WHAT IS THE ROLE OF A UVEITIS VIRTUAL CLINIC IN A POST PANDEMIC WORLD?

Dr Hannah Whelan; Dr Kiran Ahmed; Miss Kanchan Bhan – Department of Ophthalmology, Leeds Teaching Hospitals NHS Trust

The Leeds Teaching Hospitals NHS Trust

INTRODUCTION

During the Covid-19 pandemic, shielding patients did not attend face to face (F2F) clinics due to increased risk of Covid-19 (1).

A virtual service was set up to allow these vulnerable patients to be monitored to enable management of chronic uveitis. This was based on a telephone consultation with or without a prior investigations clinic (UVINV). The investigations clinic consisted of visual acuity and intraocular pressure measurements followed by wide field colour fundus and ocular coherence tomography imaging.

Patients are no longer shielding but the success of the virtual clinic has led to continuation of this service. We audited the role of this clinic and how it works.

METHODS

Data collected via electronic patient records for 50 consecutive patients between 30/01/2023 and 30/12/2023.

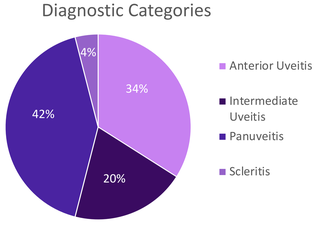
Parameters observed included diagnosis, whether attended UVINV prior to virtual appointment, management decision and follow up.

RESULTS

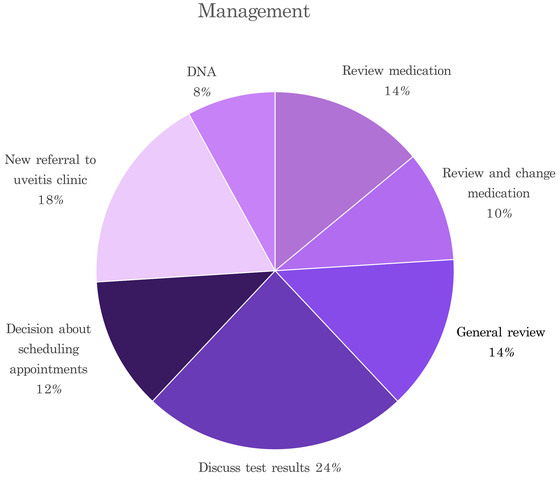
For 24% of patients, medication was reviewed; 42% of which had changes made to medication. 14% had a general review and 24% discussed the investigation results.

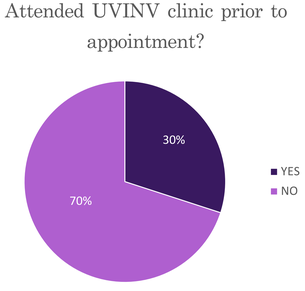
No adverse consequences were found for patients attending virtual clinics (be that the UVINV or a telephone review) instead of F2F.

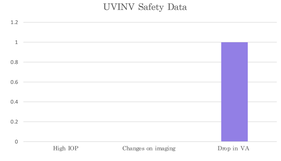
RESULTS



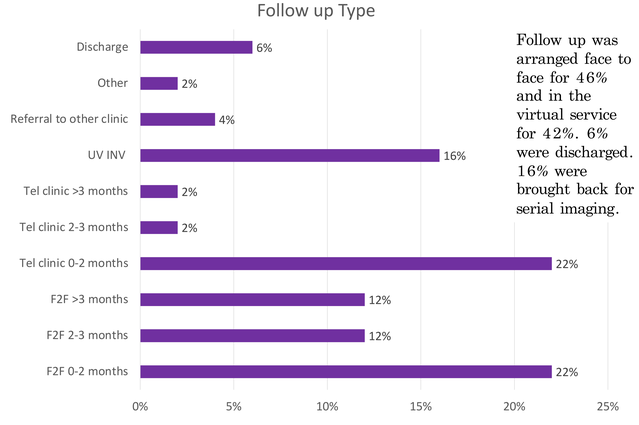
Aetiology	Patients
Birdshot	5
Fuchs	4
HIV	2
HLA-B27	2
JIA	1
Sarcoidosis	4
SLE	1
TB	2
Unknown	29







Of those who attended UVINV clinic prior to virtual uveitis clinic – no patients had an increase in IOP or change on imaging. One patient had a drop in visual acuity. This patient was seen in F2F clinic soon after and diagnosed with cataract



Follow up was arranged face to face for 46% and in the virtual service for 42%. 6% were discharged. 16% were brought back for serial imaging.

DISCUSSION

A variety of management plans were created for the 50 patients audited. Almost 20% of patients were new patients, allowing investigations including blood and X-rays to be scheduled so that the patient could later be followed up F2F with the results, allowing for more appropriate use of F2F clinic.

No adverse outcomes occurred with only one patient dropping visual acuity due to cataract. Imaging staff and nursing staff work closely with the uveitis clinicians so that there is a route of reporting for any concerning findings from the UVINV. All patients also have a safety net of being seen in F2F clinic at least annually and often have their virtual appointment alternated with a F2F review.

The UVINV service enables patients to have undilated investigations so they can drive to and from their appointment and, later, have results of these investigations discussed via telephone. This supports the working population, which constitutes a large proportion of uveitis patients.

Virtual review is best suited to stable uveitis patients who need monitoring or interim assessment on a planned therapeutic course. Anterior uveitis (and, where needed, vitritis) should still be seen, for the most part, F2F due to the necessity of slit lamp examination.

CONCLUSION

Virtual clinics can play a beneficial role for uveitis which can be monitored via imaging and does not require slit lamp examination. Other tests and results can also be planned and discussed by telephone for all types of uveitis, saving the patient a journey to hospital and reducing the overall need for F2F capacity in hospital uveitis clinics.

Alternating face to face and virtual clinic appointments has demonstrated safe practice, without increasing the overall number of appointments for the patient.

This service particularly benefits the working population who can attend a streamlined investigations clinic then discuss the results of this by telephone. Patient feedback from the UVINV clinic is very good for reasons of ease of access and efficient service of its staff. Novel methods of anterior chamber and vitreous assessment should be considered to improve the access of these patient groups to the virtual service.

REFERENCES

1. Mahendradas, P. *et al.* (2022) 'Trends in teleconsultations for uveitis during the COVID-19 lockdown', *Indian Journal of Ophthalmology*, 70(3), pp. 1007–1012. doi:10.4103/ijo.ijo_1759_21.