

## **EURETINA charts path through COVID-19 crisis**

Dermot McGrath reports

In an interview with *Eurotimes*, **Frank G. Holz MD, FEBO**, Professor and Chair of the Department of Ophthalmology at the University of Bonn, Germany and President of EURETINA discusses the current situation in his own practice in Germany and how EURETINA plans to keep its members informed during the COVID-19 crisis.

### **Are you still seeing patients in your hospital?**

As everywhere in Europe, a lot has changed at our hospital since the outbreak of SARS-CoV-2. We have cancelled all elective surgeries and outpatient visits and are seeing just emergency cases such as retinal detachments, trauma and so forth. We are contacting patients before they come into the hospital and have put in place a triage system to ensure that priority cases are dealt with efficiently while limiting the risk of exposure for patients and staff.

### **What protective measures are you taking for you and your patients?**

We are following all of the usual guidelines that have been issued by national health authorities around Europe to protect health personnel and patients and to limit disease transmission. This includes all the usual measures in terms of sanitary protocols, protective clothing, appropriate distancing measures and so forth.

For the moment, everything seems under control {as of 30 March there were 63,929 confirmed Coronavirus cases in Germany with 560 deaths} and we have been able to take some patients from Italy and France to relieve some of the pressure on the ICU resources in those countries most affected by the outbreak. It's not a huge number of patients as we have to be vigilant about the likely increase in cases in Germany but for the moment the situation is under control and we have the capacity to help a little. Solidarity with our European partners is particularly important at times like these.

### **What about patients in need of intravitreal injections?**

Well this is obviously one of the biggest issues that we are facing. We do not consider intravitreal injections as an elective procedure because we have known for many years that if the therapy is not delivered in the appropriate time-frame that the patients have a high risk for irreversible vision loss.

So there is no question of delaying intravitreal injections indefinitely until the pandemic is over as this would be to the detriment of our patients' vision and quality of life in the long run. With this in mind, we continue to administer intravitreal injections, but with much tighter controls in terms of visitors or family members accompanying patients to the clinic as well as the use of protective masks, gloves, gowns and goggles for the physician.

### **How do you prioritise injection intervals for specific retinal pathologies while reducing the risk of exposure?**

We have carefully spaced out the visits to the hospital and minimised the use of any diagnostic examination. If the patient has no complaint of worsening vision, we do not check visual acuity, nor do we perform a slit-lamp examination, funduscopy or OCT imaging. We keep them on a simple injection schedule, so if they were receiving an injection every months, then that is maintained. For all other patients we chose a two months interval in the

hope that things will return to normal before long. In any case we advise self-monitoring by the patients.

Neovascular AMD is probably the most demanding disease entity in terms of the scheduling whereas we have learned that diabetic macular oedema (DME) after the first year may be a bit more forgiving. Patients with retinal vein occlusion (RVO) are more of a mixed bag, with some requiring intensive treatment while others have less need for regular injections. Overall, we feel with these precautions that we can balance risk and benefit

Of course, once this current crisis has passed, we will be faced with a huge backlog of elective surgeries which will need to be managed. It is not ideal but there is no alternative in the current circumstances.

**What kind of feedback are you getting from EURETINA members about the situation in their own practices?**

We have been receiving a lot of feedback from our colleagues around Europe and further afield as they get to grips with this pandemic. In order to respond to requests from our members, we will be providing regular updates and helpful information on the EURETINA website in the days and weeks ahead.

With this in mind, we have been in touch with retinal institutions in several European countries to see the measures that are being implemented and to share best practices. Obviously, there will be a good deal of overlap between different countries in how they are protecting themselves and their patients, but we think it will prove a useful resource for our members and hopefully provide them with some insights and experiences which can help them in their own practices. This may also be helpful when dealing with their hospital boards and other institutions.

**Is there any suggestion at this stage that the 20th EURETINA congress in October might be in jeopardy?**

I think it is still too early to make any firm decision at this stage. The situation is evolving all the time and we are monitoring the situation closely. Needless to say, our priority will always be the health and safety of all our delegates and attendees. A lot can change between now and the EURETINA Congress in October and we remain optimistic that the meeting will run as intended in Amsterdam. We will provide regular updates through our website on the organisation of the Congress including revised deadlines for free paper, poster & video abstract and congress registration. We sincerely hope that the months ahead will see a resolution of this pandemic and that we can all gather as planned for the Congress in Amsterdam in October.

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