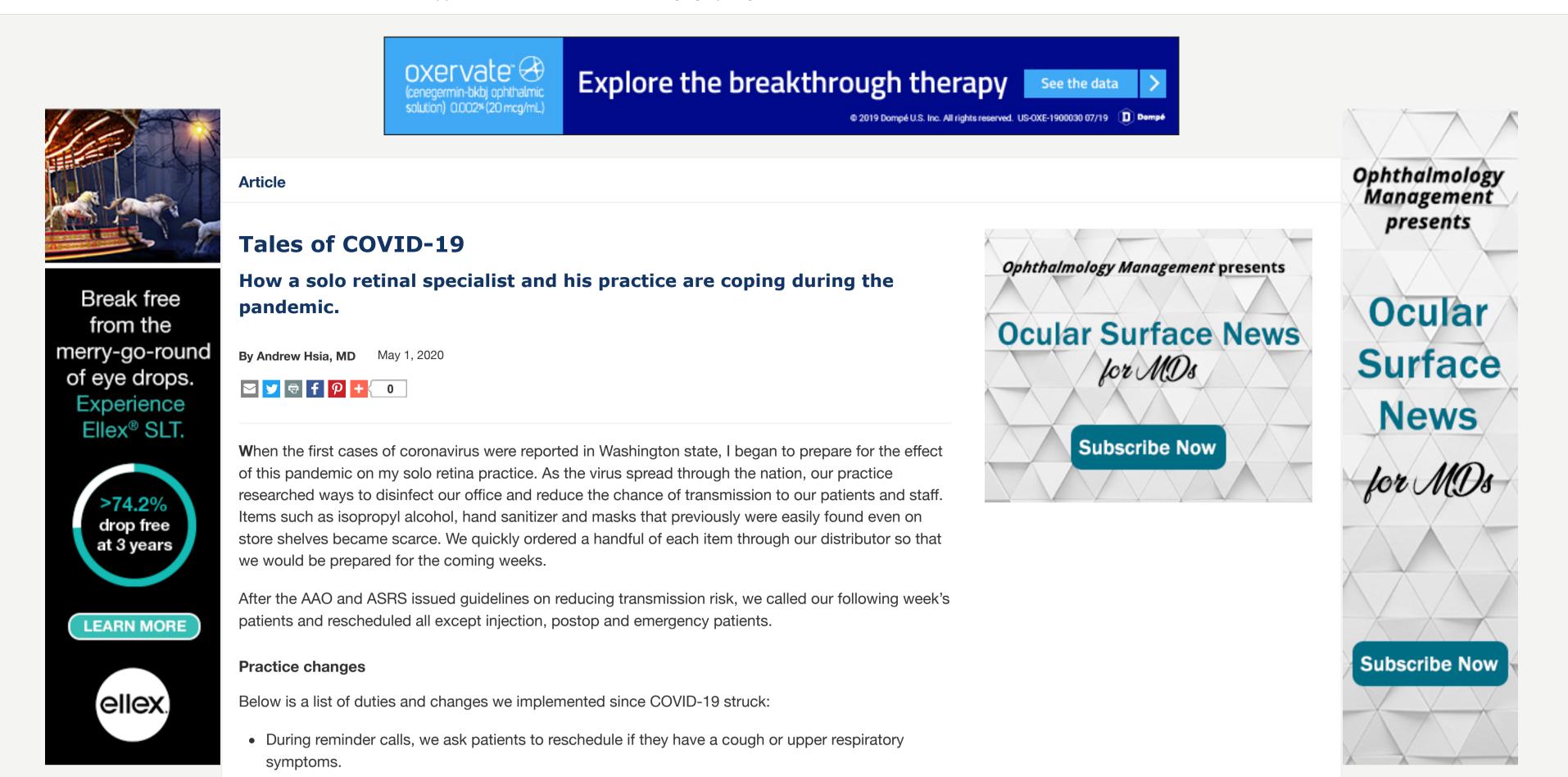




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- We placed a sign on the front entrance asking that only the patient enter our office.
- Upon entering the office, we check the patient's forehead temperature with a non-contact thermometer.
- All staff wear surgical masks, and we now require patients to also wear masks when inside the office.
- Each slit lamp has a shield to reduce exposure to respiratory droplets, and my staff meticulously cleans chinrests and any surfaces that are touched by the patient.
- We reduce the number of visits by encouraging patients who require injections in each eye to have bilateral injections on the same day.
- Our billing department works remotely from home.

Changes to emergency cases

I have made some adjustments with emergency cases that previously I may have taken to the OR, including macula on retinal detachments. Because these patients were good candidates for pneumatic retinopexy, I was able to reattach their retinas in the office with Cryopexy and a gas bubble. I also successfully treated a patient with vitreomacular traction and macular hole with intravitreal ocriplasmin (Jetrea, ThromboGenics).

Taking advantage of increased downtime

I have used this time as an opportunity to learn from other ophthalmologists. Members of a nationwide group, which includes solo ophthalmologists and solo retina specialists, have shared ideas such as where to apply for PPP and advice on reopening our clinics.

I have also caught up on the American Board of Ophthalmology's quarterly questions, including its most recent e-mail that includes articles on COVID-19; additionally, I virtually attended a webinar conference hosted by the Vit-Buckle Society.

Back to work

In Alabama, where I practice, elective surgeries will resume starting this week. I am preparing for a surge in both clinic and surgery volume while still keeping safe distancing measures. **OM**



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