LETTER TO THE EDITOR



Emergency ophthalmic surgeries during COVID-19—a Hong Kong perspective

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Dear Editor.

We have read with interest on the letter "Practical experience on emergency ophthalmic surgery during the prevalence of COVID-19" by Hao et al. [1]. Since the outbreak of COVID-19 in Hong Kong at the end of January 2020, most elective surgeries were trimmed [2]. The situation was worsened by the strike in the first week of February, which resulted in very limited number of staff and very limited operation slots in the operation theatre. These operation slots were all reserved for emergency surgeries across different surgical streams in our hospital. In order to maximally utilize the operation slots for those who are urgently in need, each surgical specialty needed to prioritize their list of operations, so that only the most urgent cases which were life-threatening, or sight-threatening cases in ophthalmology, would be performed in the scarcity of resources. To strike the balance between tight personal protection equipment (PPE) and protection to our frontline operation staff, we have developed a risk stratification protocol with the use of epidemiological history screening with Fever, Travel, Occupation, Contact and Cluster (FTOCC) and rapid polymerase chain reaction (PCR) test for COVID-19 [3] which was proved to be effective in conservation of PPE and provide adequate protection to our operation staff.

brane transplantation for corneal thinning cases.

We would like to share that our experiences were quite

different from Hao et al. [1] in terms the types of emergency ophthalmic surgeries and case mix during the outbreak period.

Their surgeries were mainly glaucoma surgery but eye trauma

rare. As one of the tertiary hospital in Hong Kong, between

the period of February and April 2020, we have a total of 19

emergency ophthalmic operations done, 14 cases (73.7%)

were done under general anaesthesia and 5 cases (26.3%)

were done under local anaesthesia. The most common surgery

was retinal detachment surgery (9 cases, 47.4%), followed by

In addition, active solicitation of eye tissues for corneal transplantation was temporarily suspended in Hong Kong between 18th February 2020 and 30th April 2020, since those requiring urgent corneal transplant procedures are rare, and in alignment with the hospital direction to cut down elective procedures and to conserve PPE during the COVID-19 pandemic. In areas outside Hong Kong, we were aware of the enhanced surveillance such as inclusion of rapid COVID-19 testing as one of the screening tests for the donor of blood or other organs, as well as exclusion if donor has pneumonia or viral disease, respiratory or flu-like symptoms or suspected severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) exposure, in areas with active community COVID-



ruptured globe repair (3 cases, 15.8%). Other surgeries included glaucoma surgery (2 cases, 10.5%), eyelid cancer surgery with one required frozen section and reconstruction and the other one required enucleation (2 cases, 10.5%), orbital fracture repair (1 case, 5.3%), phacomorphic glaucoma (1 case, 5.3%) and eyelid laceration (1 case, 5.3%). The difference may be due to different locality with different ophthalmic surgical needs.

In order to save operation slots for emergency operations and save PPE, some surgical procedures were done as office procedures or bedside procedures in our department, such as tap and inject for endophthalmitis cases and amniotic mem-

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19 outbreak in this critical period, in order to protect the recipients, who are usually immunocompromised, from contracting the infection [4–6].

We hope our experience, in conjunction with the author's study, could contribute to better management for patients requiring emergency ophthalmic surgeries during the COVID-19 outbreak.

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Code availability Not applicable

Compliance with ethical standards

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Consent for publication The authors consent the manuscript for publication if accepted.

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