



RESETTING THE OUTPATIENT PRACTICE AND SURGERIES IN COVID ERA

Anaesthesiology

Dr Bilandani Mona Vasudev

M.D. Anesthesiology.

Dr Nisha Bhatia

Associate Professor, Department Of Obstetrics And Gynecology, Apollo Institute Of Medical Sciences And Research.

Dr Hemanshu Bhatia

Consultant Cardiologist, Sunshine Hospital.

Dr Amruta B.

Assistant Professor, Community Medicine, Shadan Institute of Medical Sciences.

Dr Prakash Bhatia

Professor and head, Community Medicine, Shadan Institute of Medical Sciences.

ABSTRACT

The ongoing coronavirus disease 2019 (COVID-19) pandemic poses a severe threat to public health worldwide. Public health emergencies are stressful times for people and communities. Health care workers are at greater risk of infection during COVID 19 pandemic. We studied the modifications of work pattern of health care professionals in caring out their duties and difficulties faced by them.

KEYWORDS

covid, doctors, mask, Personal protective equipments (ppe), sanitizer, personal care, vaccine.

INTRODUCTION

The ongoing coronavirus disease 2019 (COVID-19) pandemic poses a severe threat to public health worldwide.⁽¹⁾ Stigmatized persons may delay seeking medical care, potentially remaining undetected, but contributing to the expansion of the epidemic via community transmission. Public health emergencies are stressful times for people and communities.⁽²⁾

Health care workers are at greater risk of infection during COVID 19 pandemic.⁽³⁾ At the epicenter of this crisis, healthcare professionals continue working to safeguard our well-being. To the regular high levels of stress, COVID-19 adds even more so to healthcare professionals in particular, depending on their area, specialty, and type of work.⁽⁴⁾ The COVID-19 pandemic represents a new working challenge for HCWs and intervention strategies to prevent burnout and ST (secondary traumatization) to reduce the risk of adverse mental health outcomes are needed.⁽⁵⁾

The prevalence of skin damage related to enhanced prevention measures was 97.0% (526 of 542) among frontline health care workers and included cutaneous lesions affecting the nasal bridge, hands, cheek, and forehead. The nasal bridge was the most commonly affected site (83.1%). As expected, frequent hand hygiene was associated with a higher incidence of hand dermatitis, but the length of time wearing the face shield was not significantly associated with the risk of facial lesions. Outbreaks of COVID-19 are now being reported across the globe, and all physicians need to be prepared for cases in their communities.⁽⁶⁾

In this study we will have a survey of how the doctors are coping up with their practices in the covid era along with taking proper care of themselves and the patients along with providing appropriate care and treatment to the patients.

METHODOLOGY

After obtaining the approval of Institutional Ethics committee, the study will be conducted among 300 randomly selected practising doctors including physicians and surgeons of Hyderabad. The doctors with their due consent will be asked to fill in the pre-designed, pre-tested, anonymous self-administered questionnaire consisting of 10 questions through online survey tool method of google forms.

The identity of the doctors will be kept confidential. Data obtained from the study will be entered in the Microsoft Excel sheet and SPSS 20.0 statistical software will be used for analysis. Various descriptive and qualitative variables will be analysed to determine the new challenges faced by practising doctors in the COVID-19 pandemic.

Questionnaire:

1) Stringent practices of safety against covid 19 by the doctors while

checkup of the patients.

- Mask
- Mask+ shield
- Mask+shield +PPE kits

2) Are the patients more scared due to covid 19 infection or need more counselling and assurance?

- Yes
- No

3) What are the additional Financial Implications of covid 19 to the patients in addition to routine tests. (out patient based or surgical cases)

- Patient acceptance
- Patient nonacceptance

4) Factor of safety has increased among the doctors

- Yes
- No

5) Did you get affected by corona virus:

- Yes
- No

6) Did you practice telemedicine for better patient services in lockdown?

- Yes
- No

7) Has unavailability/lack of personal protective equipments been a problem?

- Yes, sometimes.
- No, never

8) Did you have trouble using the personal protective equipments?

- Fogging in the shield caused troubled view
- Facial acne and ulcerations with face mask
- Skin allergies with prolonged use of latex gloves
- All of the above

9) Did you do covid duties? Or treat covid patients?

- Yes
- No

10) Did you take covid vaccine?

- Yes
- No

11) Additional experiences or comments:

RESULTS

The health care professionals were given 10 questions in google forms for which the response received was as follows:

For the question regarding the stringent practices of safety against COVID 19 by the doctors while checkup of the patients 38% of them wore mask + shield+ ppe kits , 31% of them wore mask + shield while 33.7% of them wore mask for safety.

The doctors said that 84.8% patients were more scared due to COVID 19 and needed more counselling and reassurances.

We found that there was 58.7% additional financial implications of COVID 19 to routine tests.

Despite increase in safety in 79.3% doctors, 72.8% doctors did get infected with covid 19 infection , among which 64.1% doctors were vaccinated.

In the tough times of pandemic 42.4% doctors practised telemedicine. While 57.6% doctors were actively involved in doing duties in covid wards.

44.6% doctors said that they faced the problem of unavailability of personal protective equipments (ppe).

Upon asking the difficulties faced by the doctors while using personal protective equipments we found that 60.9% doctors troubled view because of fogging on face shield. 9.8% doctors got facial acne and ulcerations with facemask. 7.6% of them got skin allergies with prolonged use of latex gloves.

We found that sweating was the most irritating thing in ppe. Covid 19 is indeed a challenging situation for patients and doctors which needs more awareness.

REFERENCES:

1. Ritchie H, Ortiz-Ospina E, Beltekian D, Mathieu E, Hasell J, Macdonald B, et al. Coronavirus Pandemic (COVID-19). Science (80-). 2020;
2. Islam MS, Sarkar T, Khan SH, Kamal AHM, Murshid Hasan SM, Kabir A, et al. COVID-19-Related infodemic and its impact on public health: A global social media analysis. Am J Trop Med Hyg. 2020;
3. Delgado-Gallegos JL, Montemayor-Garza R de J, Padilla-Rivas GR, Franco-Villareal H, Islas JF. Prevalence of Stress in Healthcare Professionals during the COVID-19 Pandemic in Northeast Mexico: A Remote, Fast Survey Evaluation, Using an Adapted COVID-19 Stress Scales. Int J Environ Res Public Health [Internet]. 2020;17(20). Available from: <http://www.ncbi.nlm.nih.gov/pubmed/33086744>
4. Buselli R, Corsi M, Baldanzi S, Chiumiento M, Lupo E, Dell'oste V, et al. Professional quality of life and mental health outcomes among health care workers exposed to SARS-CoV-2 (COVID-19). Int J Environ Res Public Health. 2020;
5. Magnavita N, Maurizio Soave P, Ricciardi W, Antonelli M. Occupational stress and mental health among anesthetists during the COVID-19 pandemic. Int J Environ Res Public Health. 2020;
6. Parajuli J, Mishra P, Sharma S, Bohora KB, Rathour PS, Joshi J, et al. Knowledge and Attitude about COVID 19 among Health Care Workers Working in Seti Provincial Hospital. J Nepal Health Res Counc [Internet]. 2020 Nov 14;18(3):466–71. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/33210642>.