



Re: Facing COVID-19 in Ophthalmology Department

Boon Lin Teh , Rhona Duggan , Simon Hewick , David Knight & Shona Macleod

To cite this article: Boon Lin Teh , Rhona Duggan , Simon Hewick , David Knight & Shona Macleod (2020): Re: Facing COVID-19 in Ophthalmology Department, Current Eye Research, DOI: [10.1080/02713683.2020.1795882](https://doi.org/10.1080/02713683.2020.1795882)

To link to this article: <https://doi.org/10.1080/02713683.2020.1795882>



Published online: 29 Jul 2020.



Submit your article to this journal [↗](#)



Article views: 26



View related articles [↗](#)




View Crossmark data [↗](#)

LETTER



Re: Facing COVID-19 in Ophthalmology Department

Boon Lin Teh , Rhona Duggan, Simon Hewick, David Knight, and Shona Macleod

Eye Outpatient Department, Raigmore Hospital, Inverness, UK

ARTICLE HISTORY Received 19 June 2020; Revised 10 July 2020; Accepted 12 July 2020

Dear Editor,

We thank Dr Romano and colleagues in summarising the measures taken in the ophthalmology department during the coronavirus disease 2019 (COVID-19) pandemic.¹ Our department adopted a very similar approach, and we would like to describe patient's perception, confidence and satisfaction in attending intravitreal injection clinic during the COVID-19 pandemic.

Following the pandemic declaration by the World Health Organisation (WHO) on March 11, 2020,² healthcare services in the United Kingdom were restructured with cancellation of elective clinical activities and surgeries. Ophthalmology, being the busiest outpatient specialty,³ was particularly affected under this measure. Intravitreal injection clinics remained the only essential regular activity running, alongside casualty clinics.

In our department, we ran our usual injection clinics. Patients who wanted to discuss their treatment or were unwilling to attend were given a telephone consultation with an ophthalmologist. Administrative staff then arranged the injection appointment and screened patients for COVID-19 symptoms via telephone 1 day before the appointment. The appointment slots were spaced out at 15-min intervals. Upon arrival, patients were asked to use alcohol hand gel before entering and given surgical facemasks to be worn. Patients' seats were arranged 2 m apart.

We carried out an anonymous self-administered paper survey in all our patients who attended the injection clinic in Raigmore Hospital, Inverness, between April 17 and 30, 2020, to assess their confidence level in attending these clinics during the COVID-19 pandemic. The paper survey was distributed by eye clinic staff to the patients upon their arrival. The completed survey was then returned and placed in an envelope. During the survey period, a total of 234 appointments were organised. 154 patients (65.8%) attended their injection clinic appointment. Two patients (0.9%) did not attend and 78 (33.3%) postponed their appointments due to COVID-19. In comparison, during the same period in each year of 2015–2019, 73.9%, 87.6%, 90.7%, 88.3% and 76.8% of patients attended their

scheduled appointments, respectively. This translates into an average of 83.5% injection clinic attendance rate over the same period in the past 5 years.

Of those who attended, 127 patients (82.5%) completed the survey. Most of them were 70-year-old or older (79%). The majority (65%) attended for treatment of neovascular age-related macular degeneration, followed by 13% retinal vein occlusion with macular oedema and 11% diabetic macular oedema. Overall, 80% of the patients felt that it was very important to continue receiving intravitreal injection during this pandemic. A small proportion of patients who felt it was not as important were mainly those who were not sure of their eye condition. The lack of understanding of their eye conditions is likely to affect their perception of the importance of treatment required. On the other hand, opinions on likelihood of rescheduling clinic appointment due to COVID-19 were divided (Figure 1).

95% of our patients felt at least fairly confident to continue attending injection clinics during this pandemic. Nearly all felt our infection control measures were very important in contributing to their confidence in clinic attendance. In particular, seat distancing and alcohol hand gel were perceived to be the two most important measures, 91% and 93%, respectively. This could be attributed to the public health emphasis on hand hygiene and social distancing. All patients were satisfied with our injection clinic service during this pandemic (Figure 2). Two patients suggested gloves to be provided.

Unsurprisingly, our intravitreal injection clinic attendance rate was lower in this time of global health crisis, 17.7% lower in the study period compared to our 5-year average rate (65.8% vs. 83.5%). As the majority of our patients attending injection clinic were under the "high-risk" group category due to their age,⁴ it is understandable that they might be apprehensive to come into the hospital for treatment. Despite the vast majority of patients recognising the high importance of treatment, 35% would still be likely or very likely to reschedule the clinic appointment due to concerns with COVID-19. It is, therefore,

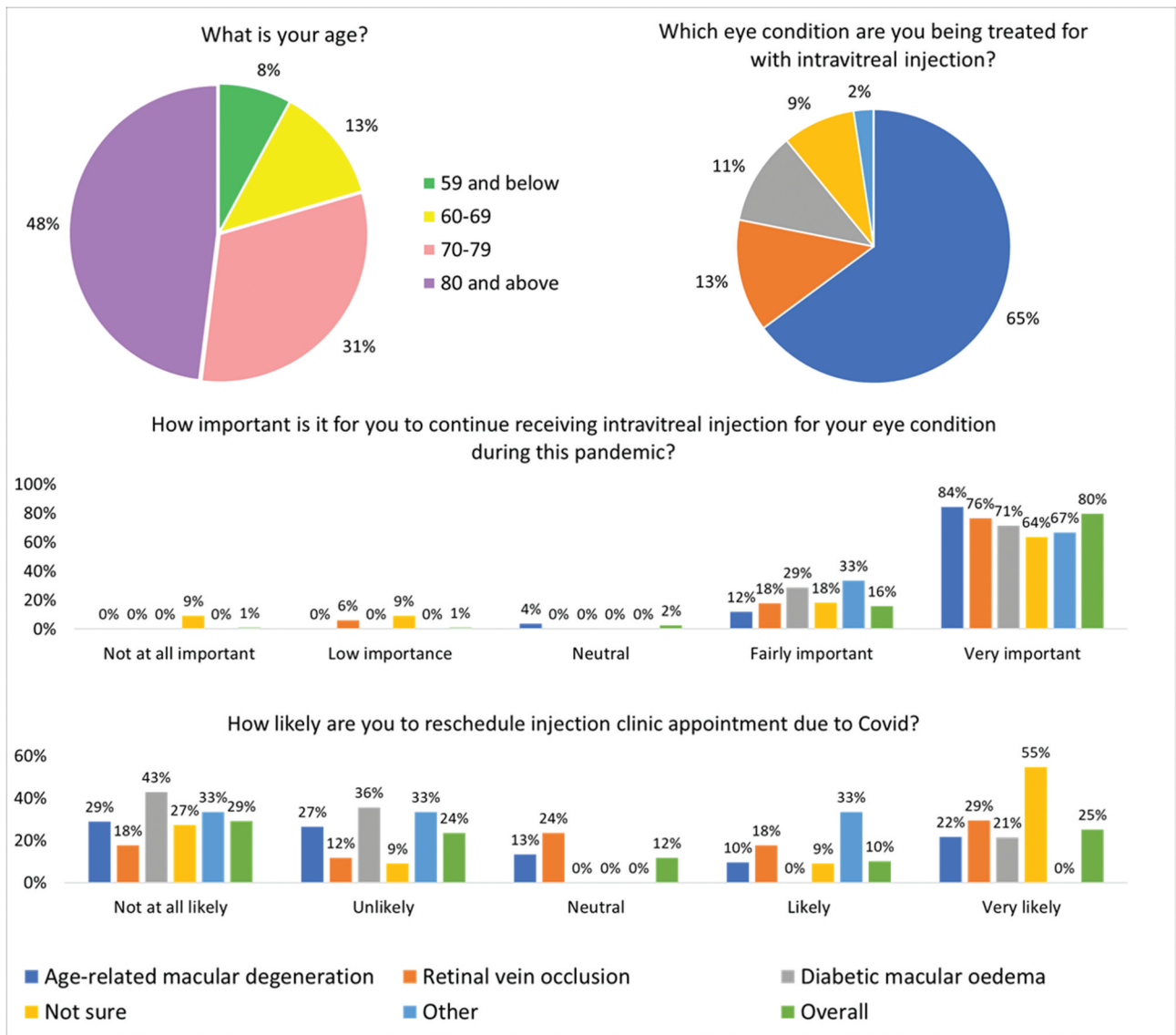


Figure 1. Demographics and patients' perception of their eye condition.

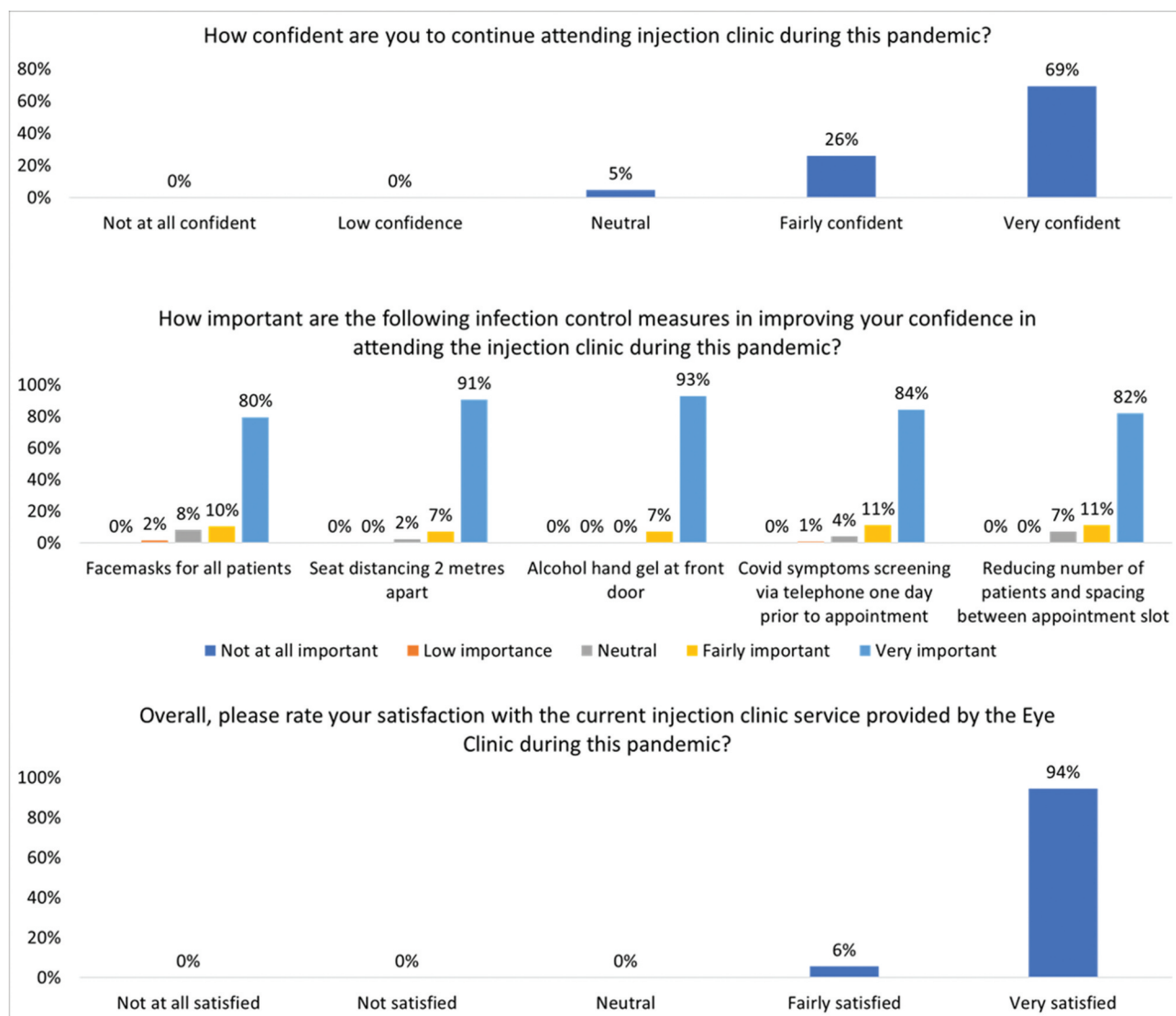


Figure 2. Patients' confidence level and satisfaction with injection clinic service.

crucial to take appropriate measures in the clinic to minimise the risks of COVID-19 transmission, improving their confidence in attending injection clinic and ensuring their vital eye care is being delivered timely.

ORCID

Boon Lin Teh  <http://orcid.org/0000-0001-5455-0233>

References

1. Romano MR, Montericcio A, Montalbano C, Raimondi R, Allegrini D, Ricciardelli G, Angi M, Pagano L, Romano V. Facing COVID-19 in Ophthalmology Department. *Curr Eye Res.* 2020;45(6):653–58. doi:10.1080/02713683.2020.1752737.
2. World Health Organisation (WHO). Coronavirus disease 2019 (COVID-2019) situation report-51. 11 March 2020. https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200311-sitrep-51-covid-19.pdf?sfvrsn=1ba62e57_10
3. NHS Digital. Hospital outpatient activity 2018-2019. 10 October 2019. <https://digital.nhs.uk/data-and-information/publications/statistical/hospital-outpatient-activity/2018-19>
4. Public Health England. COVID-19: guidance on social distancing and for vulnerable people in the UK. [Accessed 30 March 2020]. <https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults>