Orthoptist Led Oculoplastic Clinics following the COVID-19 pandemic

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Background

Following the COVID-19 pandemic there had been a significant increase in the backlog of new patients awaiting appointments. The need for social distancing amidst the COVID-19 pandemic had driven Ophthalmologists to innovate with telemedicine with great success, and continued to carry over successful developments with the use of allied health professionals (AHPs) in ophthalmology clinics once face-to-face assessments were resumed.[1,2,3]

Orthoptist Led Oculoplastic Clinics (OLOC) were set up to help ease the backlog. Two Orthoptists with extended training and experience within the Oculoplastic setting were asked to see patients independently in face to face clinics at Wolverhampton Eye Infirmary. We share the clinical outcomes of patients seen between June and September 2021.

Method

All new referrals identified with ptosis and watery eyes were vetted by Oculoplastic Consultants into the OLOC. Referrals were received from GPs, General Ophthalmic Services (GOS), eye casualty and outpatient ophthalmology clinics.

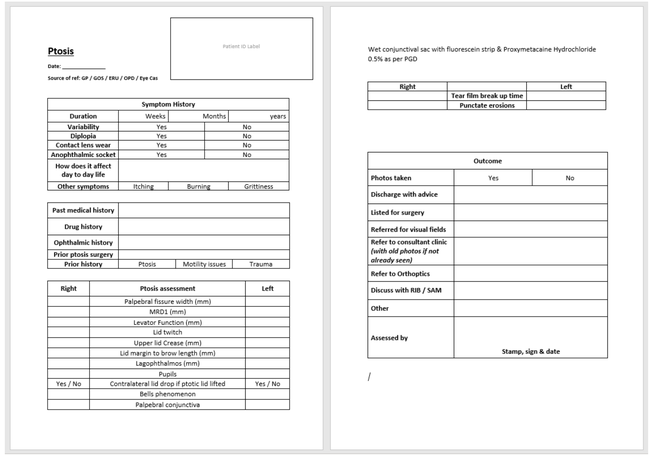
A pro forma was produced for each condition which included a detailed condition-specific case history, clinical assessment and outcomes. (Figures 1 and 2)

The clinical outcomes included:

- Listing and consenting for surgery
- Discharge with advice
- Referral for further diagnostic tests
- Referral to the consultants' Oculoplastic clinics for opinion and management

Surgical options included:

- Ptosis correction
- Blepharoplasty
- Ectropion/entropion correction
- External dacryocystorhinostomy



Ptosis

Date: _____

Source of ref: GP / GOS / ERU / OPD / Eye Cas

Patient ID Label

Symptom History			
Duration	Weeks	Months	years
Variability	Yes		No
Diplopia	Yes		No
Contact lens wear	Yes		No
Anophthalmic socket	Yes		No
How does it affect day to day life			
Other symptoms	Itching	Burning	Grittiness

Past medical history			
Drug history			
Ophthalmic history			
Prior ptosis surgery			
Prior history	Ptosis	Motility issues	Trauma

Right	Ptosis assessment	Left
	Palpebral fissure width (mm)	
	MRD1 (mm)	
	Levator Function (mm)	
	Lid twitch	
	Upper lid Crease (mm)	
	Lid margin to brow length (mm)	
	Lagophthalmos (mm)	
	Pupils	
Yes / No	Contralateral lid drop if ptotic lid lifted	Yes / No
	Bells phenomenon	
	Palpebral conjunctiva	

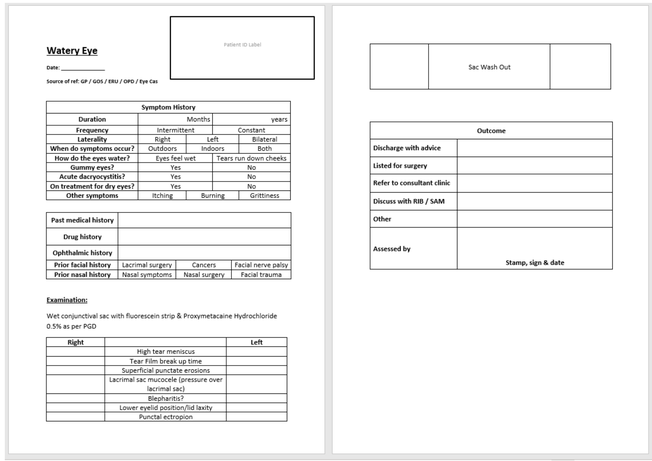
Wet conjunctival sac with fluorescein strip & Proxymetacaine Hydrochloride 0.5% as per PGD

Right		Left
	Tear film break up time	
	Punctate erosions	

Outcome		
Photos taken	Yes	No
Discharge with advice		
Listed for surgery		
Referred for visual fields		
Refer to consultant clinic *(with old photos if not already seen)*		
Refer to Orthoptics		
Discuss with RIB / SAM		
Other		
Assessed by	Stamp, sign & date	

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Figure 1 – Ptosis assessment pro forma



Watery Eye

Date: _____

Source of ref: GP / GOS / ERU / OPD / Eye Cas

Patient ID Label

Symptom History			
Duration	Months		years
Frequency	Intermittent		Constant
Laterality	Right	Left	Bilateral
When do symptoms occur?	Outdoors	Indoors	Both
How do the eyes water?	Eyes feel wet		Tears run down cheeks
Gummy eyes?	Yes		No
Acute dacryocystitis?	Yes		No
On treatment for dry eyes?	Yes		No
Other symptoms	Itching	Burning	Grittiness

Past medical history			
Drug history			
Ophthalmic history			
Prior facial history	Lacrimal surgery	Cancers	Facial nerve palsy
Prior nasal history	Nasal symptoms	Nasal surgery	Facial trauma

Examination:

Wet conjunctival sac with fluorescein strip & Proxymetacaine Hydrochloride 0.5% as per PGD

Right		Left
	High tear meniscus	
	Tear Film break up time	
	Superficial punctate erosions	
	Lacrimal sac mucocele (pressure over lacrimal sac)	
	Blepharitis?	
	Lower eyelid position/lid laxity	
	Punctal ectropion	

Sac Wash Out

Outcome	
Discharge with advice	
Listed for surgery	
Refer to consultant clinic	
Discuss with RIB / SAM	
Other	
Assessed by	Stamp, sign & date

Figure 2 – Watery eye assessment pro forma

Results

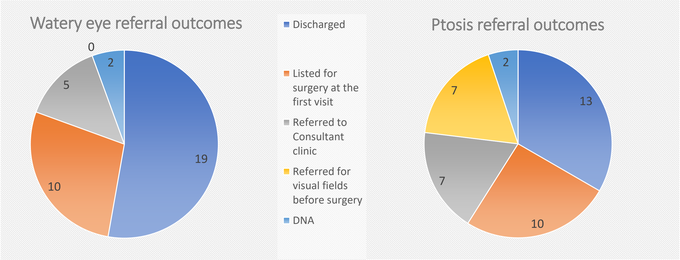
A total of 75 patients were appointed to the OLOC between June and September 2021. The average waiting time between vetting of the referral and first appointment was 85 days, ranging between 15 and 210 days.

The age of patients seen ranged from 21 to 84 years. The gender distribution of female to male patients seen was approximately 2:1, with 48 females and 27 males.

Of the total 75 patients appointed, 39 patients were referred for assessment of ptosis, and 36 for watery eyes. Figure 3 shows the outcomes of the OLOC:

- 32 patients (42.67%) were discharged with advice at the first visit without requiring any further investigation or consultant input
- 20 patients (26.67%) were listed with consent for surgery at the first visit without needing to see a consultant prior to their surgery date
- 7 patients (9.33%) were initially referred for blepharoplasty visual fields to ensure they met the current criteria for procedures of limited clinical value (POLCV) before consenting for surgery at a later date
- 12 patients (16%) were referred on to the consultant clinic for further assessment
- 4 patients (5.33%) failed to attend their initial consultation

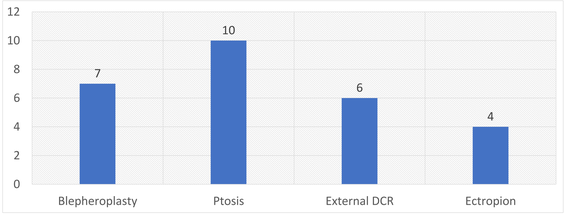
Figure 3 OLOC Outcomes



Altogether 12 patients were identified in the OLOC that required consultant intervention. This was due to a number of conditions that could not be managed by the orthoptist, main examples included encysted mucocele (n=1), suspect myasthenia gravis (n=1), variable ptosis following aesthetic Botulinum Toxin (n=1) and symptomatic pinguecula (n=1).

Figure 4 shows the number of patients who had each type of surgery performed following assessment in the OLOC. Out of the 39 patients who were referred with ptosis, 33.3% (n=10) went on to have ptosis correction and 23.3% (n=7) went on to have bilateral blepharoplasties following visual fields. Out of the 36 referrals for watery eye, 16.6% (n=6) went on to have lacrimal surgery, and 11.1% (n=4) went on to have correction of ectropion. . A total of 27 patients had surgery following the OLOC, including 7 patients who required further appointments prior to listing and consenting.

Figure 4 Surgical Procedures Performed following OLOC (n= 27)



Discussion

One of the avoidable barriers was the delay in obtaining blepharoplasty visual fields following the pandemic, which caused a further delay in the patient pathway.

The 12 patients that required consultant opinion could have had multiple appointments avoided if the referrals for these patients had been more accurate. This however did not increase the waiting time for the consultant appointment.

The Orthoptists involved in the OLOC had sufficient experience and training to determine what type of surgery was required for each condition. The final patient assessment was conducted on the same day as their operation by the consultant, reducing the time to surgery and the number of visits to hospital required.

Conclusions

- The OLOC allowed a total of 63 consultant clinic appointments to be freed and was an efficient way to reduce the backlog of patients, increase capacity and reduced waiting times.
- The OLOC patient pathway shows how roles of Orthoptists are evolving to provide quality cost effective care, diagnostic assessment and management for patients in extended and innovative aspects of ophthalmology.
- Overall, 42% of these patients were effectively discharged following their first appointment with accurate information and diagnosis following their visit, without requiring consultant intervention.
- The OLOC also enabled 36% of the patients to be listed for surgery without seeing the consultant prior to their surgery date.
- The OLOC received a high attendance rate of 94.7%.
- Our OLOC has demonstrated a safe and efficient way of increasing Oculoplastic clinic capacity by utilising AHPs with sub-specialty experience in Oculoplastics.

References

1. Kang, S., Thomas, P.B.M., Sim, D.A. *et al.* Oculoplastic video-based telemedicine consultations: Covid-19 and beyond. *Eye* **34,** 1193–1195 (2020)
2. Jamison, A., Diaper, C., Drummond, S. *et al.*, Telemedicine in Oculoplastics: The Real-Life Application of Video Consultation Clinics. *Ophthalmic Plastic and Reconstructive Surgery* **37,** 104-108 (2021)
3. Greenwood, V., Stanford, P., Beddow, C. *et al.* Changing practice for the non-medical ophthalmic hospital workforce in the UK—a snapshot survey. *Eye* **35,** 1886–1894 (2021)