading to pain, redness, watering. Many co-workers had experienced this before, and a visit to the village doctor would usually symptoms, at least temporarily. He didn't want to go too far for treatment fearing loss of wages, but his symptoms were not allowing him to work. He had heard about eye care facilities available nearby so he visited Bankegani Netra Janch Kendra, our VC in Mohammadi.

The vision technician posted there performed an initial evaluation and, upon suspicion of a corneal foreign body, sought a teleconsultation with a cornea specialist in Delhi. Through the cornea specialist pictures, advised immediate referral to the satellite center nearest and explained the importance of urgent removal via video call to the patient. Once in the satellite center the foreign body was removed under aseptic conditions. When the patient didn't follow up as suggested, he was contacted telephonically. He cited loss of another days wage as his reason for not following up. He was offered follow up through teleconsultation in the VC. On examination, the corneal epithelial defect had fully healed with no signs of secondary infection or inflammation.

With the help of teleconsultation, the foreign body promptly removed with minimal drops and good outcomes without having to miss multiple work days.

In another incident.



Mr. Jitendra, a 45-year-old male farmer and resident of Village Mawana in Meerut, Uttar P r a d e s h, presented with acute onset pain, redness, and watering in his

right eye following trauma with a sugarcane leaf while working in the field. The symptoms were distressing and rendered him unable to continue his daily activities.

Actina community on recommendations, he sought care at the VC in Mawana, affiliated with SCEH. Within one hour of the injury. he was examined by a trained vision performed technician who slit-lamp examination and identified an epithelial defect in the right eye. technician initiated The with teleconsultation а cornea specialist at the base hospital in Delhi. findings The corroborated, and a diagnosis of right eye corneal epithelial defect secondary to vegetative trauma was made. The patient was prescribed appropriate topical medications. He was advised strict follow-up the day after tomorrow. On follow-up, the patient reported complete resolution symptoms. Repeat slit-lamp evaluation showed full healing of the corneal epithelium with no residual defect. Through prompt treatment, not just his symptoms were taken care of but a potential corneal ulcer was also avoided.

#### Every man has his own destiny: the only imperative is to follow it, to accept it, no matter where it leads him" -Henry Miller



belong to a village called Sonbhadra near Banaras. My father worked for Coal India and did my schooling there. Later I did my Masters in Social Work and then post-graduate diploma in Human Rights. Little did I know that my eventual destiny is working in an eye hospital.

SCEL

Deputy Manager Public Health

My first job in Delhi was in the government system where I worked with Delhi Police in child trafficking Humans and rape cases. My teams job was to counsel the victims, assist them through the legal system, help them with rehabilitation and acceptance in society and simultaneously keeping a check on the police work with respect to evidence etc. I the four years I worked this job my team exposed a big scam where director level people in the government were arrested. Even though I liked my job, I knew this particular incident would prohibit my growth and hence I quit. I joined SCEH in 2009 as a Project Prakash coordinator and my job was to screen blind children from 8-16 years of age. This job in the beginning was even more challenging than the previous. I was quite clueless. I had a breakthrough when Rajasthan disability committee allowed us to cover all the blind schools in Rajasthan. That's when I

understood the work. Later I was appointed as the senior community manager. It was in front of me that we started building vision centers, the first 30 with the support of Standard Chartered Bank. I was responsible for the area profiling and with the help of my seniors, to be vision center checklists based on which each of them will work. Currently I am responsible for vision centers in Delhi, Vrindavan and Alwar and Community Outreach Camps in Delhi and Haryana.

What I like the most about this place is the freedom of working and the opportunity of growth the institute provides. They even sent me for a month long training to Arvind Group of Hospitals and to Africa learn more about their healthcare system. Also, everyone is very approachable. I remember once sitting in the train with Dr Mathur returning back from Mohammadi where we discussed camp SOP's and he typed it there and then.

I am a fairly confident person now, I know I can get things done, be it getting money from DBCS or Ayushman Bharat. I have also become good at networking. I am happy that am doing such noble work for the people with out sight. I feel blessed daily.

# World Aniridia Day

On the occasion of Aniridia Day, the Centre for Unknown and Rare Eye Diseases Department at SCEH conducted a dedicated camp focused on the comprehensive care of individuals and families affected by this rare eye condition. Twenty families from Delhi, Vrindavan, Alwar, and Saharanpur came to attend the camp. Each patient underwent a thorough ocular and systemic examination and were offered genetic testing and counselling free of charge. This initiative not only enabled clinical diagnoses but also empowered families with the knowledge they need to make informed decisions about their future generations.





# 75th Annual DOS Conference awards

Heartfelt congratulations to all the esteemed doctors of SCEH on their impressive wins at the 75th DOS annual conference.

#### Dr. Arjun Aurora

Third position in challenging cataract surgery competition

Best Free Paper

Dr Rishabh Gupta - Cornea Dr Sachit Mahajan - Retina



Interesting case

Dr Khyati Roop – Oculoplasty Dr Kshiti Saruparia - Cornea

Best surgical video

Dr Richa Nyodu - Retina

Best case

Dr Priyanka Shinde - Retina



Dr Shalini Singh, Consultant Vitreo-retina was a part of National Consultative Meeting on Retinopathy Of Prematurity, wherein she shared our teams work with Delhi and Mathura NICUs. This meeting was unique as had experts from departments of neonatology, ophthalmology, public health and corporate funding agencies.



In observance of Cataract Awareness Month, SCEH, New Delhi, in collaboration with Sun Pharma, organized Cylcothon – A cataract awareness cycle rally to raise awareness about cataract prevention and the importance of early treatment.



Collective yoga practice by SCEH staff on International Yoga Day



Starting the OR with positive energy through morning prayer



SCEH Supporters, Hon'ble Vivek Tanka Ji (Member of Parliament Rajya Sabha) and Hon'ble Alok Mukherjee ji (lawyer of Supreme Court of India ) visited SCEH Vrindavan.



SCEH in collaboration with Vision-Aid India, distributed 50 smart phones to visually impaired students. The distribution event was graced by Ms Clet Vineetha, Head of Training, Vision - Aid India and Mr Arun Prasath, Senior Program Manager, Vision - Aid India. These devices will serve as valuable learning aids to these students.

## Unbound - Book Launch

Unbound, the biography of Dr Virender Singh Sangwan was launched in an event attended by who's who of Delhi. In addition to the book launch, the audience witnessed a scintillating performance by Ms Juhi Babbar, in her new play called "Ek Lamha Zindagi – A Love Story 1938-1979". Mr Raj Babbar, film actor and former Member of Rajya Sabha, was the chief guest for the occasion. The event was organised by SCEH, with support of Padamshri Vipin Bukshey.





Dr. Mert Sevgi gave a guest lecture at SCEH on Scaling Global Eye Care with AI images. Dr Mert is a London-based medical doctor with a research focus on artificial intelligence in ophthalmology. He is a research consultant with Peek Vision. At Peek, he is leading the development of a smartphone-based cataract detection algorithm and researching how AI tools can be implemented to scale operations and enhance data-driven insights. Peek is partnering with SCEH to research and test these tools in real-world eye health settings

# Dr. Shroff's Charity Eye Hospital

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Delhi | Alwar | Mohammadi | Meerut | Modinagar | Ranikhet | Saharanpur | Vrindavan

#### **Creative Corner**

#### The day that grew me:

Yesterday was not just another day at the hospital—it was a day that carved something deep inside me. A day where I sat quietly for long after the last patient had left, not because I was physically tired, but because my soul felt heavier than usual days.

The first was a 4-day-old baby boy, read again 4 days old baby—soft and unaware of the world around him. He was the sixth child of the family, the first boy after five daughters. But unlike the expectations that came with his birth, he came into this world without eyes. Bilateral anophthalmia. A face so perfect, yet missing the set of eyes, a window to the soul. His parents sat across, perhaps still trying to process what this is and we don't actually have something that can make him see the world.



How do you tell someone that their newborn will never see the light of day? They celebrate the arrival of their boy child, but their child's journey starts with an absence. It's in moments like these that you wear the weight of humanity.

Later that same day, a four-year-old boy walked in holding his father's hand, irritable, unsteady, having already lost one eye to retinoblastoma. He had been through more than what many endure in a lifetime. And now, the other eye was also affected. He had come for a second opinion—one last ray of hope—but deep inside I already knew. He would be blind soon. He had stage 5 retinoblastoma in both eyes with one eye already enucleated.

I looked into the father's eyes as he asked, "Doctor, are you sure there's no other way?"

And I wished I could say yes. I wished medicine could sometimes play God. But all I had was the truth.

These two little souls—one just beginning life and the other barely understanding what "seeing" even means—gave me something I didn't know I was looking for.

Perspective.

Because honestly, my problems? They are nothing.

A delayed meeting, a missed call, a bad day at work—they shrink into insignificance when compared to what these families are facing.

Some days, you walk into work as a doctor. But you leave as a student of life.

*Isha Aggarwala* Fellow, Ocu**l**oplasty

