



GER
GRUPO DE
ESTUDOS
DA RETINA
PORTUGAL



GUIDELINES - COVID 19

GER – Grupo de Estudos da Retina de Portugal

(Retina Study Group of Portugal)

GPRV da Sociedade Portuguesa de Oftalmologia

(Portuguese Group of Retina and Vitreous of the Portuguese Society of Ophthalmology)

The stratification of risk – Retina patients

How to act?

It is important
to stratify the
degree of risk
to the patient
and the degree
of his vitreous-
retinal
pathology

- **Regarding the degree of risk for the patient:**
 - Systemic risk, comorbidities and the age of the patient should always be taken into account as they are important factors for the severity of the disease in case of SARS cov 2 infection.
 - Consider the patient's wishes but clarify the risks / benefits of not being treated
- **Regarding the vitreous-retinal pathology:**
 - We can assess clinically at 3 risk levels: HIGH RISK, moderate risk and low or no risk, as well as the stage of treatment (eg, patient at the loading dose / stable patient in the 2nd year of treatment / monocular vision)

The procedure to be adopted depending on the degree of risk:



In cases of low or zero risk (eg. refraction, cataracts) consultations may be postponed for 6 months



Moderate risk cases, postpone 3 months



In high-risk cases, follow the following guidelines depending on the pathology:

wAMD cases:

Keep injections only, spacing patients throughout the day.

Cancellation of appointments to avoid grouping patients.

It is recommended to maintain a fixed interval of injections (the minimum necessary to maintain effectiveness) and to prefer bilateral injections on the same day whenever possible, so that the patient does not have to return twice to the clinic

There are specific individual cases that will require the performance of an OCT for the correct decision making, mainly for the control of the second eye.

Neovascularization related to high myopia or inflammatory pathologies:

The same strategy above for wAMD can be applied to these patients.

Diabetic Macular Edema (DME) and Macular Edema after occlusion of the retinal vein:

A postponement generally does not compromise the functional prognosis and can be performed later in the vast majority of cases.

CRVO: treating recent forms with severe visual impairment and paying particular attention to the risk of developing neovascular glaucoma.

Surgical retina

The vitreo-retinal emergency services should remain in operation. Complications and postoperative follow-up of patients with emergency surgery as well as trauma support should continue.

Some of the high-risk pathologies in surgical retina

- List of urgent ophthalmic procedures - AAO 27 Mar 2020

PROCEDURE	HIGH RISK PATHOLOGY
Laser (indirect) retinopexy – complex	Retinal detachment, retinal tear, or ocular trauma
Laser photocoagulation	Pediatric patients with retinopathy of prematurity (if this can't be in NICU)
Pars plana lensectomy	Acute lens complications
Pneumatic retinopexy	Retinal detachment
Removal of intraocular foreign body	Presumed intraocular foreign body
Repair of open globe	Ocular trauma
Retrolubar injection	Pain due to ocular diseases causing significant compromise of quality of life
Scleral buckle	Retinal detachment, ocular trauma, intraocular infection, vitreous hemorrhage, retinal tear, or intraocular foreign body
Intravitreal injections	Retinal pathology as noted above
Vitrectomy	Retinal detachment, ocular trauma, intraocular infection, vitreous hemorrhage, retinal tear, intraocular foreign body, misdirected aqueous, ciliary block glaucoma, malignant glaucoma, a vitreous prolapse, or a tube shunt that blocks filtration
Intravitreal injections	Retinal pathology as noted above

General principles:



Cancel routine appointments that should be rescheduled later.



Only attend urgent cases and urgent treatments / exams or risk of vision loss

- Patients with medical and surgical retinal pathologies usually belong to groups of higher risk in case of SARS cov 2 infection, but are usually concerned about their visual prognosis due to the severity of their ocular disease so, whenever possible, the doctor should talk to the patient (or make a teleconsultation / whatsapp) and preserve the doctor-patient relationship. It is up to the doctor, within clinical criteria and according to the above principles, to decide what to do.
- Angiograms considered necessary for decision-making and urgent laser treatments (such as pan-retinal photocoagulation (PRP) for severe proliferative diabetic retinopathy - serious PDR), can be maintained and spaced depending on the clinical assessment and benefit risk. Prefer laser by Indirect Ophthalmoscopy and even the intra-vitreous injection of anti-VEGF that is less risky for the physician. Monitoring and treatment of proliferative diabetic retinopathy and serious PDR should not be interrupted.
- It is vital to continue treating ocular emergencies across all centers with the ability to do so.
- Ensure that all recommended security measures are followed (see below).
- Limit non-urgent surgical and medical activity as much as possible to the entire population.



Suggestions regarding clinical activity - COVID-19

At the clinic / hospital:

- confirm with the patient the day before or the day of the appointment, symptoms of suspected active disease (nurse or doctor makes this assessment)
- preferably, perform the PCR test for SARS CoV-2 the day before
- patient and relative should preferably come by individual transport (reduces risk)
- spacing patients over time so they don't meet
- only the patient enters the clinic / consultation / exam, unless there is a need for support
- only one companion per patient who is confined to a space with social confinement rules is allowed
- patient and relative bring surgical mask
- upon entering, the patient must remove gloves (if he has them) and pass alcohol / Antiseptic Alcohol-Based Solution (AABS) on his hands
- the doctor and assistants wear Personal Protective Equipment (PPE): gown, gloves and glasses / visor (even if improvised if you do not have access to them)
- patients will be confined to a room with marked places, with a safe distance of 2 meters and must reduce the movements in the room to the strictest necessary
- doctor and assistant disinfect Slit Lamp, diagnostic lenses, chair arms and all places that the patient contacted, namely door handles through which the patient circuit t was made and toilet
- the toilet can be disinfected with diluted bleach (1 parts of bleach and 9 parts of water) or preferably, only water and detergent
- in the end, change your gown, remove your mask, ideally put on your clothes by discarding the surgical scrubs, wash your hands or rinse your hands with alcoholic solution
- the people involved, when they get home, change their clothes, change their shoes and take a bath

In the absence of resources and personal protective equipment (PPE)

In principle, the doctor and assistants should always wear PPE: gown, gloves and glasses / visor. In its absence, keep infection control principles that are part of medical training and be creative.

We know that:

- a) having some protection is always better than having none
- b) the respiratory route of an infected patient is a point of spread of the infection
- c) the virus remains active on surfaces and clothing, including masks
- d) the normal washing of the clothes inactivates the virus
- e) the virus is sensitive to alcoholic solutions and detergent and does not resist for more than 1 week in the laundry.

GER – Grupo de
Estudos de Retina de
Portugal

GPRV – Grupo Português
de Retina e Vítreo -
Sociedade Portuguesa de
Oftalmologia

- Document in updating process.
Version 28.3.2020

<https://www.ger-portugal.com/>

secretariado.ger@gmail.com

<https://spoftalmologia.pt/>

socportoftalmologia@gmail.com



GER
GRUPO DE
ESTUDOS
DA RETINA
PORTUGAL

