

ONLINE CONSULTATION DURING COVID-19 PANDEMIC: SURGERY PERSPECTIVES

The continuing spread of SARS-CoV-2 remains a public need to know about transmission, diagnosis and treatment of COVID-19 is the subject of ongoing updates from various infectious disease experts at different journals.¹ From the very early part of the onset of pandemic patient's consultation remain an enigma and a priority concerns for all health care workers of home and abroad. Initial inexperience and very little scientific evidence place the physicians at the corners of health care services. However, as time passes and scientific evidences flows in front of doctors, most of the physicians start online consultation of patients through various electronic devices. Most of this consultation is based on follow up of previously treated patients or symptomatic advice of newly developed problems. Using photograph, short videos and life telecast helps a lot about understanding the patient's problems.

In surgery online consultation is not an easy task. Rather it puts surgeons in a area of new dimensions where surgeons are not acquainted earlier. Surgeon, in place of partial public health specialist or family physicians added a new dimension in his day to day practice. According to intercollegiate surgical guidelines for Covid-19 patients schedule operative procedures are totally abandoned during this pandemic. Surgery in emergency situation done either in non-covid areas or those suspected or positive patients treated in covid zone.

Severe Acute Respiratory Syndrome Corona virus 2 (SARS-COV2) Causing corona virus disease in 2019 (covid-19), emerged in

December 2019 at Wuhan, China. Seroconversion of most patients with covid-19 occurs between 7 and 14 days after diagnosis. A study of 61,000 persons in Spain showed that 5%of the population had formed antibodies against the spike and nucleoproteins and that approximately one third of infected became antibody negative early in the convalescence period. Several studies have reported a higher prevalence and levels of SARS-Cov 2 antibodies in severely ill patients than in those with no or mild symptoms. The infection fatality risk of SARS- Cov 2 is difficult to estimate because the total number is diagnosed and undiagnosed cases is needed as the denominator . The infection fatality risk was reported as 0.4% in a small German town after carnival festivities, 0.6% of the Diamond Princes Cruise Ship, and 0.66% in China. ²

As physician rapidly converted to higher televideo or telephonic appointments, may came to realize that nearly all (or all) components of the visit were able to be completed virtually. Many have , albeit anedoctally, reported high levels of both provider and patient satisfaction with telemedicine. Indeed, the development and expansion of platforms for the delivery of virtual series and the resistant increase in capacity and/or readiness to sustain telemedicine may be in a unintended consequence of population with social distancing. Based on analysis of internet search volumes, it seems that internet in telemedicine is increasing.

However, acceptance of telemedicine in the setting of the pandemic may be a consequence of the perceived risks associated with in person visits, not to mention the nearby universal suspicion of them . On the other hand, case of

associated with telemedicine may result in sustained changes in care delivery. There is abundance of enthusiasm for telemedicine from both patients and providers, and it seems that the public views it as an acceptable substitutes, especially during the covid -19 pandemic. ³

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