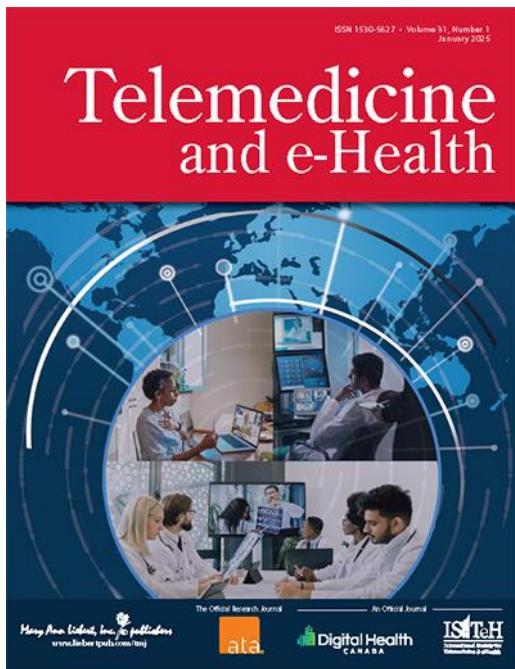


Virtual Visits in Ophthalmology



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Virtual Visits in Ophthalmology decrease patient cost, increase satisfaction, and allow ophthalmologists to care for patients efficiently. Ophthalmology conditions that can be screened, diagnosed, and sometimes treated virtually include: dry eye syndrome, subconjunctival hemorrhage, blepharitis, chalazia, mild cases of allergic conjunctivitis, certain types of corneal abrasions, and early stages of diabetic retinopathy or age-related macular degeneration; where detailed imaging and monitoring through telemedicine allows for assessment and management, often requiring follow-up in-person visits for more complex cases or treatment decisions.

“Our experience shows that much can be gleaned to facilitate medical decision-making and counselling.”

Our experience in Virtual Visits has been in pediatric ophthalmology and adult strabismus clinics, but we believe our breadth of practice translates well to other subspecialties.

[Table 3](#) presents a list of suggestions that is certain to expand as the field of ocular telemedicine innovates. In some cases, a hybrid model can be used where testing is performed in the office and history and review of results are performed virtually.

Suggested Scenarios Across Ophthalmology Where Virtual Visits May Be Utilized

<https://pmc.ncbi.nlm.nih.gov/articles/PMC7640749/#tb3>

Table 3. Suggested Scenarios Across Ophthalmology Where Virtual Visits May Be Utilized

COMPREHENSIVE OPHTHALMOLOGY	
Blepharitis	Triage, diagnosis, and initiation of conservative therapy in a patient with eye irritation
	Evaluation of response to conservative therapy
Chalazion	Triage, diagnosis, and initiation of conservative therapy
	Evaluation of response to conservative therapy
Dry eye syndrome	Triage, diagnosis, and initiation of conservative therapy in a patient with eye irritation
	Evaluation of response to conservative therapy
Conjunctival laceration	Diagnosis and determination of necessity of repair
	Follow-up evaluation to monitor resolution of pain, redness, irritation, and healing
Corneal abrasion	Evaluate for corneal opacification that might signify infection
	Follow-up evaluation to monitor resolution of pain, redness, irritation, and healing
	Follow-up evaluation of corneal light reflex to see whether it is sharp (and abrasion healed)
CORNEA	
Stable post-penetrating keratoplasty patient	Evaluation of medication adherence and subjective vision
Allergic, viral, or bacterial conjunctivitis	Triage, diagnosis, and initiation of treatment
	Follow-up evaluation to monitor response to treatment
GLAUCOMA	
Stable glaucoma patient	Evaluation of symptoms with self-administered confrontation visual fields
	Evaluation of medication adherence and subjective vision
Counseling of active glaucoma patient	In-person visit for intraocular pressure check and visual field evaluation followed by review of results virtually to minimize contact
Eye redness	Evaluation of adverse medication reaction
	Counseling of how to change administration
NEURO-OPHTHALMOLOGY	
Cranial nerve palsy/diplopia	Triage, diagnosis, and initiation of next steps in treatment
Idiopathic intracranial hypertension	Follow-up evaluation for adherence to treatment plan and recurrence/worsening of symptoms
Optic neuropathy	Follow-up evaluation of subjective visual function including acuity, color, and visual field
	Review ancillary testing including fundus photography, OCT, and automated perimetry
Nystagmus	Triage, diagnosis, and initiation of next steps in evaluation and treatment
Anisocoria	Triage, diagnosis, and initiation of next steps in evaluation
Strabismus	Triage, diagnosis, and initiation of next steps in evaluation and treatment
	Follow-up evaluation of treatment efficacy (prism glasses or strabismus surgery)
OCULOPLASTICS	
Preseptal cellulitis	Triage, diagnosis, and initiation of treatment
	Follow-up evaluation of treatment efficacy
Orbital cellulitis	Follow-up evaluation of treatment efficacy after discharge
Eyelid lesion	Triage, diagnosis, and initiation of treatment
	Postsurgical evaluation of healing and review of pathology

Table 3. Suggested Scenarios Across Ophthalmology Where Virtual Visits May Be Utilized *continued*

OCULOPLASTICS	
Ptosis	Triage, diagnosis, and initiation of treatment plan
	Postsurgical evaluation of healing
Thyroid eye disease	Follow-up evaluation of ocular motility and proptosis
RETINA	
Flashes and floaters	Triage to understand the nature and suggest in-person evaluation if needed
	Consider patient-administered confrontation visual field testing
Macular degeneration	Review ancillary testing including fundus photography, OCT, and FA
	Amsler grid testing done through a screen share to the patient
Diabetic retinopathy	Review ancillary testing including fundus photography, OCT, and FA
	Counsel on blood glucose monitoring and control
UVEITIS	
Iritis	Follow-up to evaluate for redness and photophobia
FA, fluorescein angiography; OCT, optical coherence tomography.	