



## IMPACT ON ORTHOPAEDIC PATIENTS IN INDIA DUE TO PANDEMIC: A SHORT COMMUNICATION.

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**ABSTRACT** **Introduction:** Coronavirus was viewed as a general wellbeing crisis of worldwide worry on the planet by mid-February 2019. The focal point of the pandemic moved from Europe to USA every once in a while and at present there are around 17.8 lakhs instances of COVID-19 with 109,275 losses on the planet, adding up to 6.12% death rate as indicated by World Health Organization (WHO) at this point. **How to Attend Patients?** A three-layer careful cover, hand sanitizer and an expendable glove box ought to be accessible at the section point of the crisis region for patients and their orderlies. If there should arise an occurrence of injury, it very well may be impractical to wear a veil for the patient in all cases, essentially guarantee that chaperons are favorable to vided with one. **Discussion:** Patients introduced to the crisis emergency with a muscular crisis like joint separations, compartment disorder, open cracks, mutilated furthest point, polytrauma with FESS ought to be overseen as indicated by a particular rule during worldwide wellbeing crises like a pandemic of COVID-19. These muscular crises require viable outpatient, inpatient and careful consideration other than keeping away from transmission of disease to individual patients and medical services providers. Low-and center pay nations in Southeast Asia require a standard convention that can be finished out the country with least assets accessible to ease trouble over the medical services framework

**KEYWORDS :** Covid-19, polytrauma, orthopaedic patient, WHO

### INTRODUCTION

Covids are a gathering of infections that mostly influence individuals through creature transmission. It is the third time, the development of novel Covid in most recent twenty years, Severe intense respiratory disorder (SARS) in 2003 [1], Middle East respiratory condition Covid (MERS-CoV) in 2012 [2] and novel serious intense respiratory condition Covid (SARS- CoV-2)- contaminated pneumonia (COVID-19). The novel Covid initially arose in Wuhan, China in December 2019 from the wet fish market [3]. Coronavirus was viewed as a general wellbeing crisis of worldwide worry on the planet by mid-February 2019 [4]. The focal point of the pandemic moved from Europe to USA every once in a while and at present there are around 17.8 lakhs instances of COVID-19 with 109,275 losses on the planet, adding up to 6.12% death rate as indicated by World Health Organization (WHO) at this point. The quantity of cases and passings are expanding step by step and the contamination is spreading to pretty much every edge of this world. India is an agricultural nation with around 1.3 billion populace, second biggest on the planet after China. In India, there is one allopathic specialist for each 10,926 populace [5], which is underneath WHO's proposal of 1:1000 [6], coming down on the medical services framework in India because of COVID-19.

The primary instance of COVID-19 was accounted for on 30th January 2020 and the number has reached 8500 as on twelfth April 20, with 289 passings. On 25th March 2020, Prime clergyman of India reported a cross country 3-week lockdown to forestall local area transmission in India. This lockdown has been expanded further and we have no clue about when this lockdown gets delivered. Even after the arrival of lockdown, the circumstance won't be equivalent to previously and we must be more cautious in going to patients. The clinics are becoming hot zones for the treatment just as transmission of COVID-19 because of an ascent locally transmission from Europe, Asia and the remainder of the world. Muscular medical procedures including both elective and crisis systems (injury patients) require drama tion theaters which are high-hazard regions for transmission of COVID-19, chances medical services laborers getting this disease and diminishing the assets accessible to the number of inhabitants in India during this pandemic. The high predominance of COVID-19, restricted assets and staff, expanded dangers of transmission and the weight on wellbeing frameworks during this pandemic; remembering this, the wellbeing framework should act immediately and support fundamental careful consideration while ensuring patients and staff and preserving important assets.

### Orthopaedic Patients Expected During Lockdown Period

1. Trauma.
2. History of fall at home, the neck of femur fracture in elderly.

3. History of assault.
4. Severe cervical or lumbar pain.
5. Post-operative cases for wound dressing or suture removal.
6. Postoperative surgical site infections.
7. Elective cases with severe symptoms.

### Follow These Steps To Create A Safe Working Environment Ensure Safe Working Environment

The assessment region in the crisis particularly entryway handles, working stations and every now and again utilized things ought to be cleaned routinely something like four times each day with 1% hypochlorite/lysol. Guarantee that the medical care staffs including the specialist, attendants and paramedical staff has no signs and indications identified with COVID-19 contamination or any contact with COVID patients in the beyond 14 days and it is smarter to screen the medical services staff, if possible. All medical care staff should wear an individual defensive gear (PPE) in the crisis, if not essentially wear a N-95 veil, a careful outfit and assessment gloves and shoe covers. Training of medical services staff, patients and their chaperons ought to be of most extreme need.

### How to Attend Patients?

A three-layer careful cover, hand sanitizer and an expendable glove box ought to be accessible at the section point of the crisis region for patients and their orderlies. If there should arise an occurrence of injury, it very well may be impractical to wear a veil for the patient in all cases, essentially guarantee that chaperons are favorable to vided with one. History of COVID-19 like side effects and any set of experiences of contact ought to be acquired both from patient and specialist and a different perform ought to be connected to record all data. Assuming there is any sure history, segregate both patient and chaperon and treat as COVID positive except if demonstrated something else. It is smarter to keep each quiet in separation and convert each ward to disengagement rooms as there will be a predetermined number of patients in-patient divisions (IPD). Keep a different changing area and mortar space for patients and waste like dressing material, checks and so on of associated patients ought to be dis-presented with cautiously.

### Avoid Negligence Towards Elective Patients With Severe Symptoms:

Each side effect ought to be recorded cautiously and one ought not be careless towards elective patients. Patients with growth or obsessive crack, or cauda equina or any contamination ought to be examined appropriately and careful mediation ought to be conceded except if it ineeded on an earnest premise. We may likewise have cases like avascular corruption/ankylosing hips or rheumatoid knee where patients present with extreme agony, sufficient absense of pain ought

to be given to dispose of intense indications.

### How To Manage A Trauma Patient With COVID-19-Like Symptoms? (Having Signs or History of Contact)

Illuminate emergency clinic organization authority, CMO or SMO. A particular COVID region in the emergency ought to be prepared for COVID-19 patients with injury. Revive the patient with an essential overview alongside splintage of crack appendage. All fundamental pre-usable examinations alongside COVID-19 testing ought to be finished. On the off chance that conceivable, get versatile X-beams and ultrasound to stay away from defilement of the radiology region and it additionally helps in diminishing development of COVID patients. For examinations like CT sweep or MRI, we need to clean the separate region in the wake of researching each tolerant according to habitats for infectious prevention and avoidance rules [7, 8]. Patients with contained breaks should sit tight for careful mediations until the COVID-19 outcomes are out.

All cases which need pressing administration like an open break, vascular wounds, compartment condition or disfigured appendage; we can't delay until COVID results. These patients ought to be overseen as COVID positive patients and severe insurances ought to be taken to stay away from transmission to parental figures or to different patients. In the event that the outcomes are positive keep the patient in the COVID disengagement ward until the outcomes are negative and take the assistance of the COVID reaction group of the clinic. On the off chance that the outcomes are negative shift the patient to the muscular ward and afterward release as ahead of schedule as could really be expected. We portrayed these administration conventions in our flowchart underneath. We have hypothesized rules for the board of non COVID patients (standard convention) and COVID positive patients (COVID convention).

#### Standard Protocol

1. Resuscitate patient, rule out all other injuries (Primary survey).
2. High chances of missed injuries in light of COVID suspicion (Secondary survey).
3. Manage conservatively whenever possible.
4. Keep patients in isolation wards. Provide patients and attendants with masks. Minimize patient and attendants' movements. Expedite the process of operation and discharge to lessen the load over the health system. These patients should be attended by separate team surgeons.
5. Maintain a follow up OPD in a separate area for dressing, suture removal and Plaster removal.

#### Covid Protocol:

1. Manage conservatively whenever possible.
2. From the triage area patients (separate allocated area for COVID) should be shifted to the operating room.
3. Strict regulations must be maintained while shifting the patients. Sterilize all things that used while shifting, viz. trolley, lift etc.
4. Maintain a dedicated COVID operating room with trained staff.
5. Preventive measures must be followed at every level.
6. Every effort should be made to minimize the duration of surgery.
7. Decrease blood spilling.
8. Proper disposal of surgical waste.
9. Maintain negative pressure ventilation.
10. Patients have to be shifted to dedicate COVID isolation wards postoperatively and discharged only after COVID results are negative.
11. Care must be taken during the hospital stay to physiotherapy, bedsores and DVT prevention.

#### DISCUSSION:

Patients introduced to the crisis emergency with a muscular crisis like joint separations, compartment disorder, open cracks, mutilated furthest point, polytrauma with FESS ought to be overseen as indicated by a particular rule during worldwide wellbeing crises like a pandemic of COVID-19. These muscular crises require viable outpatient, inpatient and careful consideration other than keeping away from transmission of disease to individual patients and medical services providers.

Low-and center pay nations in Southeast Asia require a standard convention that can be finished out the country with least assets accessible to ease trouble over the medical services framework. There are no rules distributed previously. Henceforth, this article can be significant for the improvement of a standard all inclusive rules for the executives these crises. The patient participants ought to likewise be evaluated for the danger factors and number of guests to be limited.

Contact following should likewise be possible with the assistance of

these guests. The division of Preventive and Social Medicine and COVID reaction group ought to be associated with this respect. To forestall cross-pollution among individual occupants and personnel, have a devoted muscular group to deal with these suspected or analyzed COVID-19 patients. This group ought to include a lesser occupant, enlistment center and specialist. This group needs to oversee and follow these patients all through their clinic stay including the pre-employable, intra-usable and post-usable consideration. They are not permitted to go to different patients and stay isolated from the other division associates. We need to have 2-3 such groups who work as indicated by shifts. They ought to be encouraged to wear a triple layer careful veil (ideally N-95) and hand cleanliness to be kept up with the utilization of hand sanitizers and continuous hand washing. They should wear full PPE and ought to be trained how to wear and eliminate PPE adequately. The illustration learned worldwide by muscular specialists can help India, to remain on top as we plan our way to deal with muscular medical procedure during this pandemic of COVID-19. One ought to consistently recall that we are a specialist before an Orthopedic an. We ought to all in all work with different offices to confront this pandemic.

**Acknowledgement:** None

**Funding:** No funding received

**Conflict Of Interest:** The author declare no conflict of interest

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