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guided our first patient up the gangway to the clinic.

The onboard clinic

Each day in the *Global Mercy* eye clinic looks a little different, but on average we see more than 40 patients for pre-operative assessments and about 80% are scheduled for surgery. The main technique used is MSICS (manual small-incision cataract surgery), with phacoemulsification being reserved for special cases. Once surgeries begin, our clinic schedule will change to incorporate post-operative appointments to monitor our patients’ recovery and their vision.

Though basic, the clinic has everything we need to assess someone for surgery. Using a tumbling E chart makes it easy to cross language and literacy barriers, while eye assessments rely on our trusty slit lamp, ophthalmoscope, iCare tonometer and a bright penlight to confirm a healthy eye or presence of a cataract. We may also use a retinoscope or perform a B-scan to rule out other ocular issues. As final surgery preparation, keratometry and A-scans are performed to calculate intraocular lens power before the patient’s vital signs and general health are assessed and signed off.

My first three months’ work with Mercy Ships have been wonderful and challenging, but witnessing the life-changing moments when someone can see again makes all the hard work, late nights and planning completely worth it!

Ella Hawthorne is an optometrist at Judd Opticians in New Plymouth and the current ophthalmic team manager with Mercy Ships.



Mercy Ships’ ophthalmic team manager Ella Hawthorne at work

About Mercy Ships

Founded in 1978, Mercy Ships operates hospital ships delivering free surgeries and other healthcare services to those with little access to safe medical care. An international faith-based organisation Mercy Ships has focused entirely on partnering with African nations for the past three decades. It also provides training to national healthcare professionals and supports the construction of medical infrastructure to leave a lasting impact. Each year, more than 3,000 volunteers

from over 60 countries serve on board the world’s two largest non-governmental hospital ships, *Africa Mercy* and *Global Mercy*. Surgeons, dentists, nurses, health trainers, cooks and engineers dedicate their time and skills to accelerate access to care.

To learn more about volunteering with Mercy Ships visit www.mercyships.org.nz. Watch a clip of the first eye patients being treated aboard the *Global Mercy* here www.youtube.com/shorts/laePQFFCLQw

Opioids ‘over-prescribed’ in NZ

NEW ZEALAND’S HEALTHCARE providers are over-prescribing post-surgery opioids, potentially fuelling addiction, a study has found.

The student-led Tasman Collaborative’s study, ‘Opioid prescriptions and usage after surgery’ (Operas)*, found opioids are being prescribed at twice the amount being consumed by patients in the week following surgery. Although the surplus did not improve pain management, it did increase the risk of side effects and dependency, they said.

The study showed the quantity of opioids prescribed to patients at discharge from Middlemore and Whangarei Hospitals to be independently linked with a 30% increase in opioid consumption, said Dr Chris Varghese, an Auckland University honorary lecturer and junior doctor at Middlemore. The study’s 1,311 patients underwent 19 common surgeries and were each prescribed a median of 10 tablets of 10mg Sevredol (morphine sulfate). Seven

days after surgery, a median of just four tablets had been consumed. Dr Varghese said the 19 surgeries did not include ophthalmology.

In 2021, 46 of New Zealand’s 171 drug deaths were thought to be from opioid overdose, reported the New Zealand Drug Foundation.

Heading for a US-style opioid epidemic?

A New Zealand anaesthesiologist (who preferred not to be named) told *NZ Optics* the US system is more conducive to opioid addiction than the one here. “In the US, (patients) can choose to go to where ratings are best. So physicians give a bucket of opioids to everyone to avoid being rated badly for having sore patients... in New Zealand you go local and have no choice, so we have quite different drivers of care.” Kiwi patients also better understand and expect a certain level of pain with some conditions, unlike US patients, said the anaesthesiologist.

Auckland University’s Jay Gong, whose PhD research is on post-hospitalisation opioid use, said that in New Zealand strong opioids such as morphine and oxycodone are prescribed on a special triplicate prescription with no charge and limited to a 10-day supply. “This means no matter where in the country the patient is dispensed an opioid, the relevant information will be reported to the Ministry.” New Zealanders’ persistent opioid use is comparable to those in other developed countries, said Gong. “One in eight may become a new persistent opioid user, with no prior opioid use.” Opioid analgesic use has more than doubled worldwide between 2001-2003 and 2011-2013, including substantial increases in Oceania, according to a study in *The Lancet* by Berterame et al.

*See the full Operas paper here: www.bmjopen.com/content/12/11/e063577