

Covid 19: Unforeseen Effects

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Covid 19 has hit the world less than two years ago.

The world was taken by surprise, every human activity was affected by some way or another. Medical care was seriously affected on all levels, even medical practice itself and the way physicians and surgeons look to even every day activities was –maybe irreversibly-changed radically.

One major unforeseen change-and I guess is a negative one- is that every diagnosis and patient's care is now passing through a (Suspected COVID 19 stage) even if the symptoms and signs are not telling so. The uncertainty of the disease status and the way the virus behaves and human body responds to it is the reason why subconsciously this happens.

This is having major negative impact on health care in general, that needs thorough revisit. It might lead in some cases to delayed response to medical problems like heart diseases-including emergencies in some instances unfortunately, gastrointestinal diseases-including malignancies unfortunately and so on so forth.

Those medical problems not only are given subconsciously less priority, but also are given delayed care because patient is suspected first to be a COVID 19 patient complicated by other symptoms rather than being a patient with primary medical or surgical complaint.

Imagine a patient with appendicitis who is suspected to have all his symptoms that were previously diagnostic and warrant urgent intervention, looked at as complications of COVID 19 infection, and imagine the resources spent and precious time lost for the health care system and the patient getting back to normal correct track.

The other major drawback I find more obscure is the effect on hands-on training of young surgeons, and my major concern here are young spine surgeons coming from both disciplines-Neuro and Orthopaedic surgery.

Those young surgeons who started their practice like two years ago and were hit by the crisis only few months into training have a major problem. Hands-on training is the best method to teach and train a safe surgeon. Safe surgeons with proper supervised learning curve is the only guarantee to keep the legacy of surgical practice at any institution.

The regular training program of any spine surgeon is really busy, it includes skill lab training, cadaveric dissection, grand rounds, readings and basically gradual indulgence into the surgical field beginning by proper understanding of surgical indications and decision making, to operating room circulation and ethics, to proper infection control measures, to proper assistance of experienced surgeons and then all this might take the trainee into first steps of his learning curve towards being an accomplished safe surgeon.

COVID 19 lead to huge delay of so cold cases intervention, which are in spine surgery a good percentage of what we do and it varies in percentage from an institution to another. Excluding major trauma centers-which also might be having less traffic because of prolonged lockdowns- all institutions dropped-with their own will or due to concerns of health authorities and/ or patients- the rate of those elec-

tive surgeries that could include major deformities and degenerative cases with no grave neurological deficit and that constitutes a good percentage of what most spine unites perform on daily basis.

This fact has really affected the rate of training of young surgeons. There are much less cases they can look at and assist with and thus the learning curve was severely affected.

All educational institutions are trying their best to solve this problem to avoid the painful solution of extending time needed for those young surgeons to finish their training programs, a time which is already long enough for subspecialties like spine surgery with steep learning curve.

The main problem is that all alternative strategies that include: Extensive use of skills labs, live surgery transmission exchange between surgery centers as well as live transmission of grand rounds, cadaver labs training.... etc. all these methods besides being not enough to completely replace the normal pattern of surgical room experience have their limitations unfortunately.

Both live transmission and skills labs are expensive to set as infra structure and needs large budget that is not available to communities with suffering economy, those communities increased in number due to the economic hit of the pandemic to make things worse.

Cadaver labs are very practical, easier to set with less coast but they face challenges in a lot of communities because of cultural and religious constraints that cannot be neglected and shall need a lot of effort to change in the favor of better training of surgeons in different subspecialties.

Virtual reality and artificial intelligence solutions are becoming more handy and more promising, jumps of success especially after the pandemic eruption has been made on educational use of those emerging technologies, but how much can they fill the gap is still a question to be answered.

This editorial is just a bell ring on the importance of looking into those problems seriously as the effect of those changes shall not make a noticeable effect except after years and if we do not act now we shall all regret that delay.

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