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Orthopaedic Surgeon Changing Perspective during Covid-19 Pandemic

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Covid-19 brought a "new normal" to an orthopaedic surgery practice. A pandemic has dictated "new learnings" for both the young and the experienced orthopaedic surgeons alike.

Normally, the surgeon would plan to fix a displaced fracture, replace a chronic painful joint or scope a joint to evaluate and treat injury and painful joint lesions. The aim being to achieve a desirable functional improvement, early rehabilitation and return to pre-injury level at the earliest. The treatment strategy is guided by the goal to attain a good quality of life. With the pandemic raging amongst the population at large, there is "new paradigm" the surgeon is adopting. The basic orthopaedic principle of "movement is life and life is movement" is being challenged for decision making of an orthopaedic procedure.

"Newer perspectives" of management for emergency and elective procedures are being explored and implied. The safety protocol and guidelines from national associations have modified the standard orthopaedic practice. The use of face masks, personal protective equipment, sanitization of work places and enhanced operative room protective environment have instilled apprehension amongst the surgeons. The susceptibility for infection weighs heavy with aerosol generating procedures. Mental exhaustion experienced in management with desired caution may affect the established work efficiency.

The trauma surgeon has relied on the use of closed reduction techniques for fractures, cast immobilization, support and brace applications for the conservative management of fracture. Limbs are placed in splints and tractions to alleviate the pain and buy time to allow for natural healing. Malunion, non-union, post-traumatic stiffness or sequalae of neglected trauma was an accepted outcome if it protects a life from ongoing pandemic infection. Elderly presenting with trauma and associated medical comorbidities are high risk cases. The additional requirement during management for an intensive care bed makes decision making difficult. To avoid burdening the reallocated hospital resources, a surgeon may be susceptible to operate few trauma cases and reject more in an elderly in need for a surgical management.

A replacement surgeon has dug deep into the conservative management to alleviate the sufferings of chronic painful arthritic joints. The use of chondroprotective medications, intra-articular injections and physiotherapy assisted management takes precedence over surgery. Braces, cushions and supports are given a fair trial to manage the pain. The pandemic has eventually allowed elective arthroplasty procedures. However, the elderly seems to carry the demands of daily routine activities with pain and rather avoid undue exposure. The surgeon may delay an elective arthroplasty and probably allow the elderly a safer home protection environment.

An arthroscopy or a spinal surgeon have implored guided exercise programmes for ligament and muscle strengthening to retain their bulk strength. They may advocate more activity limiting manoeuvres to avoid aggravating the pain. The natural healing of the injuries has been relied upon. The surgeon's emphasis lies on day care procedures. Though, there is an increasing need to manage neglected or poorly healed complex injury scenario.

The outpatient area has undergone changes. There are multiple layers of protection due to modified hospital policies and the patient doctor interaction hides behind the face mask and protective face shields. The kind gesture to comfort a patient during this period of distress and agony while sitting across the consultation table have been affected. Hence, bound by Covid-19 protocols the human touch is lacking. The "new tele-consultation" has changed the patient doctor interaction. The consultation may lack in physical examination and assessment however, it provides a psychological benefit to affected individuals to feel connected. The priority perspective being to tell him that you are cared for albeit with "folded hands".

The orthopaedic teachings and education have been affected. The fellows enrolled in orthopaedic training and educational programmes have suffered. The "new learnings" based on interactive webinars and social media platforms have taken precedence over the physical interactions. The "new evidence" in literature is immense and fast accumulating, challenging the established protocols of training and education.

The surgeon has learnt to practice with a changing perspective. He envisions the role of conservative management more, holds back his knife until unavoidable and values the "new normal" to practice orthopaedics with the desired aim to regain function and movement. The "new wave" of infections, restrictive lockdowns,

deleterious effects and virus mutations continue to pose "new challenges" to be overcome by both the community at large and the Covid-19 warrior orthopaedic surgeons.

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