

Specialty guides for patient management during the coronavirus pandemic

Clinical guide for the management of ophthalmology patients during the coronavirus pandemic

23 March 2020 Version 1

“... and there are no more surgeons, urologists, orthopaedists, we are only doctors who suddenly become part of a single team to face this tsunami that has overwhelmed us ...”

Dr Daniele Macchine, Bergamo, Italy. 9 March 2020

As doctors we all have general responsibilities in relation to the coronavirus response, and for these we should seek and act upon national and local guidelines. We also have a specific responsibility to ensure that essential ophthalmology care continues with the minimum burden on the NHS. We must engage with those planning our local response. We may also need to work outside of our specific areas of training and expertise, and the General Medical Council has already indicated its support for this in the exceptional circumstances we may face: www.gmc-uk.org/news/news-archive/how-we-will-continue-to-regulate-in-light-of-novel-coronavirus

Ophthalmology may not seem to be in the front line of the coronavirus response, but we do have a key role to play and this must be planned. In response to pressures on the NHS, the elective component of our work is likely to be curtailed. However, non-elective patients will continue to need care. We should seek the best local solutions to continue the proper management of these patients while protecting resources for the response to coronavirus.

In addition, the possibility that the facilities for emergency surgery may be compromised due to a combination of factors including staff sickness, supply chain shortages and the use of theatre and anaesthetic staff to produce ITU pods must be

considered. These are unlikely scenarios, but plans are needed. It can be very stressful during a crisis. As ophthalmologists, we are very experienced at working in multidisciplinary teams with skilled healthcare professionals. This approach will serve us well in these difficult times. There may be reduced numbers of healthcare staff across the board, and it is important that all members of staff are flexible and continue to support and care for each other during these circumstances.

<https://www.aomrc.org.uk/statements/letter-from-the-chief-medical-officers-supporting-doctors-in-the-event-of-a-covid-19-epidemic/>

Ophthalmic patients can be considered in a few categories:

1. **Obligatory in-patients:** A very small number of ophthalmic patients will require admission and/or surgical management, but this will usually be because of co-existing conditions, eg ocular and maxillofacial trauma or vision/life threatening ophthalmic pathology.
2. **Day cases:** Surgery can be safely undertaken for most ophthalmic surgical conditions **if there is capacity and depending on risk of sight loss or risk of ocular damage.**
3. **Outpatient treatment:** Outpatient attendances should be kept to the safe minimum.

When planning your local response, please consider the following:

Leadership

- **A consultant must be designated as ‘lead consultant’ for each inpatient.** This is an *essential* role during crisis management and ensures discharge as early as safely possible. They must be free of clinical duties, and the role involves co-ordination of the whole service from the emergency department (ED) through to theatre scheduling and liaison with other specialties and managers.
- It can be very stressful during a crisis. Support each other and share the workload. Do not expect the clinical director to do all the co-ordination.
- Establish a daily sitrep and dashboard with critical data to share across the workforce. That should include patient flows, workforce issues, stock levels and other key messages (eg state of coronavirus response, personal protective equipment (PPE) requirements).

Obligatory inpatients

- Ophthalmologists will continue to play a key role in caring for emergency and urgent cases including infections, acute ophthalmic medical and surgical conditions and ocular trauma.
- Length of stay (LOS) must be minimised consider carefully if admission is required.
- Use elective theatre capacity and surgeons to ensure minimum preoperative delay for urgent/emergency cases.
- As elective surgery is reduced, consultants will be more available to provide senior decision-making advice.

Day cases

- Most trauma-related or other urgent ophthalmic procedures are clinically suitable to be performed as day cases. Assess how this can be increased: eg increasing local anaesthesia rate or reducing admission the day before.
- During the coronavirus response, it is likely that the only day-case surgery occurring will be urgent cases. Careful prioritisation of day-case patients will be needed across based on theatre/staff capacity.

General points for both day-case surgery and inpatients

- An anaesthetic guideline for patients requiring surgery who are positive for coronavirus will be required.
- Contingency plans for supply chain issues.

Outpatient treatment

- Ophthalmology is the busiest outpatient specialty in the NHS, and the vast majority of patients are treated in the outpatient department. Clinical prioritisation should be on a subspecialty basis to preserve sight in the highest risk groups.
- There is an escalation policy, that is regularly updated on the Royal College of Ophthalmologists website that can be used as a guide for both non-surgical and surgical cases. It can be adapted to local circumstances.
www.rcophth.ac.uk/2020/03/covid-19-update-and-resources-for-ophthalmologists/

- Increase telephone and video consultations as much as possible, or links with community optometrists, to maintain care without the need for face-to-face hospital visits.
- Senior decision-making at the first point of contact should reduce or even prevent the need for further attendances.
- No patient should be scheduled for surgery without discussion with a consultant.
- The possibility of a seven-day service may need to be considered.
- Consider postponing long-term follow-up patients until the crisis has passed.

During the coronavirus epidemic it is vital that other patients and staff are protected. This involves reducing crowding in waiting rooms, preventing symptomatic patients from attending and using personal protection (ophthalmologists should follow PPE advice including slit lamp barriers for patients with symptoms of coronavirus https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/872745/Infection_prevention_and_control_guidance_for_pandemic_coronavirus.pdf

www.youtube.com/watch?feature=youtu.be&v=G5wxU2UV0nI&app=desktop

Further guidance is available from the Royal College of Ophthalmologists –

www.rcophth.ac.uk/2020/03/covid-19-update-and-resources-for-ophthalmologists/