

HARVARD
MEDICAL SCHOOL



VIRTUAL VISITS FOR OPHTHALMOLOGY

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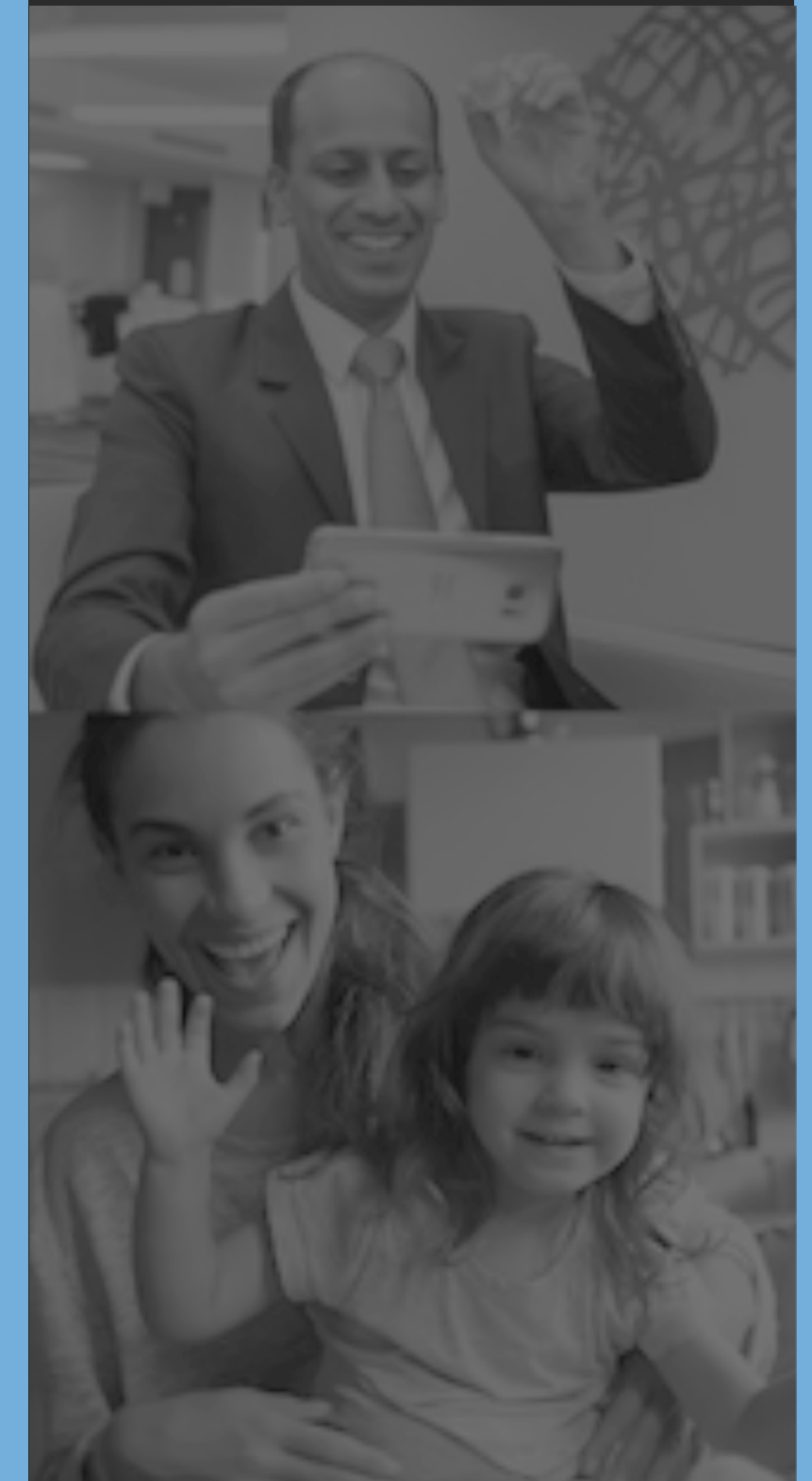
Disclosures

Salary support from the Boston Children's Hospital Innovation and Digital Health Accelerator, which supports our virtual visit program.

Presentation Breakdown

Virtual Visits For Ophthalmology

- Best Practices
- 5 Case Examples
- Conclusion



Virtual Visits
Webinar |
3/24/2020

Best Practices

Four Key Aspects



HAVE GOOD LIGHTING

Natural light ideal
Auxiliary lighting good
Avoid backlighting



SPEAK CLEARLY

Enunciate
Speak slowly



USE A STABLE SURFACE

Improves resolution
Ideal to have camera at eye level

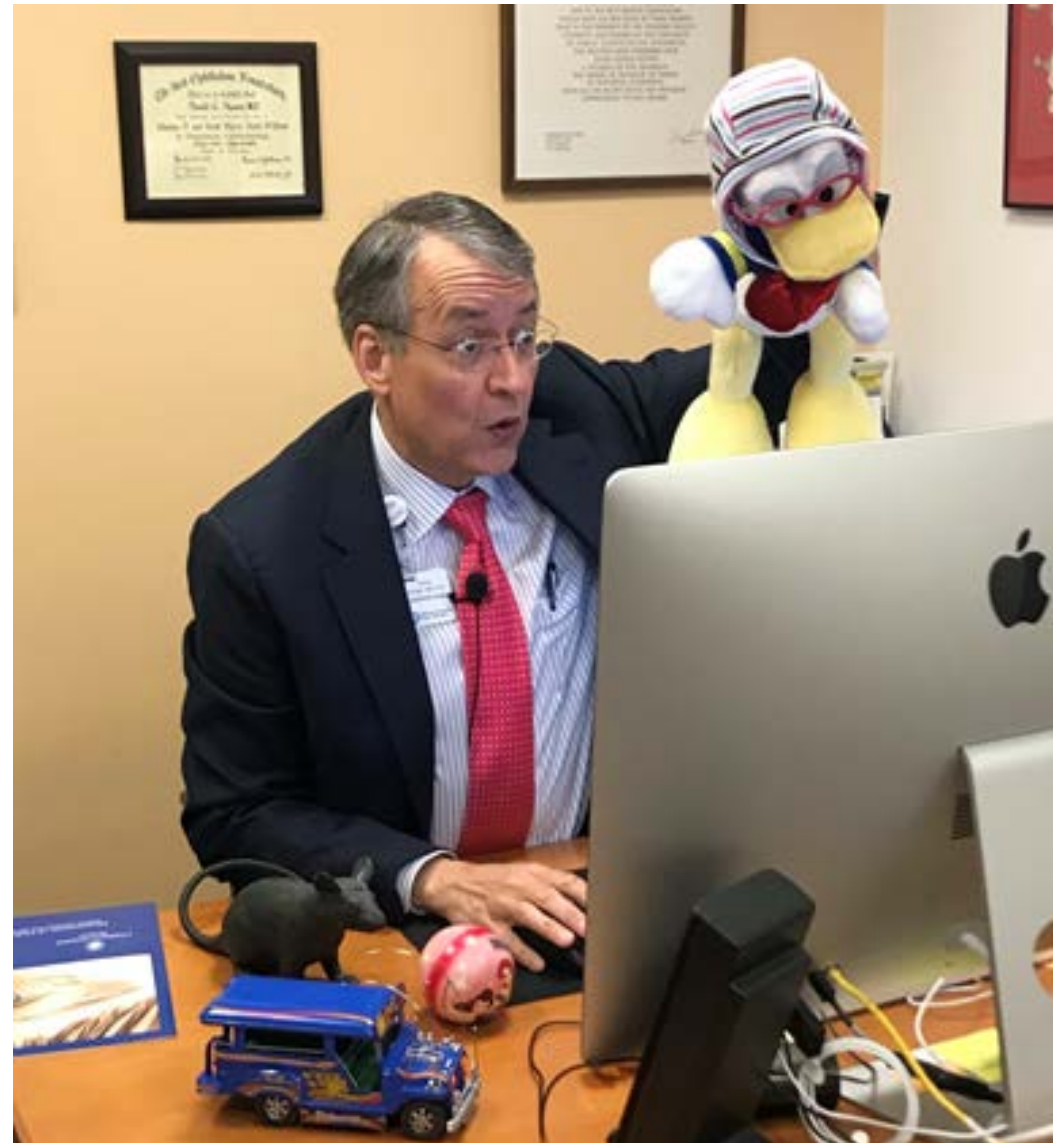


LOOK AT THE CAMERA

Enhances "eye contact"
Improves the emotional "connection"

You can do the exam !

You just have to be innovative...

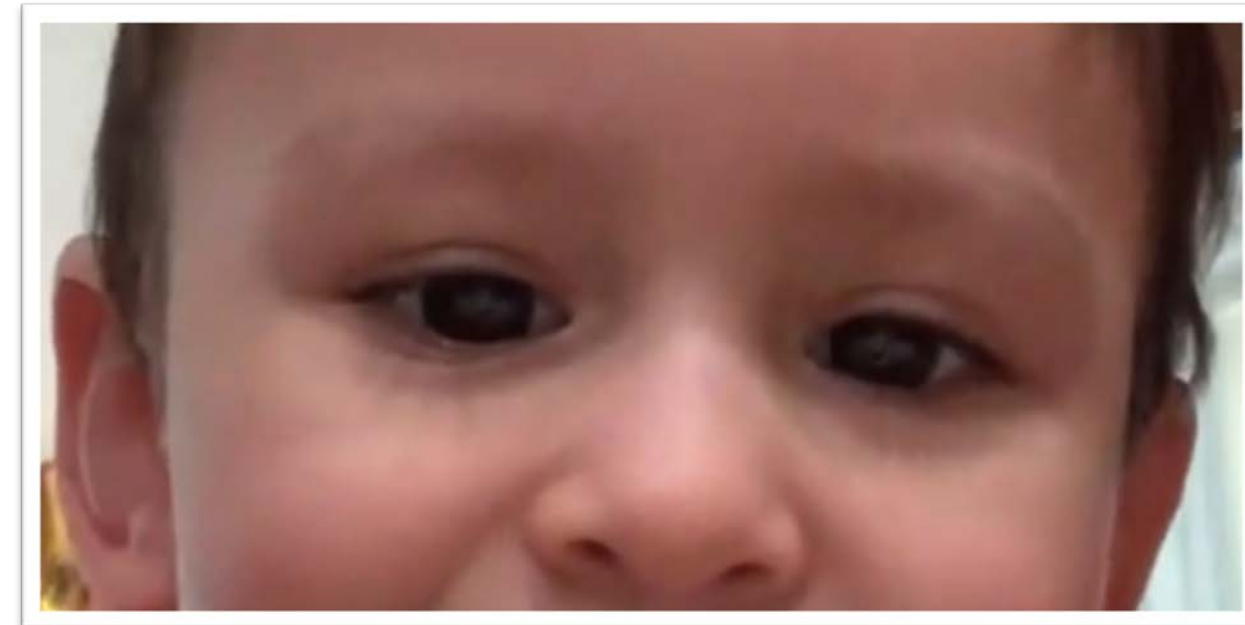


We hope these case examples will highlight how to do the virtual examination

New Strabismus Consult

- Chief complaint: Right eye crossing
- History
 - Age 2
 - Started 1 month ago, now worsening
- Examination
 - Intermittent crossing
 - Doll's head maneuver; likely good abduction
- Plan
 - Same-day evaluation given age, unclear etiology (retinoblastoma, cataract, strabismus), potential loss of binocularity
- Pearl: New patient complaints can be triaged for concerning findings

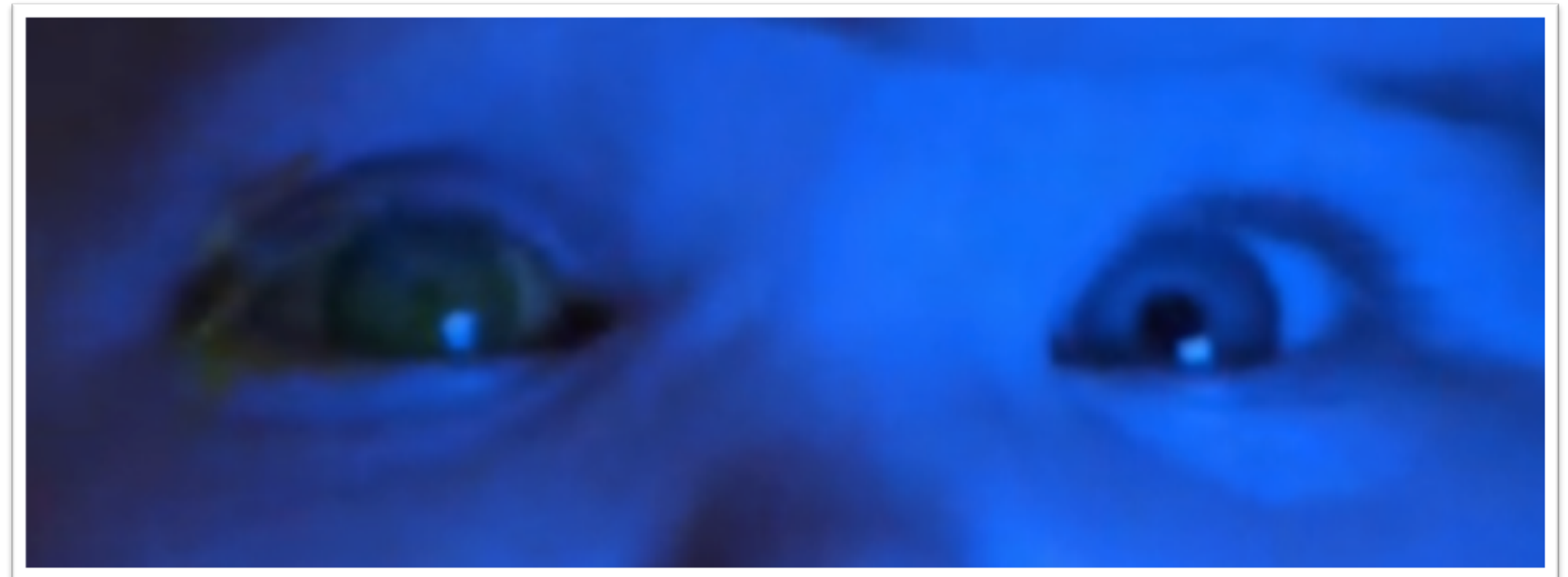
Visit



Corneal Abrasion

Visit

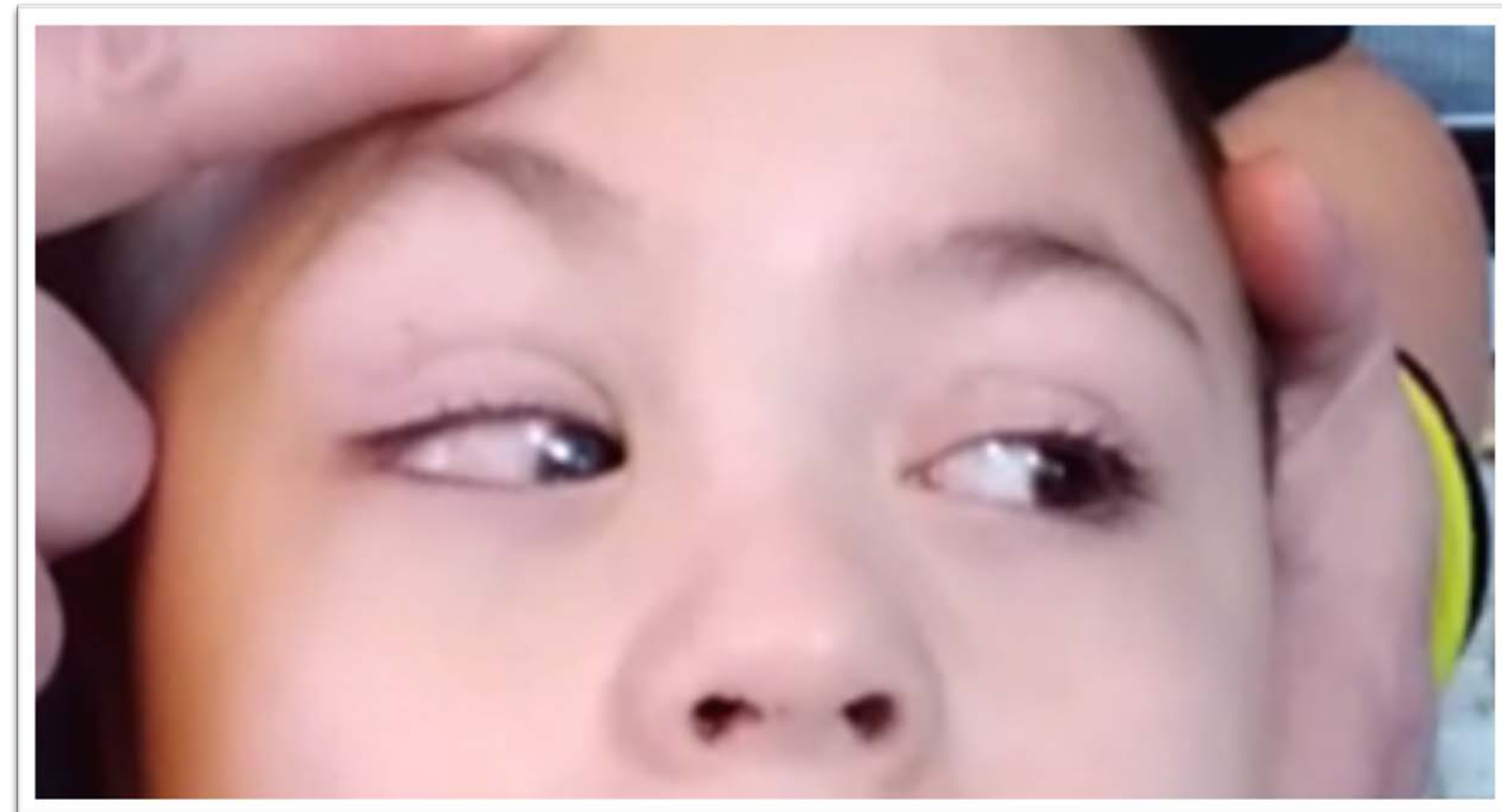
- Chief complaint: Corneal abrasion follow-up
- History
 - Age 15 months
 - 7th nerve palsy from neurological disease
 - Immunocompromised
 - Discharged with antibiotic, fluorescein strip
- Examination
 - Epithelial defect resolved with Mom
- Plan
 - Discontinue antibiotics
- Pearl: Parents can help with the examination using household items



Open-Globe Injury

Visit

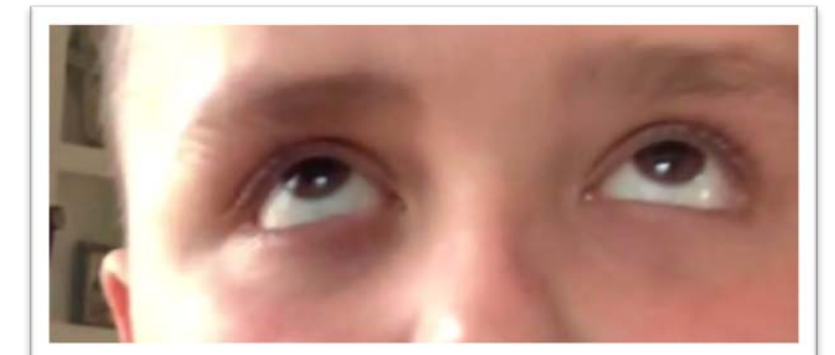
- Chief complaint: Follow-up after open-globe injury
- History
 - Age 4 years
 - Misdiagnosed with corneal abrasion
 - NOW presumed Covid-19 infected
- Examination
 - Opening eye better
 - Less redness
- Plan
 - Taper prednisolone; continue moxifloxacin
 - Repeat virtual visit in 2 weeks
- Pearl: Natural lighting and stable device critical; Oblique illumination for anterior structures



Ocular Surface Graft-versus-host Disease

- Chief complaint: Severe dry eye
- History
 - Age 10
 - Punctal plugs placed 3 weeks prior; Feels better
 - Intermittent exotropia with poor control and diplopia
- Examination
 - Bulbar conjunctiva white and quiet
 - No blinking
 - Exophoria brought out only by self cover test
- Plan:
 - Immunocompromised, doing better, continue plugs and lubrication
 - Follow-up in 4 months
- Pearl: Natural lighting and a stabilized device allow very high resolution

Visit



Orbital Cellulitis

Visit

- Chief complaint: Status-post orbital abscess drainage
- History
 - Age 15
 - Orbital cellulitis
- Examination
 - Full motility
 - No proptosis
- Plan
 - Continue outpatient antibiotics
- Pearl: “Worm’s eye” view can show you proptosis



Summary

- 1) Follow best virtual visit practices
- 2) Be creative – Now is the time for innovation!
- 3) Share with and learn from your colleagues!



Boston Children's Hospital Virtual Visits Team



Melanie Kazlas



Jason Mantagos



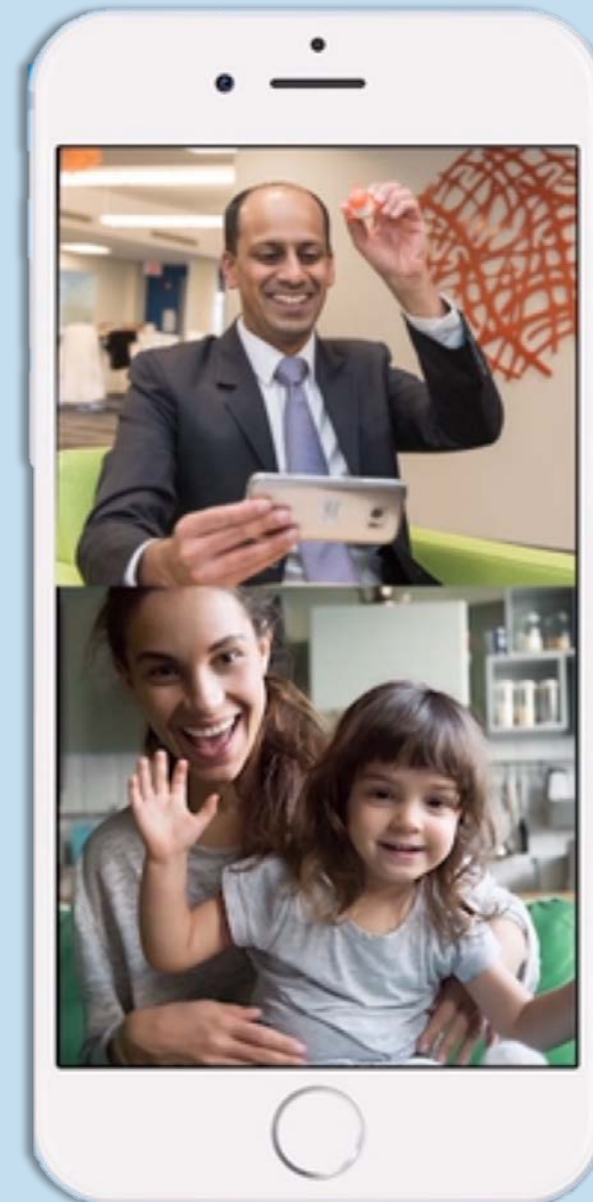
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