



Letter to the Editor re: “Effects of the COVID-19 Pandemic on Turkish Ophthalmologists.”–Incremental Innovations in Clinical Ophthalmology During the COVID-19 Pandemic

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Dear Editor,

We read with interest the article reporting the effect of the coronavirus disease 2019 (COVID-19) pandemic on Turkish ophthalmologists, which provided intricate insights into the practice patterns in Turkey during the COVID-19 pandemic.¹ However, we have a few important potential additions based on the incremental changes and innovations across the majority of tertiary eye care hospitals in India during the pandemic. All the healthcare staff and patients underwent daily temperature screening, hand sanitization, and shoes/slippers sanitization with dilute hypochlorite solution; travel history and COVID-19 consent were obtained; and mask and personal protective equipment kits were ensured before hospital entry.² As highlighted in the article in terms of practitioners' reduced working hours, the healthcare staff and doctors in our country were also divided into 2-3 teams to minimize viral exposure daily to COVID patients. Patients were admitted by appointment only, limited patients were allowed on a single entry, only one attendee was allowed per patient, and during examination the attendees were not allowed inside the examination room unless deemed necessary. The patients were seated on alternate chairs with the middle chairs tied off with red ribbon to maintain social distance. Instruments such as the +90D lens, indirect ophthalmoscope with +20D lens, optical coherence tomography, fundus fluorescein angiography, keyboards, and computer screen

were all cling-wrapped daily to prevent surface contamination and cross-viral infection. As perfectly highlighted in the article, during the pandemic and especially during the lockdown, elective surgeries were postponed and only emergency cases were operated on. The surgical teams followed a modified approach for ophthalmic surgery and anaesthesia to reduce COVID-19 spread via aerosols. Phacoemulsification under topical anaesthesia was the preferred surgery and a COVID-19 reverse transcription polymerase chain reaction report was mandated for long-duration surgeries like keratoplasty and vitreoretinal procedures. Peribulbar anaesthesia was avoided due to the risk of aerosol spread and subtenon's anaesthesia was preferred for COVID-19-negative patients, as positive patients can have COVID-19 in the conjunctival surface.³ The pandemic allowed us to innovate in tough times when there was a shortage of resources like masks, sanitizers, and personal protective equipment kits. At the beginning of the pandemic when there was an acute shortage of masks, we adapted with an innovative technique of sterilizing the respirators by using hydrogen peroxide and ultraviolet rays in a closed chamber of old condemned refrigerators. This proved beneficial to safeguard all the staff during the time of shortage. Mask-induced fogging is a known phenomenon and this was taken care of by using a simple solution that was applied over the microscope eyepiece to prevent mask-induced fogging while operating on the patients. There were numerous innovations in

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the paediatric department, like the use of disposable IV tubing to make adjustable earloops for children; using a S12C mobile vision screener to safely screen patients by employing an acrylic sheet physically separating the screener and patient to protect the examiner; implementing slit-lamp shields to prevent aerosol transmission of the virus during close-contact examination;⁴ and using head loupes to examine infants and small children from a safe distance. The authors nicely elaborated the details regarding the perception of patients and doctors regarding COVID-19 and provided valuable insight into the psychological aspect and knowledge perception of patients regarding COVID-19. Similarly, we also performed a multicentric Knowledge, Attitude, and Practice (KAP) analysis regarding COVID-19 in patients presenting to our centre for a routine eye examination. We were able to demonstrate that the KAP score was high, about 80%, in our population, but elderly high-risk and illiterate patients had significantly low KAP scores. Hence, education and awareness regarding COVID-19 presentation and manifestation among the masses is the key to safeguard everyone.⁵ The COVID-19 pandemic is a testing time for all of us globally. The deadly virus has challenged all of us mentally, physically, and emotionally. We have adjusted to the circumstances and learnt to adapt to unprecedented challenges. Once again we congratulate the authors for giving brilliant insights into the COVID-19 situation in Turkey. By combined efforts, we can emerge as winners and make this world Corona free.

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