



Introduction

- Tele-ophthalmology has improved access to care in various subspecialties, yet its role in oculoplastics—particularly for orbit pathologies—remains underexplored. Orbit diseases often present externally and are well-suited for virtual evaluation through structured image-based and diagnostic data review.
- In Canada, few programs have assessed the impact of virtual triage on actual care outcomes in this domain.

Objectives

- Evaluate clinical actions taken following Tele-Orbit virtual assessments
- Examine how this program altered the traditional pathway of orbit patient care.
- Highlight the novel application of telemedicine in monitoring orbit patients using a structured virtual platform.

Methods

- A prospective cohort study of all patients assessed through the Tele-Orbit program in Alberta (Figure 1).
- 123 patients referred for orbital pathologies were virtually assessed between April 2020 - February 2025.
- Patient demographics, diagnostic category and the clinical actions taken following virtual assessment were assessed.
- Patient satisfaction was measured using a Telemedicine Satisfaction Questionnaire (TeSS).
- Figure 1 describes the pathway within the Tele-Orbit program

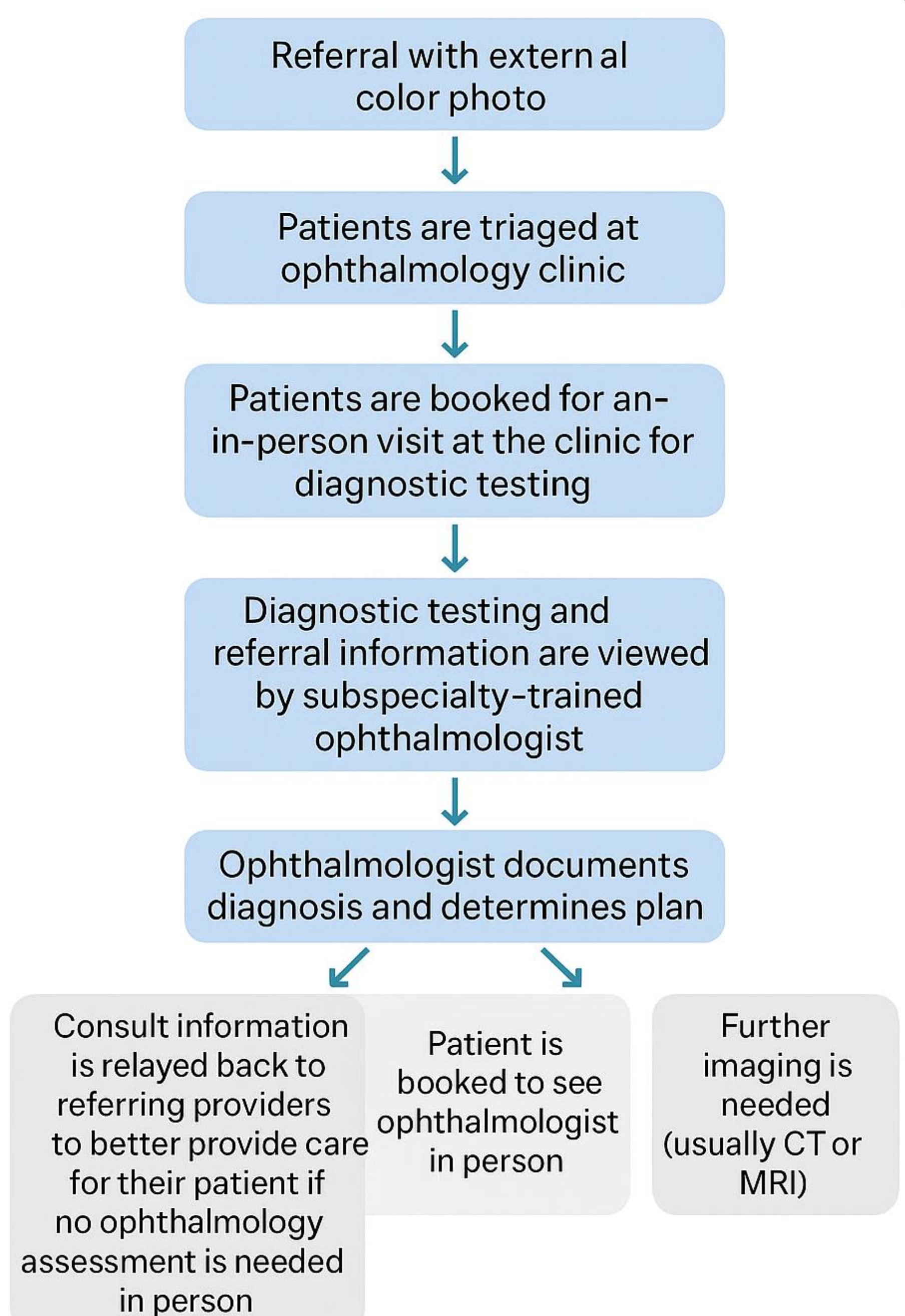
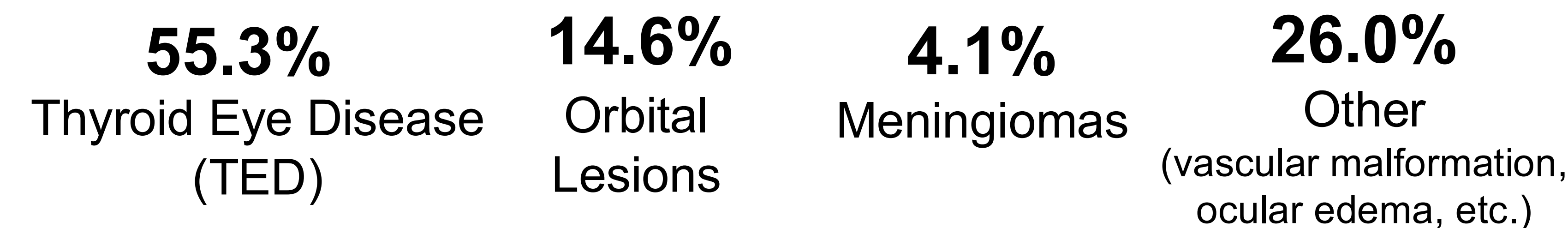
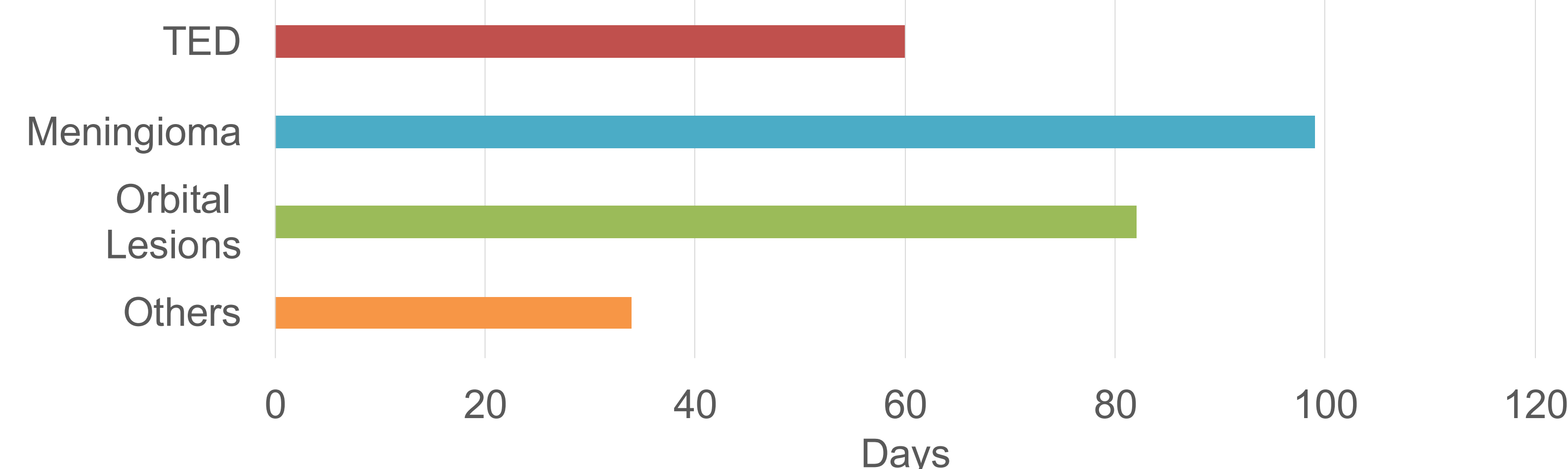


Figure 1: Description of the Tele-Orbit Program

Results – Diagnoses in Tele-Orbit Cohort

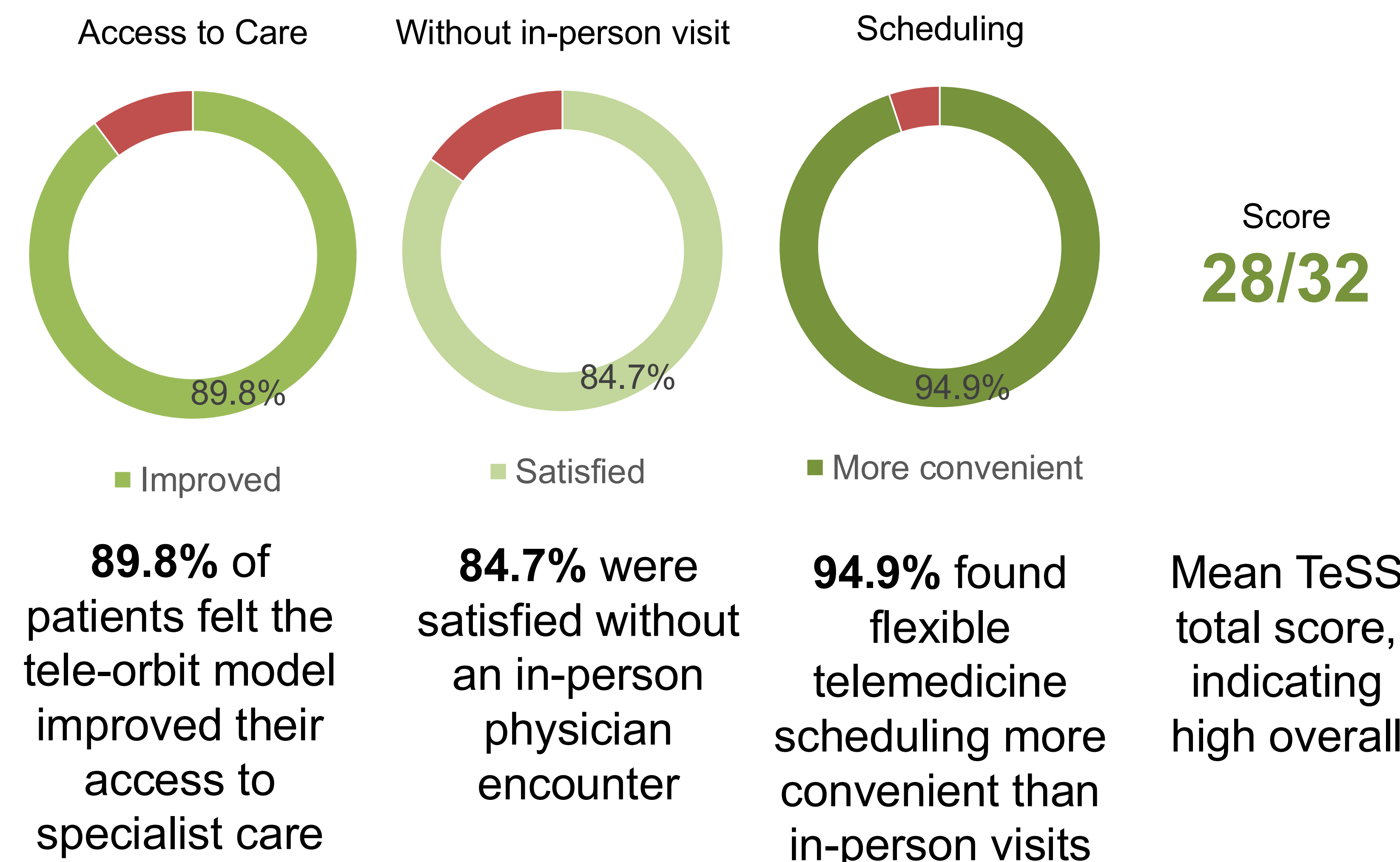


Significantly Reduced Mean Referral-to-Diagnosis Time



46.1% of patients received CT/MRI directly from the virtual visit

High Satisfaction with the Tele-Orbit Program



Limitations

- Limited generalizability due to a single-center program
- Exclusion of non-English speaking and pediatric patients may limit applicability to those populations
- Positive response bias in patient satisfaction validated tool
- But, this full-cohort design, use of adapted validated tools, and the inclusion of qualitative provider feedback enhance the reliability and relevance of our findings.

Novel Application in Orbit Monitoring

- This is the **first known Canadian program** to implement structured virtual follow-up for orbit patients.
- Stable TED and low-risk lesions were monitored virtually with periodic diagnostic testing.
 - Referring providers also expressed high satisfaction with the clarity, timeliness, and utility of specialist feedback

Conclusion: Impact on Care Pathways

- Prior to Tele-Orbit, all orbit referrals required in-person specialist review. This program:
- Enabled **triage at the point of referral** to appropriate imaging and urgency level
 - **Bypassed unnecessary visits** for stable patients
 - **Accelerated care** for complex or malignant cases
 - **Reduced travel burden** and improved referral clarity
- This tele-orbit program enabled high-yield clinical decision-making and virtual monitoring for orbit patients**

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