

Are Surgeons Prepared for the Third Wave of Covid-19?

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Abstract

With the second wave of COVID-19 hitting countries like India, the surgical community is fighting to evade getting infected by the virus as well as to continue giving surgical treatment to all the needy patients who need emergent surgical intervention. India faced few challenging problems during the second wave of COVID-19 like lack of hospital beds, live-saving medicines, and oxygen for all types of patients in this pandemic. With the third wave of covid being expected to hit India in October 2021, the surgeons need to make some homework.

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Introduction

With more than 1500 deaths amongst the doctors occurring during the first and second wave of Covid-19,^[1] it's time for the surgeons to wake up to the crisis and prepare themselves way ahead to deal with the possible third wave in case. The second wave saw deaths happening due to a lack of emergency medicines, antibiotics, ventilators, oxygen, and hospital intensive care unit beds. Surgeons should now see to it to fulfil these lacunae and motivate patients against any type of vaccine hesitancy.

Surgeons and Third Wave

As COVID-19 pandemic is waiting from the 'Second wave' phase to begin the 'Third wave' in India, it's time for the surgical community to again tighten their belt for another prolonged war. It is time to recommend a mandatory Coronavirus screening checklist for all patients undergoing elective surgery as the prevalence of SARS-COV 2 virus in asymptomatic elective surgical patients during a second wave was approximately 1 in 833.^[2] There was an exceptionally low prevalence rate of Coronavirus in elective surgical patients who had a negative screening questionnaire at the time of booking for the surgery. Learning the hard lesson from the

first wave, it's important to enhance the patient and health care worker safety with preoperative screening to detect the symptoms of COVID-19.

A cohort study by Chang *et al* highlighted that 56.8% of patients on the elective surgery waiting list wishes to undergo the surgery without any delay due to COVID-19.^[3] This makes it important for surgeons in India to look for centralized non-COVID-19 surgical hubs to ensure smooth functioning of surgery along with surgical teaching and training in the academic institutions during this pandemic. As COVID-19 will continue to circulate and create waves in the population for foreseeable future, it is mandatory that no patients treated for COVID-19 were mixed with those undergoing surgery. Pulmonary complications and death rates were lower in patients who had the surgical treatment in 'COVID-19 free' areas.

During the third wave, it is also important that surgeons use teleconsultation for Outpatient services with the postponement of all non-urgent follow-up appointments. Its time to practice increase distancing and segregation between health care workers and reduce the inpatient hospital stay for elderly and paediatric patients.^[4]

The second wave of COVID-19 brought the concept

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of managing the surgical problem with conservative management. Conservative management will be the mainstay in most of the surgical conditions even during the third wave except in those cases where the patient is unwell with unstable vital signs or in patients not responding to the conservative management.

Finally, the third wave will be challenged with rapid testing of the Coronavirus with the result being available in 90 minutes and many hospitals in Europe are stockpiling drugs and Personal protective equipment to avoid a repeat of shortfalls that happened during the first wave. In future, the Vaccination status of the patients will be another issue to look for all surgical patients waiting for the elective surgery during the Third wave. The vaccination drive is still going on, but it is still a long way till herd immunity develops.

Despite all these efforts, the health care system in India is finding it extremely difficult to cope up with the ongoing onslaught of the Second wave of COVID-19. Even though the elective surgeries have been postponed or stopped and only lifesaving emergency cases or malignant surgery are getting the priority in the operation theatre, but the lack of hospital beds and scarcity of oxygen supply caused havoc in the hospital management. The medical community is realizing that many lives could have been saved had there been enough beds, oxygen supplies, ventilators, and other resources and retrospectively, if the healthcare system had been better prepared for the second wave. At one time, India has been reporting over three lakh cases a day in the past few days, making it one of the worst Covid-affected countries in the world. While the surgical community in India felt the need for a mask or Personal protective equipment in the first wave, they are crippled by the scarcity of oxygen, hospital beds, medicines, and ventilators in the second wave.

Surgical training is another aspect getting seriously jeopardized during the second wave. With no major elective surgeries taking place, surgical trainees are solely depending on video conferencing and online videos to learn the surgical procedure. The junior surgeons will need a lot of patience to relearn all these surgical techniques once the curve flattens.^[5] Many of the MBBS examinations are getting postponed or cancelled due to this pandemic.

Another aspect that the surgeon in India is finding difficult in the second wave is the delay in testing for Covid-19. RT PCR test result for Covid-19 is available only after 48 to 72 hours due to the increased load of cases and this is keeping the surgeons in dark about the infectivity status of the patient.

Even though the end of this pandemic is nowhere

in sight, the surgeon should take utmost precaution, better informed and smart enough to deal with the crisis without getting himself or the operation theatre infected. All types of elective surgery need to be postponed till the curve flattens and the surgeons should be ready to fight the disease till the end.

Finally, with the forecast of another third wave coming in October 2021, India needs to do a lot of homework and the surgeons should get themselves vaccinated well ahead of time and insist on all elective surgical patients be vaccinated before admission to the hospital for the surgery. All the hospital OT staff and nursing staff should also get vaccinated before the third wave arrival and the hospital should keep adequate stock of all the medicines, oxygen and ventilators. RT PCR test should be made available quickly at all the remote places too. Having already lost more than 1500 doctors till now, India needs to do a comeback and face the challenge of the Covid-19 from the front.

Conclusion

It's still not certain till now that the third wave will happen at all in India but the significant mortality the first and second wave has caused among the doctors and other health care workers, the surgeons need to wake up and tighten the loose ends before being caught by the unexpected third wave of Covid-19. It is not only a herculean task for the surgeons to get used to operating wearing a face mask, N 95 mask and Personal Protective Equipment inside the operation theatre for long hours, it also leads to error in judgement and chances of intraoperative complications. Surgeons must fight the third wave with skill, knowledge, training and vaccine.

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