

Lacrimal irrigation/Surgery/Manipulation During the COVID-19 Pandemic

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The Canadian Society of Oculoplastic Surgery, Canadian Association Of Paediatric Ophthalmology and Strabismus, and Canadian Ophthalmological Society have identified serious potential risk in irrigating/manipulating the lacrimal system given the COVID-19 pandemic. There is evidence of the virus' predilection for the nasal mucosa and it has been found in the tear film of patients presenting with conjunctivitis. There is now suggestion that it may even be found in patients presenting with sub-clinical conjunctivitis. Research is currently being undertaken to determine whether the virus can find its way into the lacrimal passages, and/or be deposited in the lacrimal mucosa.

We would consider that irrigation, manipulation, or surgery of the lacrimal system is an AGMP (Aerosol Generating Medical Procedure) and that appropriate PPE (Personal Protective Equipment) should be used.

Given the current environment we would suggest that all diagnostic/therapeutic irrigations, pediatric probings, removal of tubes, intranasal examination/manipulation and lacrimal surgery should be deferred unless absolutely necessary. Examples of urgent procedures where deferral may not be possible would be removal of lacrimal sac tumors, canalicular lacerations/trauma (preferably using monocanicular stenting) and removal of stents that are causing corneal irritation.

If an urgent procedure must be performed the use of appropriate PPE should be used. COVID-19 testing preoperatively might also be prudent.

As further information is gathered and as things normalize, we will be able to provide further guidance as to the best practice guidelines for lacrimal surgery moving forward.