



Dear Friends!

Greetings from COS!

Hope you and your family are safe during these difficult times. The coronavirus outbreak is causing alarm across the world. With the first issue of this newsletter, we plan to bring to you, mixture of global news from the Ophthalmology as well as the non-ophthalmology world to make the COVID times interesting and informative for you. We hope you like it. Happy reading!

### COVID & Eye

Worried about your Ophthalmic practice in the COVID era? Keeping in mind the best interests of everyone in the community, AIOS has prepared guidelines for Ophthalmic practice. Read at <https://aios.org/pdf/AIOS-Operational-Guidelines-COVID19.pdf>.

Worried about re-starting practice? We are often surrounded by a plethora of information on social as well as the 'Reel' media. But what is 'real'? Editor's pick: <https://jamanetwork.com/journals/jamaophthalmology/fullarticle/2765643>

### Expert Opinion

*Dr. Amod Gupta has been a teacher to many of us practicing in Chandigarh. He was asked about his views on the current pandemic of COVID 19 and what lessons we should draw from it.*



“If the reports and images of the large congregations to celebrate birthdays, weddings, political meetings or religious functions that we see every day are true, some people seem to be living in their make-believe world that they are safe and it is the others who will get it. This means our message is not reaching where it should. Instead of harping on the complicated graphs, the emphasis should have been on the consequences of such gatherings. If this behaviour continues, we are in this pandemic for a long haul. The pandemic has exposed the ugly reality of our grossly underprepared health care manpower and the infrastructure.”

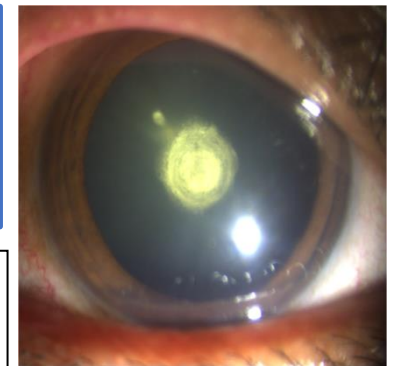
When asked how the branch of medicine is suffering and what should be done; “Patients of chronic diseases, like DM, hypertension, CAD, and lung diseases who need to visit their doctors are not doing it, discouraged as they are of police threat if they dare step out of their house. It may in the long-term result in increased morbidity and mortality. Patients of ARMD and DR who need their monthly shots in the eye are perhaps not getting these. In addition to the public health specialists and epidemiologists, social scientists should have been playing a greater role in this pandemic. We don't seem to be doing it” says Prof Amod.

Original interview published at [www.eoptha.com](http://www.eoptha.com)

### POP QUIZ

### SPOT DIAGNOSIS

For answer, scroll to page 4.



Submitted by Dr Surbhi Khurana, PGIMER.  
Acknowledgement: Dr Jagat Ram, PGIMER

## Resident corner

### *Ophthalmic photography with a Smartphone*

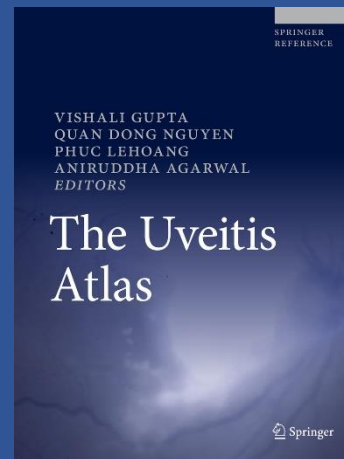
- ❖ A smartphone with different degrees of optical magnification (dual camera), image stabilization, results in sharper images with better resolution.
- ❖ Add on lens such as a +20 D lens helps in fundus photography and anterior segment photography as it adds 3x magnification.
- ❖ Align the + 20D, and the smartphone camera lens co-axially close to each other; increase/decrease the distance between the eye and lens-smartphone complex to obtain an image that's in focus and sharp.
- ❖ Clip on lenses can also be added to increase magnification.
- ❖ Check on the illumination; Inadequate illumination necessitates the use of higher ISO setting in order to gain proper exposure.
- ❖ In order to have consistent results, parameters such as focus, ISO, Shutter speed can be manually pre-fixed to desired values using third party apps such as Filmic Pro (Cinegenix LLC, Seattle, WA).  
Happy Ophthalmic photography!! Just remember the COVID precautions.

(By Dr Parul Ichhpujani, GMCH)



## Book review

Stalwarts of uveitis world over contribute to an atlas that provides a comprehensive, illustrative, and case-based disease description of all the ocular inflammatory conditions



*Link to the book:*

<https://link.springer.com/referencework/10.1007/978-81-322-2506-5>

### *Gleanings from the past!*

*The Spanish influenza of 1918 is till date the largest pandemic. Not only was the virus lethal and infective; there were numerous reports of the virus causing subconjunctival hemorrhage*

## Society News

Chandigarh Ophthalmological Society came into being on March 20, 1985.

Its total strength is 331 as on 10th May 2020. Not a member yet? Write to us or visit

[www.chdoph.com](http://www.chdoph.com)

## ophtha news

### *Annihilating the hardest cataracts*

- ❖ FDA has approved a new technology to squash a cataractous lens with minimal energy and maximal safety. This is the miLOOP, microinterventional lens fragmentation device (IanTech, Reno, NV)
- ❖ It uses a microthin super-elastic, self-expanding nitinol filament technology achieving lens fragmentation with zero energy for any grade of cataract.
- ❖ Factors, which make a patient a better candidate for this procedure, include a patient with a weaker endothelium, and/or hard cataract. Perfect when we encounter diabetic black leathery cataracts.
- ❖ What to do? Make a scleral incision 5-6 mm; create suction with syringe and the nucleus glides out!

Ref: Ianchulev T, Chang DF, Koo E, et al. Br J Ophthalmol.2019;103:176

By Dr Anchal Thakur, PGIMER.



Did you know?

There are 80 ophthalmology journals listed in PubMed

How many can you count?

## Not only an Ophthalmologist.....



*Sometimes colours  
are your only  
hope!!* Ekta



### *An ode to my father'*

*His face filled with wrinkles, his cheeks hollow  
Cheek bones standing out, his expressions mellow  
Hair on his head, looking sparser than before  
In so less a time, he seemed to have aged much more*

*The station had come, and the train was slow  
He was moving along, looking in each window  
We met like men, no emotions, no tears  
Just carrying my bags up the stairs*

*His body bending to the side holding the bag  
Once the fastest walker, now he seemed to lag  
I had to frequently stop and look behind  
He was struggling to carry the bag, i would find*

*How would i carry two bags, he worried  
Just to show he was fine, he scurried  
At least take the lighter bag i kept asking  
He firmly refused but i knew the pain he was masking*

*When was the last time i saw him, a month or two, I guess?  
Was he this old before also, or had I just been oblivious?  
Struggling to breathe, but never complained  
My heart cried at how my father had waned*

*A moment of respect, a smile on my face  
Humbled by his love and all his grace  
Thank you, father, for everything, I will be forever in your debt  
Whatever I have become, it is your blood and sweat.* OBAID REHMAN

## PHOTO SHOOT



### *"Far from chaos and close to divinity"*

*Snowy mountains in Gurudongmar lake in Sikkim  
clicked by Dr Shruti Murlidharan, Junior Resident  
in Ophthalmology at GMCH 32 by a Nikon D5300  
DSLR camera*

*Some of our COS members shared their non-ophthalmology indulgences. The artwork on top left is by Dr Sonia Baria, Junior resident from GMCH. The beautiful paintings in the middle by Dr Ekta Singla, a senior resident at GMCH-32. We also share an emotional poem by Dr Obaid Rehman, Junior resident at GMCH. The sketch (left and below) is by Dr Sushant Adiga, Junior resident at the Advanced Eye centre, PGIMER.*

## Special focus

*Tackling COVID in private practice: Dr SPS Grewal shared their preparations during the COVID 19 pandemic*

- ❖ Patient appointments restricted to 6 /hr. Elective procedures postponed
- ❖ Lines drawn for strict social distancing. Restriction of patient attendants to minimum or none.
- ❖ Mandatory Aarogya Setu App & thermal screening. Hand sanitisation of all individuals entering. Face masks by entire staff and patients always. Patients sign Covid 19 consent; waiting area seating arrangements adhere to social distancing protocol.
- ❖ Unnecessary tests avoided. Slit lamps, tonometers, trial set, auto-refractometers etc. cleaned with alcohol wipes (70% ethanol) after each patient.
- ❖ Use of a **density software** displaying total number of patients in each zone of the hospital and tracks their movement.
- ❖ Electronic posters and educational materials displayed across the screens.
- ❖ All surfaces including floors, doorknobs, reception counters, staircase railings etc. cleaned periodically with 1% sodium hypochlorite solution.



*By Dr Sonam Yangzes, Dr SPS Grewal  
Grewal; Eye Institute*

## Quote of the month

**[During these COVID times, safe course is “assume every patient has coronavirus for the time-being”]**

*By infectious disease specialist Matthew McCarthy MD of Weill Cornell Medical Centre. (Speaking at the ASCRS Virtual Annual Meeting 2020)*

**Answer to pop quiz: Posterior polar cataract**

**For membership and other society details write to [secretarycos@gmail.com](mailto:secretarycos@gmail.com)**

## Editor's Note

*Quo Vadis – Vision at COS*

*Dear members*

*With a new executive of the Chandigarh Ophthalmological Society; we have set new aims for us. With scores of ophthalmologists budding in the tricity; it is time to unite like never before. I personally hope that the private sector and the institutional set ups, blend in. Let each one trust the other. The private sectors should be given more responsibility and the tertiary centres dwell into actual research. Let the bread and butter of the private sector not encumber the government hospitals. Let each one, recognize the importance of the other and build a rock-solid health sector. It will help us in fighting not only the inner demons of self-appraisal but the deadliest COVID lurking on our heads. Time to give up something for the greater good.*

*Dr Savleen Kaur, PGIMER*



## Feedback

**Like us or hate us? Kindly tell us!**

We are waiting to hear from you! Send us articles/ viewpoints /any message/anecdote/interesting photo that you like to highlight at [mailsavleen@gmail.com](mailto:mailsavleen@gmail.com)