

Ophthalmic Community is at High Risk for COVID-19

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It has been a difficult eight months and I am sorry to say that the SARS-CoV-2 pandemic and its aftermath are likely to continue for a long time. I suspect the earliest we will get real respite from this terrible coronavirus is the late spring, and it may be further off than that. On a more negative note, I am constantly concerned about non-compliance of COVID-19 restrictions designed to reduce the risk of COVID-19 transmission that all citizens must follow, especially in large cities. The increase in the transmission of COVID-19 is related to prolonged exposure time, poorly or non-ventilated environments, decreased social distancing and avoid wearing medical face masks and cleaning-hands [1,2]. Ophthalmologists spend prolonged periods of time in close proximity (social distancing is a luxury) to a patient's respiratory droplets, tears and mucosal membranes during examinations that involve the use of direct ophthalmoscopy (< 5 cm) and slit-lamp examinations (< 20 cm). Until now few ophthalmologists wear gloves or face masks during eye examination. Probably, the risk of transmission through tears or conjunctival secretion is small but we must not under appreciated this mode of transmission. Hand hygiene, mask, gloves and eye protection should be the gold standard for every ophthalmologist to prevent viral infection [1,2]. Protective shields on slit lamps and frequent disinfection of equipment should be a constant rule in daily practice. But ophthalmology is a surgical specialty. The COVID-19 pandemic forced the cancellation of hundreds of thousands of surgeries all over the world. In the operating room, staff and patients turnover can spread infectious bioaerosols produced by patients in the indoor environment resulting in an almost immediate exposure to a high concentration of particles for anyone [3]. It is essential that we examine all possible risks of infection in the operating room. It is important that patients' face masks are properly fitted along the upper edge in surgery and in any routine examination [4,5]. By doing so, there is a significant reduction in emitted droplets and aerosols that the patient emits outside. Much research has indicated that masks can provide significant protection to the wearer, although proper mask fitting is critical to realizing such benefits. Ophthalmologists who perform dacryocystorhinostomy, especially when performing nasal endoscopy, carry the most risk of infection from COVID-19 because transmission can be through direct contact with nasal and eye mucous membranes. Also is important evaluated risk of aerosol generation by tracheal intubation-extubation and procedures, such as non-contact tonometry and lacrimal syringing. One way we limit risk of exposure is by providing COVID-19-RT-PCR test 48 to 72h before the operation. Without the measures described above, ophthalmologists can face a life-threatening risk in the COVID-19 era.

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