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Article

Tales of COVID-19

How a solo retinal specialist and his practice are coping during the pandemic.

By Andrew Hsia, MD May 1, 2020



When the first cases of coronavirus were reported in Washington state, I began to prepare for the effect of this pandemic on my solo retina practice. As the virus spread through the nation, our practice researched ways to disinfect our office and reduce the chance of transmission to our patients and staff. Items such as isopropyl alcohol, hand sanitizer and masks that previously were easily found even on store shelves became scarce. We quickly ordered a handful of each item through our distributor so that we would be prepared for the coming weeks.

After the AAO and ASRS issued guidelines on reducing transmission risk, we called our following week's patients and rescheduled all except injection, postop and emergency patients.

Practice changes

Below is a list of duties and changes we implemented since COVID-19 struck:

- During reminder calls, we ask patients to reschedule if they have a cough or upper respiratory symptoms.
- 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**



Andrew Hsia, MD, is the founder of Alabama Retina in Auburn, Ala.

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