

## THE EFFECTS OF COVID-19 ON OPHTHALMOLOGY PRACTICE IN MALAYSIA

### COVID-19 & Ophthalmology

The novel coronavirus disease (COVID-19), as its name suggests, is a new virus that has never been isolated from humans, which affects the lungs and airway with high rates of infection and fatality. What was initially a mysterious virus causing severe pneumonia has now become a pandemic as declared by the World Health Organization (WHO) on 11 March 2020. Locally, we were not spared the brunt of this highly contagious virus with Malaysia initiating the Movement Control Order (MCO) on 18 March 2020.

How has this pandemic affected our field of ophthalmology? Profoundly and painfully. Dr Li Wenliang was a Chinese ophthalmologist who was initially vilified when he warned the public about the outbreak of a mysterious viral pneumonia. Dr Li sadly contracted the virus as well, and succumbed to COVID-19 after being hospitalized for 3 weeks.

The provision of eye services was greatly affected. Ophthalmologists are at high risk of infection as our consultations are usually done at close proximity to patients, thus potentially exposing ourselves to droplet transmission from an infected individual. We also usually face a high volume of patients during our outpatient clinics. There are reports that show conjunctivitis (one of the manifestations of COVID-19) may be indistinguishable from other viral causes and possibly be transmitted by aerosol. Eye surgeries such as phacoemulsification and vitrectomy are considered aerosol-generating procedures; thus, most eye practices saw a drastic decrease in surgeries. As a high percentage of infected individuals remain asymptomatic, and local transmission has steadily climbed, any patient walking in to see an ophthalmologist is a potential risk of infection to staff and doctors.

### What have Ophthalmologists been doing in Malaysia?

In response to the pandemic outbreak, we as eye doctors have the moral obligation to the community to reduce

our clinic volume and to postpone all non-urgent elective cases, both to protect the community and health care workers (HCWs). Only urgent, semi-emergency and emergency cases were attended to. Elective or scheduled ophthalmic surgeries were postponed or cancelled. Only semi-emergency and emergency cases were performed with specific precautions in place, such as routine testing of our patients for SARS-CoV-2 prior to surgery, and the wearing of personal protective equipment (PPE) during surgery. Other precautionary measures taken in the clinic was to limit entry to only patient and one accompanying person, social distancing in waiting areas, removal of reading materials in common areas, staggering appointments to avoid crowding and frequent disinfection of the clinic area. Some eye centres instituted team segregation of their staff and doctors to reduce the number of personnel at the health facility as well as ensuring services were not affected if any one team was incapacitated by COVID-19.

Several guidelines were drawn up by various ophthalmology societies and colleges, including from the Malaysian Society of Ophthalmology and Academy of Medicine, Malaysia. Doctors were advised to wear PPE when caring for patients. Among the items which we are now probably familiar with include face shields, goggles, face masks, head and boot covers, water-repellant gowns, slit lamp breath shields, and surgical microscope drapes.



As many general hospitals and university hospitals were converted into designated COVID-19 hospitals, many of our medical officers and even eye specialists were drafted as frontliners to screen and care for COVID-19-positive patients in their respective hospitals or at quarantine sites. Fortunately, to date there have not been any reported cases of COVID-19 infection or mortality involving our eye doctors in Malaysia.

sectors paralyzed due to lockdowns implemented worldwide. This situation has certainly affected training and educational activities of our junior and senior doctors alike. Conferences, meetings and lectures have been cancelled while postgraduate training activities have been deferred. Not all is doom and gloom, however. We now see the proliferation of online meetings or webinars. Many have become adept at using the power of social media and videoconferencing apps to conduct these sessions successfully. The World Ophthalmology Congress would be conducting the first-ever large-scale 'virtual congress' involving thousands of participants. We await the outcome of this congress, as it could prove to be the yardstick on how we conduct our future meetings. However, virtual meetings lack the warmth and interactions of real-life encounters. Our local organizing committee of the 2021 Asia-Pacific Academy of Ophthalmology (APAO) Congress in Kuala Lumpur are busy preparing for this meeting in the conventional manner. We hope that it would proceed as planned and we could catch up with the latest developments and also with one another very soon.



Cognizant of the need for adequate supply of PPE to our frontliners, many staff and doctors wasted no time to initiate the production of PPE in their facilities. New skills such as sewing, designing and fabricating were picked up. Freed up time from reduced clinic appointments and surgeries were fully utilized to prepare more PPE for the frontliners. Some creative talents were also unearthed when we had to figure out how to manufacture and install protective screens and drapes for our instruments and machines. The generosity of the public was certainly felt, as raw materials for PPE were donated by individuals and groups from locally and abroad.

**Training and Education**

As of 31 May 2020 more than 6.3 million positive cases and 374,000 deaths were recorded globally. The world literally came to a standstill, with all major

**The 'New Normal'**

It is an understatement to say that our lives have forever changed due to this pandemic. Our social interactions, both personally and professionally, would have to undergo significant adjustments. We must take a good hard look at how we have done things in the past, and how we should proceed now. As we ease ourselves back to our clinical practice, we should never let our guards down. Until a suitable vaccine is available for the masses or we have developed herd immunity, all precautionary measures outlined according to guidelines by our health authorities and societies should still be in place. Meanwhile, we should continue to explore other ways of interacting with our patients. Telemedicine, new drug delivery systems and robotic surgery are fields which will gain more traction.

Stay healthy and safe everyone!

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