Women in the “eye” of a pandemic!

Dear Editor,

The coronavirus disease (COVID-19) pandemic has caused havoc in the lives of people all over the world. And the ‘female gender’ have had their own set of challenges. Traditionally, Indian women have been sacrificing their careers in the interest of their family and household. This is also true for women physicians in most parts of the world.[1] Indian women ophthalmologists have had to make great adjustments in their daily schedules both at work and on the home front due to the COVID-19 pandemic, which can have a negative impact on their mental, social and physical well-being. Issues that loom large are managing individual practices with falling revenues and increased cost of maintaining the set-up, providing protection to staff and more consumables like sanitizers, masks, and personal protective equipment.[2] Additional (wo) manpower for screening patients attending the ophthalmic outpatient during this pandemic is an additional strain on resources. For those who are employees at private institutes or hospitals, pink slips and pay cuts and unpaid leaves are major stressors. Ironic is the “COVID Paradox” wherein work-from-home employees are drawing full salaries, while doctors who are putting their life at risk are making do with reduced or salary.

Since female doctors tend to spend more time on home and family commitments, challenges unique to COVID-19 include online classes for children, which needs to be streamlined and their unsupervised care, as schools are yet to reopen. Though not feasible for doctors in clinical specialties, work from home during this pandemic has made the situation more complicated. Another disturbing trend is the increase in reports of mental and physical domestic abuse, possibly due to growing professional and financial frustrations. Since the COVID-19 pandemic has curtailed social activities, there is also no opportunity for respite and renewal.[3] While women were previously encouraged or tempted to opt for branches in medicine which were amenable to flexible work hours, this is no longer true in the present day and time.[2] With more and more women taking on more challenging specialties with longer working hours and some in leadership positions, their trials and tribulations are worse during COVID-19.[4] Their potential for career growth and promotions may be compromised as they have added domestic commitments during this pandemic. There is also fear of the unknown, the “asymptomatic COVID-19 patients”, who pose a risk for all clinicians. With support groups and mental healthcare more accessible now, it remains to be seen if women emerge unscathed from this ‘life-work imbalance’ and go from “Women in times of COVID” to COVID Warriors!

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Dear Editor,

In this era of COVID-19 pandemic, healthcare professionals are at greater risk of infection, despite the use of personal protective equipment. Patients visiting hospitals could be asymptomatic carriers [1] and thus easily missed during screening. Surgical masks or respirators are mandatory since aerosols [2] are the most important route for viral transmission. Although there are many articles on the safety and efficacy of masks, none has addressed issues such as poor-fitting of masks and the resultant fogging over the glasses. Herein, we have designed a Do it yourself (DIY) antifogging noseband to overcome these problems.

Materials required for making noseband are sponge (15 cm long and 2 cm wide), 1 mm diameter stainless steel wire (19 cm long), thin elastic band, cling film wrap, and super glue. [Fig. 1a] First, the metal wire is inserted from one end of the sponge, and taken out from the opposite end. The excess metal wire is turned into a U-shaped loop [Fig. 1b] on either side and the free edges are inserted back into the sponge. An elastic band is passed through the U-shaped loops on either side and adhered with super glue. [Fig. 1c] Cling film is wrapped around the sponge. The band is flexed in the center (for a snug fit over the nose). [Fig. 1d] Respirators and N95 masks are effective due to the better sealing effect [3] and filtration. However, high cost and limited availability have prompted the usage of other alternatives. Due to the gap between the masks and nose, warm breath condenses over the glasses causing fogging. This results in poor visibility and hence, noncompliance. [4] Other measures have been tried including the use of cellophane tape which leaves residual glue over the skin, while the use of soap solutions [5] can damage coating over glasses.

Uses of noseband include prevention of fogging of glasses [Fig. 1e and f], slit-lamp and microscope eye-piece, lenses during fundus evaluation, and retinal lasers. It also reduces aerosol contamination of trial frames, lenses, and instruments like optical coherence tomography, non-contact tomography, Humphrey field analyzer, topography, etc. Noseband can be disinfected by placing it overnight in a UV sterilizer. Furthermore, changing the cling wrap around the noseband makes it suitable for multiple uses.

To conclude, a noseband is a simple, reusable, DIY device which reduces aerosol dispersion, and overcomes the issue of fogging.

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