

Resumption of Orthopaedic Practice Post COVID-19 Lockdown in India

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Since January 2020, India has been in the clutches of COVID 19 or Corona virus. It is a variant of the common flu and started in Wuhan, China in December 2019 [1,2]. The disease ranges from asymptomatic to common cold to acute respiratory distress syndrome leading to shock and death. This infection has been given a pandemic status by the WHO in March 2020. As a precautionary method the Indian Government issued lockdown to prevent the rampant spread of corona virus. This has limited travel across India, abroad and stopped the unessential travel of people in cities as well. With decreased movement and travel the number of patients with fractures due to high energy trauma has reduced. The cases being seen nowadays are low energy fractures occurring due to fall at home. These patients may include asymptomatic or symptomatic infected patients and close contacts. As the lockdown period will pass, the orthopaedic surgeons need to be well aware of the situation as even though the cases will decrease there will still be a significant chance of infection with Corona virus. As the lockdown period finishes the trauma cases are bound to increase and this will be the period when the doctors will have to take special care. The orthopaedic surgeon needs to understand the prevention techniques and should apply standard methods of prevention which will help in avoiding outbreaks in the hospital. During the outbreak in China the following protocol was applied to prevent outbreaks in hospitals [3]. The patients were categorised into 4 types of patients. Category 1 - Patient having no contact or travel history in the past 14 days. Category 2 - Patients having no clinical symptoms but having history of direct or indirect contact with a suspected or confirmed case or with a travel history to the epidemic area within the past 14 days. Category 3 - Patients diagnosed as a suspected case of COVID 19. Category 4 - Patients diagnosed as a confirmed case of COVID 19. The measures which must be taken for the prevention has 3 aspects - admission, preoperative management and the treatment options. At admission all the patients should be treated like COVID 19 positive patients and should be dealt in the same way till they can be categorised along the above given lines. All protective measures including regular hand washing, wearing mask and personal protective equipment and keeping distances between 2 patients and not to clutter the outpatient department with patients. The attendants should not be allowed to visit along with the patients. All patients should also be evaluated in terms of the COVID infection along with the orthopaedic diagnosis. Management along the lines of the various above-mentioned categories. Category 1 - The doctors and health care workers should use protection in the form of masks, PPE, regular hand washing. Also, to avoid unnecessary attendants and overcrowding. Category 2 - Stricter precautions should be taken like single ward, specially assigned staff should be used. Regular testing and appropriate care not only for the orthopaedic surgery but also the COVID management especially if the patient starts demonstrating fever and respiratory symptoms wherein the relevant authorities should be informed. The ward should have negative pressure ventilation. The operating room should be well disinfected using 2 agents. Category 3 and 4 patients should be referred to centres which have been allocated by the government for the management of coronavirus patient. If the patients are serious and the doctor and other health care workers should use the above mentioned protective equipments. Also, the patients should wear surgical masks, goggles, disposable sleeves and socks and avoid direct contact with any stretcher, elevator or other items during the diagnosis and treatment. If the orthopaedic surgeon has to take care of multiple patients then the protective equipment should be changed after seeing each and every patient. For emergency orthopaedic patients a multidisciplinary collaboration of respira-

tory medicine, ICU and anaesthesia department is required. It is to be kept in mind that manual reduction and brace or plaster application should be done in the majority of patients. Minimally invasive procedures should also be done in the majority of cases. All planned cases like joint replacement surgeries and cold cases should be postponed to a time when the Corona patient load goes down along with the chances of infection. It is important to understand that the COVID 19 infection will take a long time to settle down. The infection is affecting health care workers all over the world. The only way to avoid infection is to take proper precautions. It is essential that we can follow these steps to ensure the safety of the healthcare workers and in turn the patients.

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