

Letters

Working With Industry During COVID

As the COVID-19 pandemic evolved last spring, mask wearing became ubiquitous in ophthalmology practices across the country and around the world. One problem with patients wearing masks is that, depending on the fit of the mask, a stream of warm, moist exhaled air can escape between the patient's skin and the mask. This causes condensation or fogging on the diagnostic lens, which disrupts the examiner's view to the optic nerve, macula, and other structures.

Bradley A. Sacher, MD, a colleague at the Wheaton Eye Clinic, and I recognized this problem and began to apply a variety of technical solutions to try to avoid the fogging problem. Eventually we settled on a barrier design for a device that attaches to the diagnostic lens. We undertook the challenge of design with the help of a 3-D printer, and we created our first prototypes.

We were then connected with the team at Volk, which has taken our invention and made it into a real product. Our hope is that ophthalmologists around the world will find these fog shields (named the ClearPod) useful in their clinics, making a difficult situation, with new protocols and procedures, just a little bit easier.

To conclude, let me recommend to all ophthalmologists that we can be innovators, striving to find solutions to the problems encountered every day in the clinic and in surgery, knowing that talented engineers and designers are ready to take raw or prototyped ideas and make them into real solutions that we can all use. Innovators should be encouraged.

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Relevant financial disclosures: Volk: P.

For disclosure key, see page 8. For full disclosures, see this letter at aao.org/eyenet.

Editors' note: If you're interested in innovation, attend the next Eyecelerator event. Learn more at eyecelerator.com.

An Additional Perspective on Giant Cell Arteritis

I read with interest "GCA, Part 2: Malpractice Lessons and Case Studies" (Clinical Update, December 2020), which offers malpractice lessons from the Ophthalmic Mutual Insurance Company and three case studies to consider. I'm writing to add another perspective on the issue.

Diagnostic prediction models can aid in the objective risk stratification for giant cell arteritis (GCA). An online risk calculator for GCA that considers headache, scalp tenderness, jaw claudication, vision loss, diplopia, and gender while maintaining age and bloodwork values as continuous vari-

ables is available at <https://goo.gl/THCnuU>.

In a study of 1,201 consecutive patients who underwent temporal artery biopsy, the best predictors for GCA were age, jaw claudication, vision loss, and the platelet level.¹ Platelets are also an acute phase reactant, and the platelet level was a more reliable predictor of GCA than were the erythrocyte sedimentation rate or C-reactive protein. Patients with a positive temporal artery biopsy had an average platelet level of $372 \times 109/L$ (± 143), and those with a negative temporal artery biopsy had an average platelet level of $283 \times 109/L$ (± 105 ; $p < 0.001$).

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1 Ing EB. *Clin Ophthalmol.* 2019;13:421-430.

Make 2021 Your Year of Advocacy

About a year ago, a friend sent me a photo of a young anesthesia provider in another state. Donning a surgical mask, with a nasal cannula pumping oxygen to him underneath, he had taped a plastic bag over his head as makeshift PPE to intubate a COVID-19 patient. This stark image stirred me into action. I wrote my first advocacy letter to Gov. Tim Walz and the Minnesota congressional delegates with others in my state society. The letter helped open the governor's eyes to the PPE shortage and spurred him to enact an executive stay-at-home order.

As health care providers, we have the unique opportunity to be the voice for those who are not at the table. The murder of George Floyd and the subsequent use of blinding force by police against protesters clarified for me how we, as ophthalmologists, need to step outside of our clinics and into advocacy to prevent vision loss.

These experiences made me realize that advocating for legislation in support of patients and providers effects systemic change in the larger community. For example, the scope of practice battles that are ongoing across the United States have a direct link to patient safety.

I invite you to get involved. Join me on April 23 and 24 for the Mid-Year Forum and on May 5 for the Congressional Advocacy Day. Both virtual, free events provide the opportunity to make your and your patients' voices heard.

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Editors' note: You can register for the 2021 Mid-Year Forum at aao.org/myf and for Congressional Advocacy Day at aao.org/cad.