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# Vitreoretinal surgery during the COVID-19 pandemic

**This guidance has been developed by the British & Eire Association of Vitreoretinal Surgeons [BEAVRS] and 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.

During the COVID-19 pandemic, resources and personnel will be very limited and rapidly changing, requiring new approaches to the care offered. Urgent decisions will need to be made to maintain ophthalmic care for those patients who need it, while safely deferring care for those patients who can wait.

The aim is to manage the risks to patients of permanent sight loss or serious illness/death due to delays in treating eye conditions against the risks to patients and their families of contracting COVID19 through attendance at health care facilities.

The GMC states *Doctors should continue to follow GMC guidance as far as is practical in the circumstances. But, as the situation develops, it's likely that some doctors will need to depart from established procedures to care for patients.*

It is likely that Pars Plana Vitrectomy [PPV] for retinal detachment will be the most frequently performed eye operation during this pandemic and vitreoretinal surgical teams will endeavour to provide services in keeping with the most up to date guidelines.

## Recommendations

- Defer PPV where possible
- **Personal Protective Equipment [PPE]:** The RCOphth has published updated guidance on the use of PPE consistent with the most recent guidance issued by Public Health England (PHE) which applies to ALL ophthalmology patients. This makes reference to surgery using high speed devices being aerosol generating procedures (AGP).
- We recommend where possible that surgeons and scrub nurses use filtering face piece respirator masks [FFP3] and eye protection when performing PPV in compliance with the current PHE guidance for AGP's.
- Further steps to mitigate against risk or intraoperative aerosol generation should be employed including:
  - perform surgery under local anaesthetic where possible
  - use additional drapes to reduce flow from the naso-pharynx
  - consultants or senior experienced surgeons should operate to minimise the length of the operation
  - staff in the theatre should be reduced to a minimum and non-essential staff should not enter the operating theatre during the operation.

**All COVID-19 guidance is subject to change. Please visit the [RCOphth COVID-19 web page](#) for regular updates.**

## RCOphth COVID-19 REVIEW TEAM and BEAVRS

### References

1. <https://www.rcophth.ac.uk/wp-content/uploads/2020/03/NEW-PPE-RCOphth-guidance-PHE-compliant-WEB-COPY-030420-FINAL.pdf>.
2. <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe>