



INTERVIEW WITH BERYL CARVALHO, OCULARIST

INTRODUCTION

The loss of an eye, in the initial stages, has devastating consequences for the person concerned and his or family. Such consequences encompass a combination of physical, psychological and emotional factors.

The profession of ophthalmology in South Africa is a much valued but scarce discipline who make a difference in the lives of thousands of individuals who have suffered the loss of an eye or eyes and their families. The loss of an eye can be the result of an ocular disease or injury.

Beryl Carvalho of Eyes Alive is an Ocularist who has been in practice for in excess of twenty five years and who was recently honoured by Lions International for changing the lives of economically challenged individuals who otherwise would have had to go through their lives with the burden and stigma of a visible physical deformity, associated emotional trauma and decreased self- worth.

Blyda Rosen (BR) of **PBA&E** recently managed to get Beryl to take time out of her busy schedule and posed a number of questions to uncover salient aspects of the noble profession of ophthalmology as well as speak about Beryl Carvalho (BC) in her capacity of an Ocularist.

BR: What exactly is an Ocularist?

BC: *An Ocularist is a professional who fits and manufactures ocular prosthetics or artificial eyes as they are commonly known.*

BR: What training is involved in becoming an Ocularist in South Africa?

BC: *In the past, ophthalmologists were trained through an apprenticeship. Since OASA has registered as a Professional Body through SAQA, our aim is to have future training done through a university as a four year degree.*

At this time, all Ophthalmologists in South Africa have been practicing for over 15 years as there is currently a moratorium on training. We are waiting for the Health Professions Council of South Africa (HPCSA) to recognise us officially but understand that being such a small group of only 16 in the country that the training of future Ophthalmologists is a concern and thus our Association has taken this upon ourselves and are moving towards a training facility with the hopes of a 360 degree course at a Technical University.

BR: Is the profession of Ophthalmology in South Africa registered with any authority?

BC: *Yes, whilst we are not registered with HPCSA, we are however, registered as a Profession on the National Qualifications Framework or NQF. All 16 Ophthalmologists in South Africa are registered with the South African Qualifications Authority (SAQA) and are seen as Professionals in our field, Ophthalmology.*



Beryl Carvalho of Eyes Alive

All practicing ocularists in South Africa are registered with OASA, which stands for Ocularists Association of Southern Africa. OASA is a registered professional Body.

BR: For how many years have you been practicing as an Ocularist?

BC: *It had been for over 25 years now and love being an Ocularist even more than I did when I first started out as one.*

BR: What would you regard as the most important skills for an Ocularist to be effective?

BC: *Artistic skills as well as Chemistry are required in order to do a good job with great results but compassion and empathy are essential to being an Ocularist.*

BR: What, in your experience, are the most common causes of the loss of an eye?

BC: *Among the most common causes are motor accidents, injuries either at work or home and diseases such as cancers of the eye. Even babies are susceptible to cancer in the eye, called Retina Blastoma.*

BR: Do you have any tips for members of the public to avoid injury or damage to eyes?

BC: *Working with equipment either at home in the garage or mowing the lawn etc or when at work, always remember safety goggles. We see a number of patients from accidents in the home and injuries on duty.*

BR: Have there been any significant advances in the manufacture of ocular prostheses in the past five years?

BC: *There have been some developments over the past few years but none of these are tried and tested yet so I'm not advocating them in the practice yet. Some of these include a silicon eye that was developed a few years ago but I'm not sure of the efficacy of this material in the eye socket. There is a pupil that can be made to appear as if it's dilating and contracting but this technology is in the final stages of development and not ready for the market yet. Digital photography is used instead of iris painting and whilst I've heard of good results the limited results I've seen are not great yet. There are some people working on 3D printing but this is quite a way off yet. In short, for now we'll be doing things as we've done them for the past few years already.*

BR: Do medical aids generally pay for Ocularistry related services?

BC: *Medical aids do pay for ocular prostheses, yes.*

BR: You have two practices with the practice name 'Eyes Alive', one situated in Sharonlea, Johannesburg and the other in Centurion. Are both these practices open daily with a locum or colleague in attendance at one practice and you at the other?

BC: *No, while my husband, Pedro and I are both Ocularists, he manages our business concerns and I consult. I personally work best when the patient sees me and me alone. So I split my time between Randburg and Centurion.*

BR: Do you consult with all patients requiring an ocular prosthesis or do you specialise in a particular type of patient?

BC: *Yes, I consult with patients who have all types of ocular prostheses. That means I fit eyes over blinded eyes, over eye implants that the Ophthalmologists have inserted surgically when they have removed the patient's own eye. I work on patient from 2 months old through 102 years old.*

BR: What words of wisdom would you impart to someone who, for whatever reason, has lost an eye?

BC: *With the eye being viewed as the window to the soul it is never easy to lose an eye. Grief counselling teaches that the loss of an eye is like the death of a loved one so it's a grief process that needs to follow to conclusion. There are at least five stages of grief; Denial, Bargaining, Anger, Depression, Acceptance.*

Denial is often a short term feeling of "how could this happen to me?"

Bargaining is often “God if you just give me my eye or vision back I’ll do anything you tell me to” or “Doctor if I give you R2 000 000.00 will you save my eye”.

A person often spirals between anger and depression and can blame others around them during this time for the loss of the eye. This in fact brings more harm to the patient than to the recipient, often a person who has caused the eye loss, like an attacker etc. who isn’t even aware of that anger.

Finally there’s acceptance and this is where a patient begins to feel life is worth living again. That the loss of the eye, while devastating, could have been a worse catastrophe in their lives and while this is a sad and horrid thing they’ve gone through that they can come to acceptance of it in the mornings when they get up.

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