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Correspondence

A commentary on "Current and future use of telemedicine in surgical clinics during and beyond COVID-19: A narrative review"

Dear editor

We have read with great interest the article published by McMaster T et al. [1] titled "Current and future use of telemedicine in surgical clinics during and beyond COVID-19: A narrative review. Where the authors carried out a review in databases such as PubMed, OVID Medline, Embase, Scopus, Web of Science. The authors found 335 articles initially, after eliminating duplicates and selection, they included in the full text of 63 the majority being from Western countries and predominantly the specialty of orthopedics and general surgery, where they directly compared telemedicine with in-person appointments, focusing on implementation during COVID-19 [1]. We thank the authors for introducing us to how telemedicine is implemented in surgical areas and even more so with the COVID-19 pandemic. However, we would like to make a few comments.

To date, 160,658,300 cases of COVID-19 have been reported worldwide [2], undoubtedly one of the greatest challenges for humanity in recent years. As stated by McMaster T et al. [1], The pandemic made human beings look for alternatives to continue their lives, years ago telemedicine was spoken of as an industry that could be used more frequently in the clinical field and now, it is the ally for patient care, trying to attend to their needs and follow up on them. Weinstein RS et al. mentioned [3] that there are currently mobile health applications where we can monitor the patient in real time based on the patient's vital signs, so that the patient's health is not compromised, but rather contributing in the surgical field by example with pre and postoperative consultations, leading to better patient access to the health care system even more in the context of COVID -19, where social distancing has become implicit in society [4], these alternatives avoid unnecessary visits to the hospital, save time available, benefit health services with respect to costs more than anything in rural communities.

However, the limitations set out are clear, since they highlight clinical uncertainty, technological infrastructure requirements, cybersecurity vulnerabilities, regulatory restrictions on medical care, and it is not possible to evaluate the level of patient satisfaction towards telemedicine given that the tools used at the moment are not optimal, it is important to highlight the inequality in health services and the Internet where governments must guarantee access to the Internet in any territory and where patients have access to health in order to acquire more timely and effective services such as telemedicine.

Although there were limitations indicated above, we consider it a great contribution to the current situation, given that telemedicine is increasingly being used to help patients who are far from the health institution or because patients simply do not attend for fear of being infected to these centers, it is very common that in Latin America patients cannot attend because they are in rural areas and do not have the resources to attend the health center, but with this tool it makes the assessment of these patients easier, so this Systematic review is an excellent basis to support that telemedicine is experiencing explosive growth, being safe to treat surgical patients today and in the future.

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