

Response to comment on: Preoperative SARS CoV-2 rapid antigen test and reverse transcription polymerase chain reaction: A conundrum in surgical decision making

Dear Editor,

We, the authors, would like to clarify the queries raised on our paper.^[1,2]

We have mentioned the RAT testing at a laboratory level. We would like to clarify that the laboratory setting available in

our institute is at the point of sample collection. Samples are transferred immediately to the laboratory as and when they are collected; hence, there is not much delay in the transfer of specimens, giving us an accurate result.

Replying to the second comment raised, the sample size was 204 considering the COVID-19 protocols followed by the hospital where we had restricted numbers for elective cases. For emergency surgeries that can compromise the existing vision of the patient in the affected eye, we would still recommend going ahead with the surgery after RAT, taking all the precautions necessary. But for elective surgeries like cataract, it would be safer to wait for the RTPCR report as a delay of one to two days

can be afforded. Our primary concern which led us to the study was for the protection of the healthcare professionals involved in the treatment of the patient. Considering the SARS-Co-V-2 is contagious and can lead to decreasing the quality of life or even loss of life in rare cases, avoiding exposure will be the safer route.

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Nil.

Conflicts of interest

There are no conflicts of interest.

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2. Sarkar S, Gokhale T, Deb AK, Kaliaperumal S. Comment on: Preoperative SARS CoV-2 rapid antigen test and reverse transcription polymerase chain reaction: A conundrum in surgical decision making. *Indian J Ophthalmol* 2021;69:2886.

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