

Adapting to New Normal After COVID -19 Pandemic- Plastic Surgeon's View

Nancy Dewanjee

King Fahad Medical City P.O Box 59046 Riyadh 11525
KSA***Corresponding author**Nancy Dewanjee, King Fahad Medical City P.O Box 59046 Riyadh
11525KSA

Submitted: 26 Jul 2022; Accepted: 01 Aug 2022; Published: 08 Aug 2022

Citation: Nancy Dewanjee .(2022). Adapting to new normal after COVID -19 pandemic- Plastic Surgeon's view. *J App Mat Sci & Engg Res*, 6(2), 12-13.

Introduction

COVID-19 pandemic will be remembered as one of the most serious health calamities that shackled global health care system. The disease started in December 2019 in the city of Wuhan China. Within no time the disease got spreaded globally in such a manner that by March 2020, almost more than 190 countries were affected. WHO declared COVID -19 a pandemic on March 11,2020. Outside China, sporadic cases started to appear in February 2020, and restrictions were imposed by the various governments in March 2020.

Health care organizations globally were affected in a way that COVID-19 patients outnumbered other disease and vast majority of hospitals were labelled as COVID hospitals [1]. At the start of pandemic, it seemed that COVID- 19 will be a challenge for developing nations which lack basic infrastructure of healthcare, but with the emergence of new strains day by day, the novel virus terrified the health care system of most developed nations to the extent that all nations resorted to the Almighty for miracle to happen.

Demand of Healthcare services and personnel was changed where medical and critical care specialties requirement were increased in comparison to surgical specialties. The shrinkage of workforce number was attributed to self-isolation and quarantine of health professionals after coming in contact with positive patients.

Effect of COVID-19 Situation on Delivering Surgical Care

Globally all specialties were required to release beds to accommodate COVID-19 infected patients. First effect of this policy was to cancel all elective surgeries in an attempt to make ward and intensive care unit beds available for sick patients affected by COVID-19. Operating room availability was reduced in order to make anesthetists available for reassignment in high dependency units and ICUs to care for COVID-19 patients. But some surgeries continued even in peak waves of COVID-19, like surgical emergencies, oncological surgeries and organ transplants.

Plastic surgeons were directed to adopt new pathways by classifying plastic surgery procedures that could be deferred up to 4 weeks (level 2 cases), up to 3 months (level 3 cases) or more

than 3 months (level 4 cases). Level 4 cases included all cleft cases and breast reconstructions. Regarding burns, advisory was made to postpone elective non-urgent cases and manage acute burns non-operatively where ever possible.

Provision of day cases was increased, and outpatient attendance was reduced by use of virtual clinics and utilizing electronic photo referrals.

All these measures markedly decreased total surgical procedures performed in comparison to previous years. All medical and nursing personnel were directed to wear face masks, protective aprons, hand gloves, protective headwear and eye shields.

Operating rooms used for emergency and semi emergency procedures were divided into rooms meant for negative patients and those rooms meant for positive patients or patients with awaiting results. The dedicated COVID-19 positive operating rooms were organized in such a way in order to limit the spread of infection [2]. This was made possible by keeping only material needed for the procedure, decreasing the number of operating room.

personnel and making the pathway for preoperative and postoperative transfer of patients. This type of design became a new norm in surgical field as lockdown, quarantine, self-isolation and work from home become household term in non-medical professionals.

With gradual easing of restrictions, people start to commence activities like travelling, attending offices, going for dine in activities in a programmed manner in order to reduce congestions and maintain social distances. With the use of face masks, sanitizers and avoiding social gatherings we have become health conscious and responsible.

Now pandemic is approaching its third birthday, the number of patients waiting for elective plastic surgeries has reached to a critical number which needs to be managed sensibly.

Going Back to New Normal

A roadmap to start the elective surgeries is already in place. It is based on number of new and critical cases, hospital resour-

es and perioperative care availability. The local COVID-19 statistics is the most sensitive data that will govern return to normal [3]. There should be low threshold for reversal of decision whenever there is spike of cases. Medical and nursing personnel should be enough in number to safeguard their wellbeing and maintain their safe duty hours [4]. The cancelled waiting list needs review and take patient choice if they are interested in undergoing surgery. To schedule patients for elective surgeries during this pandemic, one should keep age, cardiopulmonary status of patient, operating time, need for ICU and blood products in consideration. It must be emphasized that surgery date may change depending on situation. Various hospital policies like testing of patients and watchers, visitors' guidelines and follow-ups are explained to patients.

Scheduling of patients for surgery should be done in a manner to reduce the contact of patients to hospital circumstances by opening one stop clinics and preanesthetic clinics side by side where patients will be seen by different specialties just a day before surgery. At same time preoperative investigations should be done in order to reduce frequent travels to hospital.

The judicious use of ambulatory care minor operating room, day care surgery unit and performing surgeries under local and regional anesthesia should be encouraged. Postoperative visits to outpatient clinics can be reduced by virtual video conferencing clinics and instructing patients to visit hospitals only in case of necessity.

The provision of allied care to patient like speech therapy, occupational therapy and physical therapy by digital technology has already gained momentum around the globe and its scope need to be widened by use of newer technology.

It is of matter of high importance to organize refresher programs

that will help to understand and comprehend standard operative procedures during pandemic.

Conclusion

The term new normal has attracted public attention as globe is trying to live with this catastrophe and people are changing their lifestyle. Until we will not win over the pandemic, standard operative procedures which have been drafted needs to be implemented in our real life and be prepared in future if God forbid such situation happens in coming days [5].

References

1. Armstrong, A., Jeevaratnam, J., Murphy, G., Pasha, M., Tough, A., Conway-Jones, R., ... & Tucker, S. (2020). A plastic surgery service response to COVID-19 in one of the largest teaching hospitals in Europe. *Journal of Plastic, Reconstructive & Aesthetic Surgery*, 73(6), 1174-1205.
2. Sadr, M. A., Gardiner, M. S., Burr, M. N., Nikkhah, M. D., & Jemec, M. B. (2020). Managing hand trauma during the COVID-19 pandemic using a one-stop clinic. *Journal of Plastic, Reconstructive & Aesthetic Surgery*, 73(7), 1357-1404.
3. Edgerly, I. (2020). *The New Normal: Trauma Informed International Practices During COVID-19*. Image.
4. de Campos, T., Di Saverio, S., Benítez, C. Y., Azfar, M., & Martos, A. (2020). Trauma and Acute-care Surgeons' Perception of Personal Safety during the COVID-19 Pandemic. *Panamerican Journal of Trauma, Critical Care & Emergency Surgery*, 9(2), 155-157.
5. Chigurupati, R., Panchal, N., Henry, A. M., Batal, H., Sethi, A., D'innocenzo, R., ... & Roser, S. M. (2020). Considerations for oral and maxillofacial surgeons in COVID-19 era: can we sustain the solutions to keep our patients and health-care personnel safe?. *Journal of Oral and Maxillofacial Surgery*, 78(8), 1241-1256.

Copyright: ©2022 Nancy Dewanjee. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.