The impact of COVID policies on the vitreoretinal service in St Paul's Eye Unit, Liverpool

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To the Editor:

Wickham et al. recently reported the impact of COVID-19 policies on the acute ophthalmology services in Moorfields and found the number of rhegmatogenous retinal detachment (RRD) presentation had fallen by 62% over 4 weeks since the implementation of lockdown measures on the 23/3/2020 in the UK [1].

The St Paul's Eye Unit, a tertiary referral centre in Liverpool, have similarly conducted a prospective audit over a 12-week period from 23/3/2020 to 14/6/2020 to investigate firstly, the impact of COVID-19 on our emergency vitreoretinal service and secondly, the effect of COVID-19 policies on individual's decision to seek medical attention, through a pre-designed questionnaire completed by patients at presentation.

The baseline characteristics of our cohort are presented in Table 1. Similar to the Moorfields' experience, we observed a fall of 58% in RRD cases over the study period ($n = 76$) compared to the period from 1/12/2019 to 29/2/2020 ($n = 176$). We did not observe a significant change in number of cases despite easing of lockdown measures first on the 13/5/2020 and secondly on the 1/6/2020.

Overall, 13 (17.1%) patients had COVID-related concerns leading to late presentation and 3 out of 13 had more than one concerns. Of these, six were self-isolating, five were unsure if the ophthalmology service was running and four were concerned about contracting COVID-19. Only 1 out of 76 patients was COVID positive on swab (asymptomatic) and none contracted COVID-19 during the follow-up period. The median delay in presentation was 10 days

(range 3–40). The results of the questionnaire are presented in Table 2.

Our study showed that there is a significant drop in RRD cases since lockdown. Although only 17% reported delayed presentation due to COVID-19 policies, it remains unclear whether a proportion of patients especially those shielding, are still yet to access the service and this will become clearer as the weeks progress. It is also reassuring that none of the patients contracted COVID-19 during the study period. These were short-term findings and longer-term collaborative audit with other centres will help determine the actual impact of COVID-19 on our service and patients.

Table 1 Baseline characteristics.

Baseline characteristics	Total $n = 76$
Age (mean $\pm$ SD)	61 (± 12.6)
Sex, n (%)	
Female	29 (38.2)
Male	47 (61.8)
Retinal detachment, n (%)	
Primary	63 (82.9)
Secondary detachment	13 (17.1)
Macula status, n (%)	
Macula on	45 (59.2%)
Macula off	31 (40.8%)
Baseline best-corrected visual acuity (logMAR)	
Range	−0.18 to 2.70
Mean $\pm$ SD	0.78 (0.89)
Ocular co-morbidities, n (%)	
Myopia ($>4D$)	26 (34)
Amblyopia	0
Glaucoma	4 (5.3)
Macular pathology	4 (5.3)

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Table 2 Results of questionnaire.

Questions	Answers, <i>n</i> (%)
Has COVID-19 lockdown led to you presenting late to the service?	
Yes	13 (17.1)
No	62 (81.6)
Not sure	1 (1.3)
If yes, what was the reason for late presentation? Symptomatic with COVID	
Yes	0
No	76 (100)
Advised to self-isolate	
Yes	6 (7.9)
No	70 (82.1)
Self-isolating as family member was symptomatic	
Yes	0
No	76 (100)
Carer for vulnerable person	
Yes	4 (5)
No	72 (95)
Concerned about getting infected	
Yes	4 (5)
No	72 (95)
Unsure if ophthalmology service is running	
Yes	5 (6.6)
No	71 (93.4)
The service contacted was not running (e.g. community optometrist)	
Yes	2 (2.6)
No	74 (97.4)
Other reasons	
‘Thought symptoms related to glaucoma and appointment was cancelled’	2 (2.6)
‘Wife is isolating’	1 (1.3)

Compliance with ethical standards

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

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1. Wickham L, Hay G, Hamilton R, Wooding J, Tossounis H, da Cruz L, et al. The impact of COVID policies on acute ophthalmology services—experiences from Moorfields Eye Hospital NHS Foundation Trust. *Eye*. 2020;34:1189–92.