New Practice Patterns in Pediatric Ophthalmology

The events of the past 6 months have brought about many changes in the way we practice pediatric ophthalmology. Many of us have been introduced to telemedicine and have incorporated remote patient evaluations into our practices. Some of the advantages and pitfalls of this modality are discussed in the Eye to Eye section of this issue. We all understand that we actually need to see patients in our clinics to perform retinoscopy, indirect ophthalmoscopy, and prism/cover measurements properly. These skills are inherent in the practice of pediatric ophthalmology. We face many challenges as we attempt to return to pre-pandemic patient volume levels.

In addition to waiting room and examination lane space limitations and delays brought about for work space sterilization, pediatric ophthalmologists face unique problems. First of all, it is impossible for us to socially distance from our patients. Fogging of the lenses in the refractor and glasses for both the masked child and ophthalmologist during the process of refraction can be frustrating. Many younger children and some with special needs tend to let their masks slip down or even pull them off during the examination. This endangers everyone and has led us to apply tape to secure the superior edge of the mask on the bridge of the nose and cheeks. I am certain that "fogging" has resulted in an overreliance on autorefractors for determining prescriptions for glasses, which are not always accurate in children. Frequent hand washing, glove use, and "no touch" examination techniques are necessary but increase examination time.

At the same time, the exponential increase in remote learning has resulted in frequent questions from caregivers and parents about eye problems resulting from increased digital device use in students. I have learned that the increased screen time produces different obstacles to learning and some children don't do well with this form of education. Frequent blinking, headaches, blurry vision, and eye irritation have risen to the top of the list of complaints that I am seeing this fall. Some problems are explained by dry eyes and prolonged focusing at the same distance, and some children might just need glasses. It can be difficult to make an accurate diagnosis in many cases because of the many subjective complaints we hear.

Distance learning is not going to go away soon, so to help these families I distribute educational material to address their concerns and to offer some solutions. The American Academy of Ophthalmology

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has an easily accessible "back-to-online checklist to protect kids' eyes from too much screen time."[1] Among other things, they suggest taking 20-second breaks every 20 minutes and positioning screens at eye level for better ergonomics. They also have opinions regarding the use of blue-light blocking glasses for computer use, which is another frequently asked question.

I am certain that new technology stimulated by the issues I have discussed will eventually make our jobs safer and more effective. I don't believe that we will ever return to practice the way it was prior to the pandemic because many of the precautions we are now taking make so much sense. How can it ever be bad to wash your hands?

REFERENCE

1. American Academy of Ophthalmology. Ophthalmologists anticipate a school year marked by complaints of eye strain. August 20, 2020. https://www.aao.org/newsroom/news-releases/detail/ophthalmologists-anticipate-eye-strain-complaints

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