UPDATED 30 MAR 2020

Medical Retinal Management Plans during COVID-19

This guidance has been developed by the RCOphth COVID-19 Review Team in response to the pandemic and may be subject to change.

The Royal College of Ophthalmologists (RCOphth) has produced guidance as a pragmatic approach to maintain care for those patients who need it while deferring care for those patients who can wait. Individual eye departments may institute their own guidelines.

For patients already under review by the hospital eye service.

Wet AMD patients

Maintain all patients on 8 weekly anti-VEGF therapy with no clinic review unless they mention a significant drop in vision at their injection visit. Such patients may need OCT and VA assessments and management changed, if deemed appropriate.

DMO

Defer anti-VEGF injections and review in clinic after 4 months. Exceptions are eyes with severe NPDR and active PDR that may require anti-VEGF agents and PRP. Virtual review with OCT and wide field colour photography is the preferred option to review these patients.

BRVO

Defer review in clinic by 4 months

CRVO

For patients with macular oedema due to CRVO who have had at least 6 injections, consider PRP if required. Otherwise, review in clinic in 4 months.

Inherited retinal diseases

Delay review by 6 months or longer.

CSCR

Delay review by 6 months or longer.

Uveitis

Consultant decision on a case-by-case basis, on whether a review is required within 4 months. Most cases should be deferred by 4 months. Patients on immunosuppression should be managed virtually with blood tests done in local GP practice and following the specific Academy of Medical Royal Colleges guidance.

PRP Laser

Complete PRP but with appropriate PPE ie surgical masks and breathguard. If feasible do one more extensive PRP laser to delay need for a second PRP session.

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PDT laser for CSCR

Delay by 6 months or longer.

For new patients

Wet AMD

Diagnosis confirmed with OCT and OCTA, if available. Confirmed new wet AMD cases should be treated with a loading phase of 3 injections of aflibercept and then continued on 8 weekly with no clinic review. Consent is taken on the day of first injection.

DMO

Defer treatment for 6 months unless associated with R3. R3 patients should be treated with PRP.

BRVO

Defer review in clinic by 4 months.

CRVO

Provide 6 mandated loading phase if visual impairment due to macular oedema and then review in clinic. If in the opinion of the clinician that there is no hope of visual improvement an alternative approach is an extensive PRP laser to reduce the risk of rubeotic glaucoma. However visual outcomes are likely to be poorer with this approach.

Inherited retinal diseases

Delay appointments for 6 months or longer then see in clinic.

CSCR

Delay appointments for 6 months or longer then see in clinic.

Uveitis

Consultant case by case basis decision on whether to review or not. Patients on immunosuppression should be managed virtually with blood tests done in local GP practice and following the specific Academy of Medical Royal Colleges guidance.

Patients on clinical trials

This will be governed largely by individual trust research departments but, as a general principle, it is recommended that observational studies are suspended. Drug trials where the patient would come to harm if the study stopped should continue for patients already on trials but recruitment of new patients should be suspended. Visual acuity measurements may need to be subjective as opposed to objective refracted best corrected visual acuity measurements if optometry staff are not available.

RCOphth COVID-19 REVIEW TEAM