

Response to comments on: Teleconsultation at a tertiary care government medical university during COVID-19 Lockdown

Dear Editor,

We thank the authors for their interest in our study.^[1,2] In response to the queries raised by them we provide our pointwise clarification.

1. As has been discussed in the methodology, the questions and options in the survey were designed according to the responses obtained in the pilot survey involving 20 teleconsultations. 'Follow-up' was a common profile of previously seen patients seeking consultations. Even though 'follow-up' does not technically qualify as a diagnosis, it was one of the options given to the participants to categorize the patients who did not have new symptoms but sought consultation for issues like tapering of medications or non-availability of a particular brand of medication
2. Since WhatsApp based communication was most commonly used, the participating doctors had the liberty to examine photographs of the eye send by the patients. Images of investigations already available with patients also helped in making diagnosis including those involving posterior segment. It is possible that patients with new retinal lesions or those with worsening of retinal disease may have complained of reduction in vision and would have been called for physical examination. However, a subtle or nonvision threatening retinal disease could have been missed. We do not claim that teleconsultation with the available technology is ideal for diagnosing retinal diseases, rather it is a feasible tool for providing ophthalmic care to the majority, even with limited resources
3. The lack of mention of corneal pathology in our study compared to Murthy *et al.* could be due to the following possible causes^[3]
 - a. Due to lockdown, the agricultural and on-field activities were limited and this could have contributed to reduced corneal injuries and subsequent less incidence of keratitis.
 - b. Lack of standardization of photographs for teleconsultation as mentioned in the above study. Furthermore, it may be challenging to distinguish between conjunctivitis and mild keratitis with history and routine mobile photos (considering the varying camera quality in phones among masses). This however is unlikely to have had a negative impact as patients with history of trauma or marked reduction in vision were anyway called for physical examination.
4. Out of 40 invited members, 10 were faculty, and remaining were residents
5. This was a survey done during the initial period of lockdown when no formal facility and limited published literature for providing teleconsultations in such situations was available. Most of the participants provided feedback on the basis of their phone records and memory while responding to the survey. Subsequent to this study, efforts have been made to ensure a formal record-keeping of patients in hospital registers. The work on electronic medical record-keeping for facilitating teleconsultation is under development in the hospital
6. The patients categorized under the probable diagnosis of refractive error included the patients who had history of using glasses, dissatisfied with previously prescribed glasses or having history of gradual diminution in distance/near vision. Obviously, all the diagnoses referred to in the study are probable and based upon the information provided during teleconsultations. A confirmatory diagnosis always needs physical examination.

It is said that 'necessity is the mother of invention'. Our community has innovated and learnt a lot during this period of adversity. Teleconsultation is one such stream and we're happy to have made a contribution. We're thankful to the authors for furthering the discussion.

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Nil.

Conflicts of interest

There are no conflicts of interest.

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