

## *Editorial*

# **Eye care delivery during COVID-19 pandemic**

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The novel severe acute respiratory syndrome corona virus 2 which causes a syndrome known as 2019 (COVID-19) has been designated a global pandemic by the World Health Organization.

The majority of patients with COVID-19 are advised to isolate and recuperate at home. This restriction and limited access to ambulatory ophthalmology care inadvertently may delay the recognition of ocular signs and symptoms associated with COVID-19.

### **Do ophthalmologists use protective devices**

Severe acute respiratory syndrome corona virus 2 (SARS/CoV/2) is transmitted primarily via respiratory droplets, contact with contaminated surfaces or free-floating aerosols. It is recommended the use of surgical mask and commercially available slit lamp shield in patient examination. It has been attempted to replicate the spread of infected aerosols and large droplets in the clinical setting of slit lamp examination to evaluate the efficacy of protective equipment in reducing the risk of viral transmission. The close proximity between the ophthalmologist and the patient increases the risk of respiratory transmission of virus, high concentration of aerosols poses an inhalation threat to ophthalmologist. Studies have demonstrated a lower efficacy of face shield against smaller aerosols. Therefore when using a slit lamp shield alone, proper disinfection practices are needed because (SARS/CoV/2) has surface ability for up to 72 hours. All patients should wear face mask because of their efficacy in reducing aerosols and droplet transmission.

If you are a contact lens wearer, consider switching to glasses for a while.

If you are caring for a sick patient or potentially exposed person, safety goggles may offer a stronger defense.

### **Effect on patients**

There is significant disruption in eye health services, particular emphasis on cataract services. Studies have shown this disruption is one of the leading causes of blindness globally affecting 20 million people. Notably health care delivery has dramatically changed, many clinics have closed, delayed appointments, postponement of surgeries, restriction of clinical consultations to eye emergencies.

Shifting towards telehealth eye care is possible alternation, but telehealth can miss those who live in remote locations without access to technology. Recent research has shown 60% of cataract surgery waitlist, poor eye sight significantly interfere with quality of life. Restricted movement within homes, result in isolation, limited independence, anxiety and depression. This also causes mental health consequences. It is recommended home visits for all patients who cannot reach health care facilities and it is emphasized the importance of practicing strict COVID protective measures.

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