DELAYED PRESENTATIONS IN THE EYE EMERGENCY:

Impact of lockdown during COVID-19 on patients accessing emergency eye-care at Wolverhampton Eye Infirmary, UK

FAHAD FAIZ , ANSHUL RADOTRA , RINA BHATT
Wolverhampton Eye Infirmary , New Cross Hospital , Wolverhampton

Background

- The first national lockdown in the United Kingdom was announced on the 23rd March 2020.(1)
- Based on the **Royal College of Ophthalmologists** recommendations, The Royal Wolverhampton NHS trust cancelled all routine appointments and elective surgeries and provided consultant-led urgent eye care via the walk-in Eye Emergency Unit.(2)
- In the subsequent months many patients were noted to delay access to urgent eye-care.

Impact of Lockdown

- The Eye Emergency Department at Wolverhampton Eye Infirmary manages on average 300 cases per week during normal times.
- There was a sharp decline in attendances in the Eye Emergency Unit following enforcement of the lockdown ; **75% reduction in patients attending the Eye Emergency was noted** [Figure 1].
- The decline in patient footfall remained consistent till May 2020.
- Lockdown restrictions began to ease on the 15th June 2020, and it was at this time, as predicted, many delayed presentations were seen in the Eye Emergency.

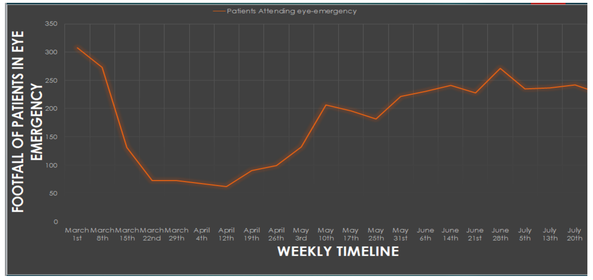


Figure 1: Weekly Timeline of patients attending Wolverhampton Eye Emergency

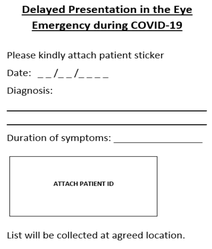
Aims & Objectives

The aim of the project was to assess the delayed presentation of patients attending the Eye Emergency at Wolverhampton Eye Infirmary during the COVID-19 pandemic.
The following information was hence sought:

- reasons for delay,
- average length of delay,
- diagnoses, and
- If the visual outcome was compromised.

Methodology

- Data was collected retrospectively for April-May 2020 and prospectively from May-September 2020.
- Emails were sent to all health professionals (doctors and advance nurse practitioners) working in the Eye Emergency and a 'patient identification form' was placed in all consulting rooms [Figure 2] to help identify patients who had delayed presentation.
- Details were collected from notes and dictated clinic letters, the proforma used to capture data is included in Figure 3.


Delayed Presentation in the Eye Emergency during COVID-19

Please kindly attach patient sticker

Date: __/__/____

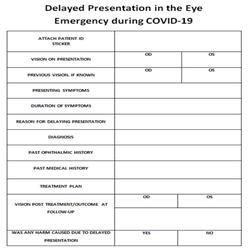
Diagnosis:

Duration of symptoms: _____

ATTACH PATIENT ID

List will be collected at agreed location.

Figure: 2 Patient identification form


Delayed Presentation in the Eye Emergency during COVID-19

ATTACH PATIENT ID STICKER		
VISION ON PRESENTATION	OD	OS
PREVIOUS VISION, IF KNOWN	OD	OS
PRESENTING SYMPTOMS		
DURATION OF SYMPTOMS		
REASON FOR DELAYING PRESENTATION		
DIAGNOSIS		
PAST OPHTHALMIC HISTORY		
PAST MEDICAL HISTORY		
TREATMENT PLAN		
VISION POST TREATMENT/OUTCOME AT FOLLOW-UP	OD	OS
WAS ANY HARM CAUSED DUE TO DELAYED PRESENTATION	YES	NO

Figure: 3 Data collection proforma

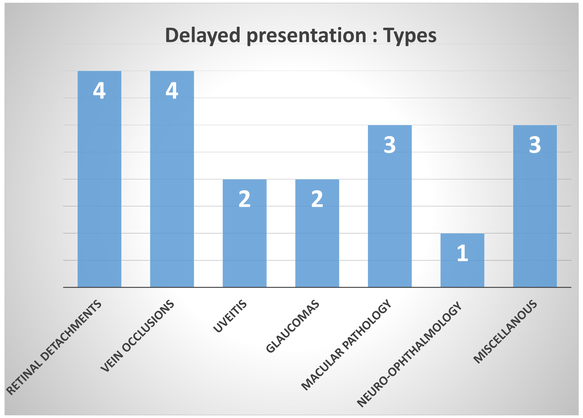


Figure: 4 Delayed presentation by subspeciality

Results

- We identified 19 patients with delayed presentations (Table 1).
- Mean age - 69 years (range 40-90 years).
- Mean duration of delay was 13 weeks (range from 2-26 weeks).
- 8 males (42%) and 11 females (58%).
- Majority of patients (89%) encountered painless vision loss.
- Average length of follow-up was 25.1 weeks (range from 2.7-37.8 weeks).

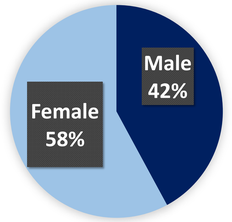


Figure: 5 Gender Demographic

Retina	Vein Occlusion	Inflammatory Eye Disease	Glaucoma	Macula	Miscellaneous
Retinal Detachments **n=4** , three macula-off	Ischaemic CRVO with 90-day glaucoma **n=1**	Pan-uveitis leading to phthisis bulbi **n=1**	secondary glaucoma - steroid induced **n=1**	Wet AMD **n=2**	Secondary intumescent cataract due to lens touch after intravitreal injection **n=1**
NA-AION (Non-Arteritic-Anterior ischaemic optic neuropathy) **n=1**	Ischaemic CRVO with early rubeosis changes **n=1**	B/L severe AAU with B/L CMO **n=1**	End-stage Chronic angle closure glaucoma **n=1**	VMT macular hole **n=1**	Corneal neovascularization with pannus formation **n=1**
	BRVO **n=2**				RE proptosis with CT scan evidence of expansile enhancing soft tissue lesion **n=1**

Table 1 : Delayed Presentations in Eye Emergency

- Interestingly, there were no corneal ulcers or ocular traumas presenting late in our experience.
- Overall, visual outcome was compromised in 63% patients due to delay in presentation. In 37% visual outcome was not compromised.
- 11% of the patients who delayed presentations were sent COVID-19 shield letters by the NHS Trust, because of a background of immunocompromise.

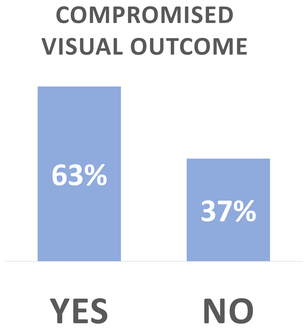


Figure: 6 Visual Outcomes

Conclusions

- Patients with painless eye conditions were much more likely to delay presentation.
- In our cohort, we did not find any ocular trauma or microbial keratitis patients with delayed presentation.
- From our project we deduce that reduction in patient footfall, delayed presentations and compromised medium term outcomes were seen in our Eye Emergency during the initial lockdown.

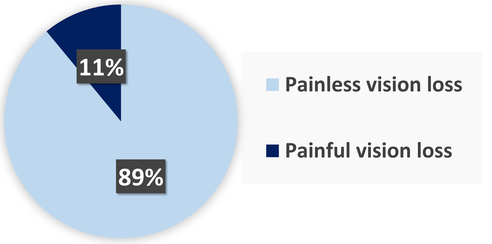


Figure: 7 Painful vs Painless vision loss

References

1. PUBLIC HEALTH E. The Health Protection (Coronavirus, Restrictions) (England) Regulations 2020 [Internet]. 2020. Available from: https://www.legislation.gov.uk/uksi/2020/350/contents/made

2. Burdon M. Protecting Patients, Protecting Staff during COVID-19 pandemic [Internet]. The Royal College of Ophthalmologists. 2020. Available from: https://www.rcophth.ac.uk/protecting-patients-protecting-staff-during-covid-19-pandemic/