



the outbreak when the staff had to adapt to changes, with the varying recommendations and advice on social distancing, sanitizing, sterilizing, and wearing different levels of personal protective equipment (PPE) and masks.

Health and safety measures had to be implemented, including temperature checks for all patients and staff, while intraocular pressure (IOP) screenings and refraction tests have been suspended.

Only one attendant is allowed in the consulting room, while slit lamp examinations have been reduced, and a 20D lens is used to do a quick distant examination for the retina.

For diagnostics, only crucial tests are done, mainly using optical coherence tomography (OCT), or optical coherence tomography angiography (OCTA) and wide field imaging, which are quicker and less invasive than using fluorescein angiography (FA) or indocyanine green angiography (ICGA).

For surgeries, not much has changed as masks and disposable gowns are normally worn.

“Our anesthetist does wear PPE, which earlier was not the norm, and now they wear full PPE for cases under general anesthetic (GA) as they are at higher risk in those cases.”

Some practices in India are already conducting rapid screening tests for COVID-19 for all surgical patients.

At Dr. Nagpal's Foundation, patients who have to go under GA will be tested, while other surgical patients may also be tested once the kits become more accessible.

While the number of patients have decreased due to the shutdowns, teleconsultation is still not a viable way of managing retina patients, without getting a view of the fundus or using OCT.

There has, however, been an increase in cases where patients have visited a local doctor and obtained a report or an image which they then share on WhatsApp, and the Foundation

Lockdowns, closed borders and quarantine orders.

Over the last few months, the coronavirus outbreak has resulted in massive changes which have also affected how eye doctors all over the world are supporting their patients during this challenging time.

We take a look at how one ophthalmologist in India is protecting patients from exposure to the risk of COVID-19, while at the same time adapting to the “new normal” during the pandemic.

“Like everyone else, the Retina Foundation has also been impacted by the COVID-19 pandemic,” said Dr. Manish Nagpal, vitreoretinal consultant of the Retina Foundation and Eye Hospital.

Located in India's western state of Gujarat (in Ahmedabad), Dr. Nagpal's Retina Foundation and Eye Research Center has been impacted by the country-wide lockdown that started on March 24.

Restrictions have been eased gradually in some parts of India since June 1, but have been tightened in some Indian cities and states when there has been a surge in the number of COVID-19 cases.

“At the beginning, we thought this would be a transient issue for a couple

of weeks, and then it would resolve. However, the pandemic continued unabated and the lockdowns increased. Hence, the work has been seriously impacted,” he said.

The Foundation was completely shut during the first week of lockdown, he recalled. After that, emergency patients were allowed to come in twice a week for several weeks.

In a move toward gradually resuming normal hours, the Foundation has shifted to operating daily, for a half-day in the morning.

All of this has resulted in a sharp slump in the number of visitors to the practice.

“We are seeing less patients for sure,” said Dr. Nagpal.

In the first few months, the number of patients dropped by around 90 percent, although figures have improved slowly.

The number of patients seeking treatment at the retina practice have increased to about 60 to 70 percent of normal traffic. However, the anterior segment practice, which is based on planned procedures and is also tissue-dependent for cornea, is still seeing less than 20 percent, compared to pre-coronavirus days.

There was an initial period of adjustment during the early days of

has been able to guide and make recommendations in such cases.

"This may work in some other specialties, but in ophthalmology and especially retina, it is going to be difficult as one cannot derive much by just listening to the patient's complaints of visual issues."

Slowly, as everyone gets used to the safety measures, it looks as if the current situation may be the norm . . . and it could remain for a long time.

Dr. Nagpal, who organizes a biannual surgery workshop showcasing the latest in surgical and medical retina, said he was fortunate in that he had failed to schedule one this year.

"I think I had a sort of sixth sense maybe sometime last year and I had not planned it for this year. Somehow, there have been just too many meetings and I was not inspired enough to organize one this year."

The Advanced Vitreo Retinal Techniques and Technology (AVRTT) meeting is typically scheduled in March, which would have been around the time when the lockdowns began.

"Now, there are too many webcasts," he said, adding that he does not particularly enjoy sitting for too long in front of his laptop for meetings.

Meanwhile, it is difficult to foresee when the pandemic will abate.

"Second waves keep coming in various places, and one never knows when issues worsen. For now, we are optimistic that maybe the worst is behind us and it will be a slow road to recovery. Until then, we have to be careful and follow guidelines, wear masks, sanitize and keep us, and others around us, safe."

Once that happens though, returning to work and a more normal life may prove to be a bit of a challenge for those used to life under lockdown.

"We have been working an extended morning from 9 a.m. to 3 p.m. all these months, and now are finding it difficult to restart the second half," he said, adding that he had recently extended working hours for the second half of the day.

"I was worried that if I go on like this a bit longer, I would forget what it is to work like before." 🌻



Contributing Doctor

Dr. Manish Nagpal, MBBS, MS (Ophthalmology), FRCS (Edinburgh, UK), is a vitreoretinal consultant at the Retina Foundation in Ahmedabad, Gujarat, India. He has been recognized for his development and presentation of surgical videos and educating the ophthalmic community of advancements in information technology within the field.



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