

COVID-19 War, Orthopedics Approaches Reconsideration

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Orthopedics Medical approaches are lifesaving procedures, which uses surgical operation where pathophysiological processes are internally damaging organs of patients, which immediate surgery has remained as an ultimate approach. Although, non-surgical alternatives might be preferred first because of the COVID-19 variants' mortal risks either for patients or for the operating surgical team increased.

There are so many unknown factors about the complexity of orthopedic approaches and interaction of the COVID-19 risky presence overall that not only orthopedics tactics but also certain patients being operated is under question.

Bias sensitive prognostics/diagnostics/treatment are randomly postponed to COVID-19 postpandemic time. Which time? it is still not known when is someone's turn for, especially in-Emergency patients. Which patients need orthopedics surgery? And which not? are not settled appropriately, and there are so many unknown factors that are still not elucidated completely. There is no standard operating diagnostic procedure for choosing a certain patient with acute need - and /or chronic need for orthopedic surgeries [1-3]. As a basis used Brucher *et al* 2020 the British Intercollegiate General Surgery Guidance as well as recommendations from the USA, Asia, and Italy. In general their guidelines focused on 5 different recommendations concerning 1. planned surgeries 2. Operating rooms handling 3. Emergency surgery 4. Personal protective equipment (PPE) and 5. Different strategic approaches i.e. planning promoting the non-surgical and risk reduction approaches [4].

Dr. L. Scott Levin explains 2019, the orthopedics is one of the key approaches for managing and treating different pain, which most of us will experience in our lifetimes [1]. Thought-provoking are headaches and hematologic thrombosis cervical pain, which could not be so easily diagnosed and treated without side effects, after COVID-19 vaccinations [2,3]. Dislocated joints, hip or back pain, Arthritis, which are aging-related diseases make decisions about orthopedic approaches during ongoing risk of infections, either bacterial or viral are still too dangerous [1-4]. Acute, chronic, or degenerative, all of these common disorders fall under orthopedics [1,4], while cross-transfection of the COVID-19 toxicities made the very complex situation for policymakers worldwide. On the other hand, it's wise to find out that as an orthopedic surgeon, if One's diagnosis or suspected diagnosis might include surgery that brings everyone at risk of mortal contaminations.

Dr. Sanfilippo-Cohn of Penn Family Medicine Chestnut Hill postulated that "Patients can determine if they might need surgery by first seeing their primary care physician, and even researching their condition after a diagnosis". Moreover, a sincere question is remaining that whether patients need to follow the normal routine procedures to visit their General Physician (GPs) before seeking out any extra Orthopedic specialist [1]. Recall, it is possible that reliable Orthopedic specialists practice advanced non-surgical techniques, from minimally invasive procedures up to alternative Medicines i.e. harvesting and growth of autologous cells for cartilage repair [1], which also predisposed to all kinds of risks of COVID-19 variants infection, sooner or later.

It is noteworthy that there are different alternative medical sciences, which also might help remove pain and discomfort acute and/or permanently from targeted joint/muscles, on the other hand. Amid the current pandemic of the COVID-19, Orthopedic surgery was one of the few specialties that remained active in managing emergent and critical trauma cases, however [4-6]. Moreover, management of (non-)elective surgeries required resources and focusing on the proper supervision of COVID-19 patients, and to avoid the transmission of different microorganisms' infection i.e. bacteria and viruses among health care workers and patients in the clinics and/or in Hospitals [1,4-6]. As Doremalen *et al.* showed that some viruses can remain viable and infectious in aerosols for hours and on surfaces up to days [6], which during surgery by surgical incisions, electrocautery, drilling/reaming of a bone, or during wound irrigation, could be different sources of the transfections, however [7].

Furthermore, concerning the impulsive conduct of pandemics and the possibility of different variants that are spreading, health care systems should plan for a persistent policy that the chief managers changes in the course of future pandemic attacks, indiscriminately can predict. Monther *et al.* 2020 accentuates on applying the general rules for prevention of disease transmission including fitting distancing between patients/people, accurate education about personal and respiratory hygiene, and minimizing in-hospital stay to avoid nosocomial disease transmission are also ultimate recommendations, now a day [5].

The take home message might be three main lesson learned from COVID-19 risky pandemic and that are cautions, extra caution, and keep updating the Scientific data from last months and not last decades, for an appropriate standard guideline.

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