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
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
Corneal Abrasion

• 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

- 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
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
Orbital Cellulitis

• 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!