



Newsletter
Special Covid-19 edition
October 2020

Website WOC: www.globalwoc.com

Linked with: www.worldortho.com (Australasia), www.wocuk.org (UK)

This Newsletter is circulated through the internet, through SICOT and all WOC Regional Secretaries in the hope that they will be able to download and distribute it to those “concerned” who may not be connected through the “Net.”

It is addressed to all interested in orthopaedic surgery, particularly those who work in areas of the world with great need, and very limited resource.

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WOC Newsletter

From the desk of the editor



“It was the best of times, it was the worst of times, it was the age of wisdom, it was the age of foolishness, it was the epoch of belief, it was the epoch of incredulity, it was the season of light, it was the season of darkness, it was the spring of hope, it was the winter of despair.”

— *Charles Dickens, A Tale of Two Cities*

We live in disruptive times. Uber and Ola have ripped apart the cab industry, internet based companies like Amazon and Flipcart shocked the high street. Swiggy and Zomato redefined the dining experience. But the “mother of all disruptions” came out of nowhere and rattled the foundations of the world we live in.

Suddenly surrealism became mainline. A small RNA virus, barely defined as a living organism became the centre of the world’s attention and took on the might of the human race, human technology and human endurance.

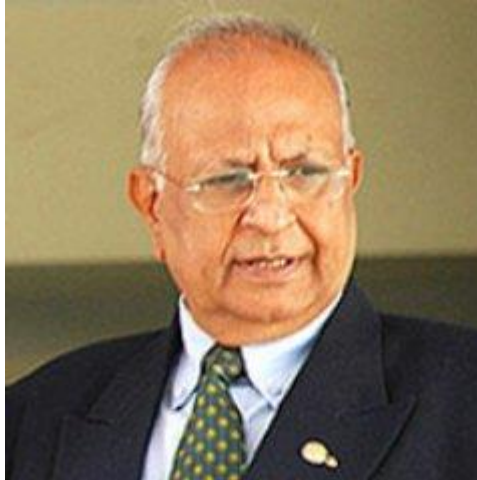
The forced locked in periods allowed us to focus on our hobbies and our families. The pollution free skies allowed the earth to heal. Wild life got a chance to explore areas which had been out of bounds for them. The water in the rivers were cleaner, the light from the sun had less haze.

The virus attacked across colour, creed, nationality and caste with ease. It decimated the old, the sick and the healers without remorse. It brought out the best and worst in people, in science and humanity. It also showed us what is important in life and what is not. For orthopaedic surgeons, this brought a respite from road traffic accidents and industrial accidents but domestic violence reared its ugly head.

For doctors and health care staff this period is a special challenge. How do you do your job without exposing yourself and your loved ones? The children of many of my colleagues have contracted the disease. Fortunately most have come through smiling. But those in my generation and older have often not been that lucky. Nearly 1 out of 3 of affected senior doctors in certain geographical regions have succumbed possibly because of high level of exposure.

With these thoughts, we have devoted this edition to Covid-19. We have a heart-warming message from the President as well as personal stories of our corona warriors. Both of them are based in the UK and were caught by the early wave of the disease. Our secretary who is based in Palestine has also sent a small list of the activities of our association during this period of prolonged inactivity.

Message from the President:



Covid 19 pandemic has affected the whole world. In spite of all efforts it is still not under control. We all know the solution of this problem is in vaccine and herd immunity. But this all is going to take a long time.

There are still no effective drugs. Anti-malarial and anti-viral drugs have many serious side effects. Taking appropriate precautions and self-discipline are two very important factors.

The economy which has badly affected all over the world. But more than that, it has affected the larger population psychologically. There is intense fear in people leading to depression and suicidal thoughts. All of these are very serious.

My humble submission is that we need not let fear over-whelm us. Remain cheerful, have a hearty laugh, do yoga and pranayam. A simple diet with plenty of fruits will also help.

The Vit D level should be around 45-50. It will give you some protection. One of the best way to improve your level is to have sun exposure on your body every day without fail.

WOC international activities have also been affected. We are trying to organise a webinar on cost of neglect in orthopaedics in LMICs. The Indian chapter of WOC is also planning to hold a webinar. We avidly wait for the reports from other chapters about their activities. Please send it to the editor, he will be happy to include it in newsletter.

If you have any project in mind please do share it with us. Also let us know if any one of you need the services of volunteer orthopaedic surgeon.

Cheer up and enjoy the day

Dr. D. K. Taneja
President, WOC International

Activities of the WOC

Due to the ongoing pandemic the WOC had to curtail its usual activity. Under the joint aegis of the WOC and the IOA, the Bihar Orthopaedic Association organised an OT technician and POP course during its annual 46th state conference.

The B Mukhopadhyay PG Instructional course was also organised at Indore and stalwarts such as Dr John Mukhopadhyay (Chairman OREF), Dr Jyoti Bindal (Dean, Medical College) and Dr Sheth (President of the National Board of Examinations) attended. This course was under the aegis of WOC, OREF and Arihant Hospital.



IPGMER & SSKM Hospital collaborate with Operation Straight Spine for Charitable Spinal Deformity Surgery



Kolkata, Mar 1 (UNI) The City of Joy has witnessed the inauguration of 1st Kolkata Spine

Deformity Conference and 13th Live Spine Deformity Surgical Workshop organized by Institute of Post Graduate Medical Education & Research (IPGMER) and SSKM Hospital along with Operation Straight Spine Trust at the Auditorium & Surgical Theatre of IPGMER

& SSKM Hospital here.

Prof (Dr) Ananda Kishor Pal HOD-Department of Orthopedics-IPGMER, Dr Ujjwal Kanti Debnath Consultant Orthopedics & Spine Surgeon, Dr Harwant Singh from Malaysia, Dr Shah Alam from Bangladesh, Dr Alaaeldin Ahmed from Palestine and other medical practitioners from various part of the country were present on the occasion on Saturday. In his welcome address, Dr Ananda Kishor Pal, HOD-Department of Orthopedics-IPGMER and chairman of this conference said, "This year for the first time we have organized an unique conference and surgical workshop in Kolkata with an aim to update ourselves with practical tips for managing pre & post-operative care of such a complex spinal problem in children and adults by the surgeons from all around world".

There is an extremely high level of musculoskeletal deformity in India as shown by recent surveys. Over 6 million people suffer from some type of physical deformity like Congenital scoliosis and kyphosis, Idiopathic Scoliosis, Spina bifida, Spondylolisthesis, Tuberculosis, Spondylodiscitis, Post-traumatic deformity, Poliomyelitis with spinal deformities, Cerebral Palsy etc.

(Report from United News of India report, dated 1/3/20)

From the Secretary's desk


Through the COVID time all the activities that were planned like the spine program in Nicaragua, the Spine program in Mozambique, activities of the WOC Jordan chapter, were postponed.

WOC Jordan chapter contributed in a multicenter study about the short term impact of COVID 19 on spine surgeons





The short-term impact of COVID-19 pandemic on spine surgeons: a cross-sectional global study

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This was beside a study done by our colleagues in Egypt related to the impact of COVID 19 on spine surgeons, and there are plans with Egyptian colleagues to establish WOC chapter in Egypt in the near future.

CLINICAL ARTICLE

EgySpineJ 34:pp-pp, 2020

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The Novel Corona Virus COVID-19 and Spinal Surgery Practice: Review and Updates

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WOC international is involved in pediatric spine training in Tanzania through the participation of Dr. Alaaeldin Azmi Ahmad (WOC Sec. General) with Weill Cornell spine program for planning the

1st Blended learning program for pediatric spine in Africa that will be held in mid-January 2021.

WOC international is planning for the WOC webinar that will be held in October this year with the title : **Neglect in Orthopedic and cost of treatment**

Global representations with well-known participants from different regions are sharing their experiences in dealing with difficult cases that they dealt with the moderation of the WOC international president (Professor Deven Taneja).

The cases will be from Africa, Middle East and North Africa, Latin America, Asia Pacific that include different aspects in orthopedics (Infection, pediatric, spine, trauma, etc...)

WOC international board is highly appreciating SICOT support to the WOC webinar through the participation of the SICOT president, SICOT president elect, beside their help in having an international global partner to this webinar.

Dr Alaa Ahmed Secretary, WOC International

COVID REFLECTIONS

Feeling of being invincible is not uncommon amongst medics. One wonders, how, a profession which deals with death and disability, can feel so insulated. When the first cases of COVID 19 hit the media, I remember being on a flight from Kuala Lumpur to Heathrow via Dubai. I did not consider the column worth reading on the free newspaper handed to me on the flight. Seventy days later, when I was sitting on a wheel chair to be admitted into a COVID ward, I could recollect those headlines reporting the first three deaths from a 'novel Corona Virus' in a place I had never heard the name of till then.

We had a positive diagnosis of COVID 19 within days of UK lockdown. At that time disease prevalence in the community was unknown. The scarcity of PPE supplies in our hospital led to prioritisation. Neurosurgical procedures were not thought to be aerosol generating, neither was gynaecology.

We now know the risk associated with laparoscopic surgeries and are aware of precautions required around general anaesthesia to protect the rest of the team. High speed drills do generate suspended droplets but do they carry the virus? Some questions are only rhetoric.

Looking back at the week preceding when we got ill, the only thing I can remember was the energy with which I was preparing myself to combat COVID. The meetings, the plans, the redeployment blue prints -a no better time to be a doctor. I felt it was a time to lead by example. The reality check was not far though. The last meeting I attended on that Friday, I had a warning. I was asked to name a deputy who can lead the department if I fell ill. What? I asked ...me falling ill - no way! I came out of the meeting, for the first time made to think seriously. It was already late on Friday. I rang a colleague, apologetically, asking if he can step in – in the unlikely scenario he laughed. We both thought we were invincible.

The department of health guidelines were very clear about self-isolation criteria at that time. Fever above 37 degrees and cough, either or both. A person having the symptoms had to self-isolate for seven days, and any household contact for fourteen days. My wife had flu like symptom and a runny nose for a couple of days going into the weekend. This was then not a recognised feature of Covid. I had episodes of tummy upset which I attributed to my lactose intolerance. In retrospect possibly an early warning. Then I too developed the flu symptoms. We pondered the plans for the week ahead with anxiety as some colleagues were already self-isolating. However something was amiss. We looked at each other while having dinner. The curry was tasted different. The realisation dawned that neither of us could taste or smell normally. We recalled an article from Sheffield ENT department mentioning that anosmia could be a COVID symptom. By midnight both of us were coughing. I mailed my colleagues in the early hours of Monday. I am not that invincible after all. I reluctantly agreed to self-isolate for at least seven days.

Nottingham area was performing COVID antigen test for frontline NHS staff and we attended as one of the firsts. It was Tuesday, in retrospect, at least three days after my first symptoms. Cough, anosmia and myalgia were my main symptoms. I started having fever around fifth day, which was two days after the test. My appetite nose-dived. I was not that physically unwell. A strange rash appeared on my both hands.

Test result took four long days. It was a mixed feeling waiting for the result. Being not that unwell, half of me wanted the result to be positive. By the time we knew our positive result, Mausumi had made a good a recovery. I was also counting down to seven days, expecting the fever to subside and return to work.

Though I made all the planning and preparation for the department's response to COVID, I was not there in the hospital when the penny finally dropped. Abandoning the department was bothering me. 'How are people coping without me?' The unit found way to survive in the crisis. Indispensability is as big a myth as is invincibility..... both got shattered in those few days.

I started having rigours from Sunday. These were very much like malaria shivers, which I was very much used to as a young adult. The rigours were uncontrollable. Climbing stairs became laborious, having to stop after a few steps; going to toilet was an effort. Food felt like mud. Paracetamol and more paracetamol... the body aches and pains were overbearing. However I was not getting out of breath at rest and my pulse rate was not significantly raised. I reassured myself and stayed at home.

This was day 13 now and things were just not getting better. We followed the DOH guidelines and organised for a hospital check when I continued to be poorly and rigours continued.

I have been admitted to my own hospital in the past, but this journey to the hospital was different. We stood expectantly in front of the closed door of the Covid Ward. The door opened. 'Mr Basu,' staff nurse confirmed my name. 'We are expecting you, please come in... and wear the mask'. The staff nurse handed me a surgical mask. The conversation and events were quick and as I took a few steps into the Covid Ward, I realised that Mausumi was not allowed to accompany. Relatives were not allowed, not unreasonably, but I expected as someone who is a consultant in the same hospital to have that extra benefit... but rules are for everyone. I turned round and waved as the door closed. As I walked down the corridor, the thought that for some patients that could be the last time they have seen their loved one. I felt alone... 'Mr Basu...this your bed'...nurse was too kind. I had a bed by the window and I could glimpse the afternoon approaching.

I was admitted for screening. I was expecting the tests to be fine and to be home later in the evening... my invincibility was having the last stand. I checked my own ECG, and felt reassured at the saturation hovering around ninety five percent... blood pressure on the lower side and the chest Xray?. I was told that the consultant will be in soon to review. Being asked to stay in the hospital for a period of observation is not a breaking bad news... but circumstances surrounding Covid was such that it was definitely not a news I was expecting. The consultant told me that my chest Xray had worrying features and a period of observation was necessary. I noticed that my saturation was hovering at ninety four, the threshold for oxygen support, and did not protest.

I was expecting to go home and now I am staying in.... people must be anxious... but it was already very late in India... also should I tell my octogenarian parents about my admission ... I got my phone back and rang Mausumi.. who already had the news.

Covid ward was busy. The constant hissing sound of oxygen, nurses resetting monitors with a beeping noise, patients coughing, sound of laboured breathing... patients being moved to ITU, discussion about prognosis... outcomes... the darkness of the night made those sounds and conversations amplified. A feeling of resignation to fate engulfed me, as one understands that the future is no longer in his control... after all I have had a happier and easier life than most people on this planet.

Other than supportive, the disease modifying management of COVID was not very clear around late March. The debate on role of antibiotics was still on. My saturation did not fall below 94%, I remained feverish, myalgic and with significantly reduced exercise tolerance. The consultant agreed to let me home but to be vigilant. I commenced antibiotic Amoxycillin at home.

I have heard about placebo effect, but the second morning after I started the antibiotic was a different experience altogether. How can antibiotic work in viral illness? My medical brain trying to

find answers... it must be a secondary infection I felt able to breath in better, the severe upper back pain was less... and for the first time I did not have a rigour for the whole day.

I completed a seven day course of amoxycillin. I was clearly on the mend. The sense of taste returned along with appetite but weakness remained. In three weeks I lost over 7 kilos of weight.

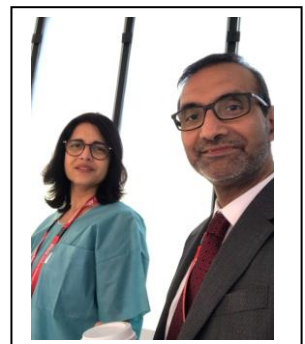
The day I returned to work and pushed open the door of my office, it felt like opening the door to a new chapter of life. I had the whole department dropping by at the door to wish me. I could sense the relief felt by everyone; they had seen or heard too many bad news already.

The walk from the car park to my office two floors up was an eye opener for me. Though I got on fairly okay at home, I realised I was getting severely out of breath climbing up the flight of stairs. This symptom lasted for at least another month before I was no longer conscious of it. I resumed all my duties, including operating theatres and emergencies... and took charge of the surgical COVID patients. I felt my status as a survivor means... I am protected from a second infection. There was no evidence for or against... I chose to presume the one that suited that's what I wanted to do...

My insight as a sufferer ... helped me in looking after the surgical Covid patients with confidence. No experience in life is a waste.

Mr Surajit Basu
Consultant Neurosurgeon and Head of Department
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Elected Member of the Council Society of British Neurosurgeons
Examiner and Member of the Board,
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Member of the East Midland Clinical Senate

Miss Mausumi Das
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Consultant Gynaecologist and Lead Appraiser
Department of Family Health
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Reflections of a COVID-19 positive Orthopaedic Surgeon.

I tested positive for Corona virus in March 2020. It started with minor symptoms but progressed to significant symptoms. Do not ignore minor symptoms of myalgia, headache and diarrhoea-not everybody gets respiratory symptoms. Even if you have minor symptoms it is crucial to get tested (but up to 30% false –ve)... However, if you get shortness of breath or increase in respiratory rate please go to hospital otherwise self-isolate at home for at least 7 days. I also lost the sense of smell and there was significant loss of appetite. But force feed yourself and stay well hydrated. Avoid smoking and alcohol.

Paracetamol, was the most useful drug. I started Hydroxychloroquine and Azithromycin whether these two drugs made any difference is very uncertain but it did give me diarrhoea. During isolation occupy your mind with hobbies, reading and research! But Rest as much as possible.

Recovery takes longer than a week. The myalgia, weakness and tiredness can persist for 2-3 weeks. It is difficult to be sure as to when to come out of isolation however as a rule of thumb if you are symptom free for 3 days without taking paracetamol you can come out of isolation and return to work.

Practice a phased return to work. At work take all the precautions as there is a risk of a second infection. Upon return to work take support and help of your colleagues who will be very understanding. Stay well-hydrated and eat healthily. Sleep well. Half an hour before going to bed stop watch bright screens (phone, computers and TV etc.). After about 6 weeks one must check for antibodies

While the pandemic is ongoing suspend elective surgery, this will free-up beds for more urgent cases. Trauma and fracture surgery would have to continue. Remember a number of fractures can be managed non-operatively. This will protect patients from exposure in a hospital. Perform surgery as a day case as much as possible. Also avoid giving steroid injections. The Wuhan experience tells us that surgery in COVID positive patients leads to increase mortality (about 20%). Acquiring Personal protective equipment (PPE) has been a challenge but it is vital- without it surgeries cannot be performed safely. Develop an operation theatre protocol for your set up to protect all staff and patients. You can adopt the one developed by BOA or IMA.

In the out-patient clinics use Tele-medicine as much as possible. Physical distancing of at least 2 metre between patients should be maintained and walk in patients should be checked for virus symptoms and temperature before they are seen. Everybody should wear an appropriate mask. Hand washing should be practiced by all. Regularly disinfect surfaces, keyboards, telephones etc. In clinics, there should be proper disposal of rubbish and PPE.

Fear can do terrible harm, along with the Corona virus pandemic there appears to be a 'Fear epidemic' largely fuelled by misinformation and ignorance. Social media can be blamed for lot of it. There are plenty of conspiracy theories in the media along with many unreliable treatments (including drinking bleach!!)

There is a lot of fear mongering which lead to a herd mentality and then emotions dictate behaviour, rather than rational thinking.

Please check for factual updates on the virus from trusted sources (WHO, CDC). Please don't be consumed by up-to-the-minute news, and obsessively Google the Virus.

As per WHO, worldwide the number of people infected by Corona virus is about 9 million.

Number of people who have died from this virus is about 500,000. But the number of people who have fully recovered from Corona virus infection is 5 million. Please do not focus on virus horror stories only, remember most people recover!!...

Regular hand washing, physical distancing and PPE are the only three measures which have a proven track record in preventing coronavirus infection. Practice these and stay safe. It is human to be anxious but do not be frightened there is light at the end of this tunnel!

Thank you
Yours sincerely

Mr Radhakant Pandey,
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Important announcement

The WOC International is conducting a webinar Executive Committee meeting on 31/10/20 led by our evergreen President to take stock of the activities of the previous year and plan its program for the coming year. During this the names of the new President-elect, Secretary-general- elect and the treasurer- elect will be declared. We welcome the new team in advance.