

Continuing ophthalmology practice in crisis - Lessons from COVID-19 pandemic

Dr. Li Wenliang, a fellow ophthalmologist from Wuhan, China had attempted to warn his colleagues of a novel severe acute respiratory illness ultimately succumbing to this novel disease on February 7, 2020.^[1] Over the next few months, not only did the virus paralyze the world, but it managed to evolve into a pandemic of epic proportions which the new world had not seen since the Spanish flu.

COVID-19 has adversely affected all aspects of life including medical care. The Ophthalmology department has been equally affected by the shut-down of smaller practices with complete cessation of elective surgeries such as refractive and cataract surgery. Due to the nationwide lockdown, most cases were being referred to higher centers which were still difficult to access due to the absence of transport and this impact of lockdown on ophthalmic practice was aptly described by Nair *et al.*^[2]

A study done in our center showed that ocular trauma surgeries followed by vitreoretinal surgeries were the two most commonly performed surgeries during the lockdown.^[3] The demographics of these patients during lockdown was also emphasized with maximum patients being local in origin. It also highlighted the role of a dedicated hospital infection control committee (HICC) that not only implemented infection control practices but also provided active surveillance of any COVID-19 patients. We put forth the effectivity of novel concepts such as avoidance of contact procedures like applanation, direct ophthalmoscopy, use of breath-shields on slit lamps and indirect ophthalmoscope. Every patient presenting to our emergency department underwent detailed history taking and was provided with hand sanitizer and a surgical mask prior to contact with a health care worker (HCW). Not only did our center provide guidelines in managing vitreoretinal surgeries during the lockdown, we even described guidelines for management of intravitreal injections during the lockdown period and thereafter.^[4]

It was Unlock-I which was announced by the Government of India from June 8, 2020 that came as a respite not only for ophthalmologists nationwide but also for the patients. During Unlock-I centers resumed services other than emergencies with their own set of protocols. Pre-operative COVID testing became the norm in certain centers and was usually done within 72 h of the surgery. A positive COVID test mandated delay of elective surgeries as well as stringent contact tracing and risk assessment of any HCW exposed to the patient. These measures mitigated the risk of contracting COVID-19 among the HCW. Fixed percentage of HCW's of all specialties continued manning the COVID wards of hospitals. Even during Unlock-I there were tailored restrictions across state lines along with the constant fear of contracting COVID-19. Hence the reduced footfall of patients continued despite India entering Unlock-I. This brought forth unique challenges to hospitals with resident/fellow training programs. These new challenges required educational reform, policy making and restructuring of training programs.^[5]

The study published in this issue of the journal succinctly describes the trials and tribulations that were faced by ophthalmic practices not only in South India but also across the country.^[6] The drastic decrease in new as well as follow-up patients and the reduction in surgeries has plagued ophthalmic practices across

the board. The study has also ably described the causes leading to the drastic reduction of workload despite Unlock-I. Despite the greatest efforts of providing an entire network of eye care centers, there were still a few lacunae in providing permanent eye care closer to the communities which COVID-19 managed to exploit. Even the role of telemedicine in ophthalmology remains limited and should only be used to advise first-aid and triaging.^[7]

COVID-19 has brought forth the deficiencies in eye care provision to the vulnerable population. The need to develop permanent eye care facilities closer to the communities has now become of utmost importance and requires aggressive reforms for accessible eye care.

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References

1. Parrish RK 2nd, Stewart MW, Duncan Powers SL. Ophthalmologists are more than eye doctors-in memoriam Li Wenliang. *Am J Ophthalmol* 2020;213:A1-2.
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;68:725-30.
3. Agarwal D, Chawla R, Varshney T, Shaikh N, Chandra P, Kumar A. Managing vitreoretinal surgeries during COVID-19 lockdown in India: Experiences and future implications. *Indian J Ophthalmol* 2020;68:2126-30.
4. Agarwal D, Kumar A. Managing intravitreal injections in adults in COVID-19 and post-COVID-19 era- Initial experiences. *Indian J Ophthalmol* 2020;68:1216-8.
5. Kumar A, Agarwal D. Commentary: Restructuring residency training in ophthalmology during COVID-19 era: Challenges and opportunities. *Indian J Ophthalmol* 2020;68:1005-6.
6. Katti V, Ramamurthy LB, Kanakpur S, Shet SD, Dhoot M. Neuro-ophthalmic presentation of COVID-19 disease: A case report. *Indian J Ophthalmol* 2021;69:992-4.
7. Bhaskaran K, Sharma P. Distancing? But still I-care: Tele-ophthalmology during COVID-19 era. *Indian J Ophthalmol* 2020;68:1243-4.

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