



Editorial

Resuming ophthalmology practice armoured with a bulletproof plan due to COVID 19

Sandhya Ramachandra ^{1*}, Varsha V²

1. Professor and HOD, Department of Ophthalmology, Sri Devaraj Urs Medical College, Sri Devaraj Urs Academy of Higher Education and Research, Tamaka, Kolar.
2. Resident, Department of Ophthalmology, Sri Devaraj Urs Medical College, Sri Devaraj Urs Academy of Higher Education and Research, Tamaka, Kolar.

Covid 19, a deadly pandemic which started in China's Wuhan province in December has impacted the lives of millions of people physically, mentally and economically.

In view of the pandemic, the Government of India instituted a nation-wide lockdown on 24th march 2020. All non-emergency outpatient departments and elective surgeries were deferred. Ophthalmology, predominantly an elective, non-emergency branch was severely affected.¹

However, we have to learn to live with this virus, which means adapting to the "new normal" and resuming elective ophthalmology practice.

In their study, Nair et al. revealed that a whopping 72.5% of the participating ophthalmologists were unsure of how to restart outpatient services after the lockdown ends,² as the risk of contracting and transmitting SARS-CoV-2 is real. There have been studies to show the presence of SARS CoV-2 in the conjunctival swabs and this can result in transmission to unsuspecting caregivers and patients in ophthalmology services.³

Transmission can be prevented by screening all patients for fever and eliciting history suggestive of being a possible primary contact. Protective masks and eye wear should be mandatory for ophthalmologists. The examining consultant and the patient should wear protective masks. For examining high risk cases full personal protective equipment (PPE) is mandatory. To reduce the transmission during slit lamp examinations, slit lamp shield should be used and sanitized meticulously after every session.⁴ Non-contact tonometry which is capable of generating aerosols should be avoided. Use of disposable tips is ideal.⁵

An ideal situation would be, to perform RT-PCR or rapid antigen tests for all patients attending OPD. However owing to the logistics this may not be always feasible in India. Public awareness

programmes, continued medical education for ophthalmic practitioners and following strict protocols and SOPs should be the "new normal" in the days to come.

Bibliography

1. Mishra D, Nair AG, Gandhi RA, Gogate PJ, Mathur S, Bhushan P et al. The impact of COVID-19 related lockdown on ophthalmology training programs in India—Outcomes of a survey. *Indian J Ophthalmol* 2020; 68(6):999-1004.
2. Nair AG, Gandhi RA, Natarajan S. Effect of COVID-19 related lockdown on ophthalmic practice and patient care in India: Results of a survey. *Indian J Ophthalmol* 2020;68(5):725-30
3. Xia J, Tong J, Liu M, Shen Y, Guo D. Evaluation of coronavirus in tears and conjunctival secretions of patients with SARS-CoV-2 infection. *J Med Virol* 2020; 92(6):589-94.
4. Lai TH, Tang EW, Chau SK, Fung KS, Li KK. Stepping up infection control measures in ophthalmology during the novel coronavirus outbreak: an experience from Hong Kong. *Graefes Archive for Clinical and Experimental Ophthalmology* 2020;3:1-7. <https://doi.org/10.1007/s00417-020-04641-8>. Assessed on 30th Nov 2020.
5. Khanna RC, Honavar SG. All eyes on Coronavirus—what we need to know as ophthalmologists. *Indian J Ophthalmol* 2020; 68(4):549-53.

*Corresponding Author

Dr. Sandhya Ramachandra

Professor and HOD, Department of Ophthalmology, Sri Devaraj Urs Medical College, Sri Devaraj Urs Academy of Higher Education and Research, Tamaka, Kolar -563101, Karnataka, India.
Mobile No : 9844177487
E-mail: sanchina@rediffmail.com