



Fall 2014 Program Site Visit Reports

Seva Foundation

Angkor Hospital for Children - Siem Reap, Cambodia

October 23, 2014

Background

The visit discussed in this report was the second Focusing Philanthropy conducted at a SEVA Cambodia site in October 2014. This visit took place the day after our visit to the Battambang Eye Unit about 180km away. This visit was to the Angkor Hospital for Children (“AHC”). AHC services all of the northern provinces in Cambodia and is one of just two children’s hospitals in the country (the other being in Phnom Penh). AHC is supported by SEVA, who funds the costs for all treatment, transportation to and from the patient’s home, and optical glasses if needed. In 2013, 1,000 pediatric patients received treatment funded by SEVA.

The Problem

During the Khmer Rouge regime led by Pol Pot from 1975 to 1979, academics, doctors, and any member of the country’s intelligentsia were systematically wiped out as the regime believed they pose a threat to the establishment. Just 40 of Cambodia’s 4,000 doctors survived the regime’s reign. Nearly two decades of internal conflict followed, leaving Cambodia without a functioning medical system (in addition to a host of other social challenges) all the way until the mid 1990’s. Cambodia was in desperate need of NGO help, which has made great progress in restoring Cambodia’s health care system, but huge gaps remain and many people are left without access to adequate health care services. Children are particularly at risk as there are so few children’s hospitals and limited in-country pediatric expertise.

Angkor Hospital for Children

AHC is a full service hospital with a wide service offering and treats children up to 16 years of age. AHC is an NGO (not part of the state health system) and fills a vital gap in Cambodia’s health care system. AHC is the only regional unit capable of performing eye surgeries on children under one year old.

AHC is also opening a cancer treatment center, which will be the second of its kind in Cambodia. A sample statistic illustrates the need for such a program: there is a 75% mortality rate for children diagnosed with eye cancer in Cambodia, which compares to just 5% in the United States.



We tour the AHC facility and are highly impressed. The goal of AHC’s founder is to replicate the model in 40 other locations around Cambodia.

Visit Notes

We arrived at AHC and were introduced to Dr. Phara Khov, who leads the AHC eye unit and conducts all of the surgeries there. Dr. Phara was trained in the United States and our discussions with him led us to the inescapable conclusion that he is a top quality expert in the field of pediatric eye surgery. His humbleness and youthful appearance belie his experience, so his importance to the program’s success was not immediately obvious to us. But after spending an hour or two talking to Dr. Phara and watching him complete a very complicated surgery on a 6 month old baby, we left with the impression that he is one of Cambodia’s unsung heroes.

Since he began at AHC, Dr. Phara has increased the program's capacity from 80 patients per year to its current capacity of 1200 patients in the new facility he opened in 2011. Patients learn about AHC through referrals from health care centers and schools, with the help of community level training provided by AHC.

In addition to increasing the capacity, Dr. Phara has brought expertise into the program that rivals what is found in fully developed western countries. Part of that is due to Dr. Phara's US education, but also due to his introduction of CyberSight technology into AHC. Cybersight allows Dr. Phara to consult with volunteer ophthalmologists in the United States online, extending his ability to service children with abnormal conditions, and where there are no physicians in Cambodia with sufficient expertise. This is a valuable tool for Dr. Phara because many eyesight related disorders in pediatric patients are abnormal (often relating to congenital defects or injury), unlike in adults where the vast majority of patient cases can be placed into routine categories with well-established corrective procedures (cataracts, glaucoma, etc.).

Surgeries

On the day of our visit, Dr. Phara was performing two surgeries. One patient was a six month old boy with a congenital cataract, the other was a three year old girl with congenital ptosis (eye lid blocking vision). Congenital cataracts make up about a third of all the procedures performed at AHC. The others are a mix of strabismus (cross eyed), glaucoma, ptosis (eye lid), and eye injuries.

We observed the first surgery on the six month old patient, who is also deaf and has a congenital heart defect. The cause of his condition is that his mother had the rubella virus at the time of his birth. Rubella is easy to avoid through a simple vaccination, and his unfortunate condition today is a symptom of deeper challenges within the health care system. The surgery was complicated by the patient's heart condition, which made sedating the child a complex and lengthy process, with the anesthesiologist playing an equally important role in the procedure. The skill and experience of the surgical team was obvious. Unlike an ordinary non-congenital cataracts requiring replacement of the natural lens with an artificial intraocular lens, congenital cataracts are removed from behind the lens while keeping the natural lens in place. The surgery was a success and a highly impressive demonstration of the capabilities of Dr. Phara's program. Because the process of awakening and stabilizing the patient was expected to take up to several hours, we were unable to observe the second surgery.

Images and Comments

The AHC is an impressive and clean facility that has attracted the participation of numerous other NGOs



Patients wait in a comfortable reception area for a full range of hospital services. On the day of our visit, several Australian volunteer doctors are here to perform heart surgeries.



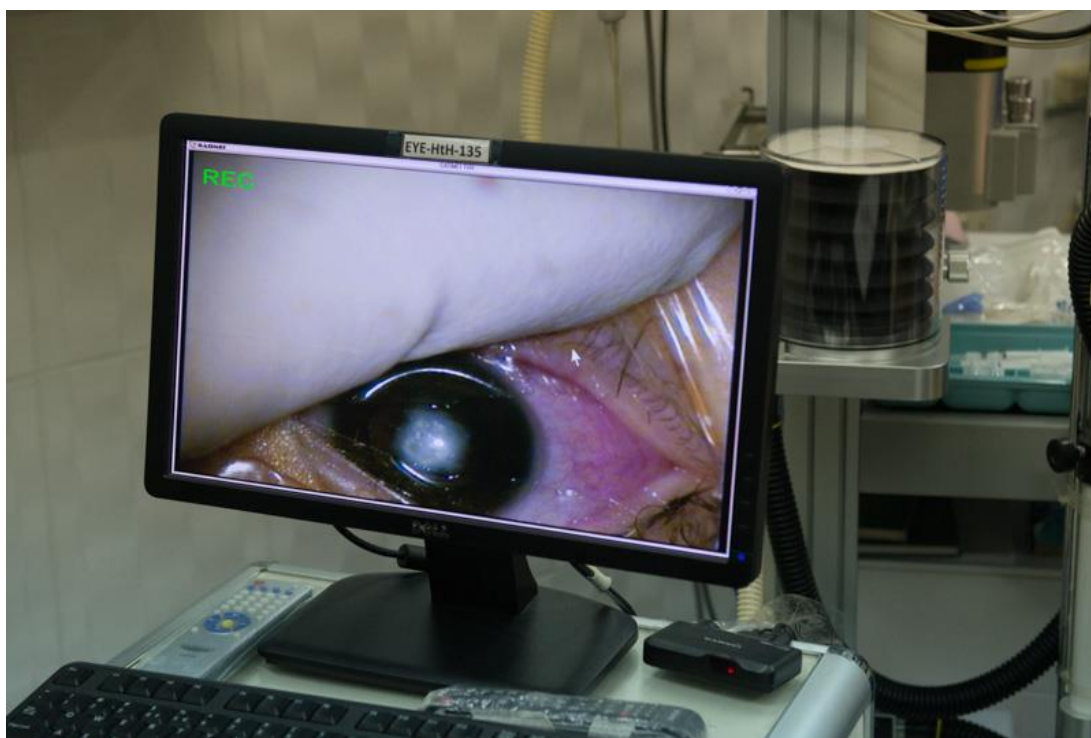
Dr. Phara patiently describes to us the complicated nature of pediatric eye conditions treated at AHC. We soon realize we are speaking with the country's foremost expert on the subject of pediatric eye surgery.



The patient is just six months old and has a heart defect, so sedating him is a time consuming and delicate process. Here the anesthesiologist slowly sedates the patient while Dr. Phara monitors vitals closely.



Prior to surgery the cataract is clearly visible. The camera system enables every procedure to be recorded for educational purposes and allows surgery staff to understand exactly what is happening in the procedure so they can prepare for following steps.



The surgery room is small, but we are permitted to enter one at a time to observe and document the procedure. The surgery takes around 30 minutes for both eyes.



Dr. Phara performs a delicate cataract removal with incredibly stable hands. His assistant is young but already very experienced working by Dr. Phara's side. We assume she's on course to be performing surgeries in future years.



By the completion of the procedure, the cataracts are gone from both eyes the child can see for the first time in his life. Completing the surgery early in life is critical, as the child will develop “lazy eyes” if he remains blind during his developing years.



Dr. Phara is pleased with the result and monitors the patient from outside the operating room as the anesthesiologist slowly awakens the patient. The process could take hours.

