Commentary: I want to see clearly – The voice of an ophthalmologist

The novel coronavirus pandemic impacted the lifestyles of individuals across the globe irrespective of their lifestyles and work profiles. For medical professionals, the pandemic brought in significant challenges in terms of being able to serve patients with the necessary protocols in place and also ensuring the safety of medical personnel and patients. Eyecare professionals, because of the increased proximity of the testing, required rigorous and additional layers of protection while the ophthalmic examination was being conducted during these risky times.

Apart from the standard personal protective equipment (PPE) such as the N95 and the three-ply masks, disposable gloves, and aprons used by the medical personnel, the ophthalmic examination also required additional protective layers such as breath shields and also specific PPE such as transparent face shields and protective goggles. As all the testing requires visual discernment by the ophthalmologists aiding in the clinical diagnosis and management, these additional layers of protection imposed significant difficulties to the examination and identification process. The survey by Kaushik et al.^[1] brings out the fact that the PPE not just increased the time taken for the ophthalmic examination but also imposed significant difficulties when it comes to interpreting the ocular findings in over 78.7% of ophthalmologists, with over 58% reporting that the overall quality of the examination deteriorated with the PPE in place. The PPE generated a significant amount of fogging, unwanted reflections, distortions of the optical images observed through the equipment, and restrictions to the surgical field of view, all of which impacting the quality of the assessment. The use of medical-grade micropore over the upper edge of the mask, use of dehumidifiers and temperature regulators in the operating room, and use of anti-fogging sprays to reduce the fogging on the lenses were some of the measures adopted by the ophthalmologists to improve the overall visibility during the assessment and surgeries. Use of eyeglasses by the ophthalmologists and surgeons induced further difficulties as the PPE is to be worn along/on top of the eye glasses. The use of disinfecting solutions also posed the risk of damaging the quality of the optics of the testing equipment, which in turn affected the quality of the images observed through the equipment.

This study clearly brings out the concerns of an ophthalmologist in the workplace where it is crucial to balance the safety of the medical personnel and patients while ensuring that the quality of the ophthalmic testing is unaffected. This study highlights the fact that these difficulties would significantly impact the learning curve for trainees compared to experts. The study poses multiple questions to the medical world, especially in a field such as ophthalmology, which is a micro-surgical specialty. The use of technology, simulation-based medical education, and improving the design of the PPE^[2] ensuring efficacy and high-quality testing are the need of the hour. This would not just ensure high-quality services that do not compromise on the standard of medical care but also eases out the learning curve for trainees helping them to achieve the necessary competence with confidence. This survey also brings out the importance of leveraging the power of technology, be it through tele-consultation or through automatized imaging approaches where objectivity overrides human judgements ensuring quality and accuracy.

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