



Use of video consultations in outpatient ophthalmic clinics

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To the Editor:

The COVID19 pandemic has lead to increased use of video telemedicine in ophthalmology. We read with interest the article by Kang et al. [1] on their experiences of using telemedicine in oculoplastic clinics. In our own trust we have predominantly utilised telephone consultations augmented with patient-emailed photography, and have found limited uptake and utility of video consultations.

We performed a prospective survey to determine patient preference for video consultation and doctor perceived utility.

36 patients with an average age of 67.5 years were asked whether they had access to a home computer/device for video consultation and were able to use it independently. We found that 58.3% of patients could use video equipment, but only 33.3% would prefer this over telephone which they found easier and more convenient to use.

In addition, the doctor conducting the consultation assessed whether they felt that video would have changed the outcome for the patient. In 30.6% of cases it was felt

that video would have changed the outcome. In these cases a photo was assessed instead where possible.

In addition to access issues, patient preference, and utility concerns we also found that poor image quality and connectivity limited the use of video consultations. Although video consulting has its uses, in a rural setting where internet access is an issue, the cost:benefit ratio may not match that seen in more metropolitan areas.

Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

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1. Kang S, Thomas PBM, Sim DA, et al. Oculoplastic video-based telemedicine consultations: Covid-19 and beyond. *Eye*. 2020;34: 1193–5.

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