

Emergency Maxillofacial Procedures for COVID-Positive Patients



With the initial spread of COVID-19 in India and subsequent lockdown, the practice of Oral and Maxillofacial Surgery (OMFS) has taken quite a hit.^[1] In the initial days, most of the physicians, clinicians, and surgeons had to modify their way of healthcare delivery and medical procedures. Ensuring the safety (both doctors and patients) and reduction of viral transmission assumed importance. In most of the countries, to meet the acute demand, OMF surgeons were involved in the much-needed surgical tracheostomies.^[2] Tracheostomy, in such instances, was performed by maxillofacial surgeons. These relieved the workload pressure from intensive care unit clinicians, whose valuable expertise helped in a different frontier.^[3] As such, in COVID-19 patients, all aerosol-generating procedures and the tracheostomies posed a significant risk of viral contamination. There has been much-advocated “5T” approach – Theater setup, Team briefing, Transfer of patient, Tracheostomy procedure, and Team doffing and de-brief – that helps to minimize the risk of transmission of COVID-19.^[2] The proper application of barrier techniques and the best evidence approach has minimized the patient to doctor transmission of COVID-19 virus. In few studies, since the viral transmission was nil, high-risk open tracheostomy techniques were practiced by OMFS surgeons.^[3] Later, there were viable protocols developed and advocated.^[4-7] There were anecdotal reports of OMFS being infected with COVID-19 due to possible transmission from patients who underwent tracheostomies. However, literature is devoid such any treatment-related transmission. There were several meetings and consensus formed to modify and postulate new treatment norms.^[8]

This COVID-19 “Lockdown” period had also highlighted the need for the oral care and OMFS requirement in real time. The emergency requirements of dentists, particularly OMFS, have been reported.^[9,10]

The nature of such OMFS requirements vastly differed from the pre-COVID-19 era.^[11] Such publications offer a sneak insight into how the OMFS patient reporting differs with the reduced school hours, traffic movements, restricted social interaction, and reduced alcohol availability.^[11-14] These studies offer a unique insight into the way how the OMFS cases present in extraordinary situations. There is no doubt that the number

of patients presenting is reduced while the emergency room presentation for dental and oral disorders has increased. These epidemiological studies offer an insight into the complex biopsychosocial constructs of the patients. These could help the dentists, OMFS surgeons, and oral healthcare policymakers to frame suitable policies in such a fashion that future human resources allotment could be revisited. Apart from valuable insight for service and workforce planning, in future, further periods of constraints – human or nature, for example, when releasing staff for redeployment to support other high demand areas such as critical care. OMFS specialist services were still required for fracture, dental injury, and soft tissue management, so a baseline staff would still need to be retained. The exact allotment could be estimated from these base numbers. For policymakers, it helps analyze how the flow of emergency referrals for dental infection has been managed in COVID-19 times – to approach work delegation. COVID-19 has never been a time to produce excuses from research – rather a unique time to provide value-added service to fraternity. It is high time the Indian practitioners plan and execute India’s specific data to offer better insights.

S. M. Balaji

Department of Oral and Maxillofacial Surgery, Balaji Dental and Craniofacial Hospital, Chennai, Tamil Nadu, India.
E-mail: smbajali@gmail.com

Received: 29-11-2020

Accepted: 01-12-2020

Published: 23-12-2020

REFERENCES

1. Balaji SM. COVID-19 and maxillofacial surgery. *Ann Maxillofac Surg* 2020;10:1-2.
2. Broderick D, Kyzas P, Sanders K, Sawyerr A, Katre C, Vassiliou L. Surgical tracheostomies in COVID-19 patients: Important considerations and the “5Ts” of safety. *Br J Oral Maxillofac Surg* 2020;58:585-9.
3. Yeung E, Hopkins P, Auzinger G, Fan K. Challenges of tracheostomy in COVID-19 patients in a tertiary centre in inner city London. *Int J Oral Maxillofac Surg* 2020;49:1385-91.
4. McGrath BA, Brenner MJ, Warrillow SJ, Pandian V, Arora A, Cameron TS, *et al.* Tracheostomy in the COVID-19 era: Global and multidisciplinary guidance. *Lancet Respir Med* 2020;8:717-25.
5. Gosling AF, Bose S, Gomez E, Parikh M, Cook C, Sarge T, *et al.* Perioperative considerations for tracheostomies in the era of COVID-19. *Anesth Analg* 2020;131:378-86.
6. Takhar A, Walker A, Tricklebank S, Wyncoll D, Hart N, Jacob T, *et al.*

- Recommendation of a practical guideline for safe tracheostomy during the COVID-19 pandemic. *Eur Arch Otorhinolaryngol* 2020;277:2173-84.
7. Picetti E, Fornaciari A, Taccone FS, Malchiodi L, Grossi S, Di Lella F, *et al.* Safety of bedside surgical tracheostomy during COVID-19 pandemic: A retrospective observational study. *PLoS One* 2020;15:e0240014.
 8. Wang TT, Moon HS, Le A, Carrasco LR, Panchal N. Proceedings from the OMS Resurgence Conference for resuming clinical practice after COVID-19 in the USA. *Int J Oral Maxillofac Surg* 2020;49:1655-9.
 9. Ghai S. Facial trauma management during the COVID-19 era: A primer for surgeons. *Curr Med Res Pract* 2020;10:169-173.
 10. Coulthard P, Hutchison I, Bell JA, Coulthard ID, Kennedy H. COVID-19, domestic violence and abuse, and urgent dental and oral and maxillofacial surgery care. *Br Dent J* 2020;228:923-6.
 11. Salzano G, Dell'Aversana Orabona G, Audino G, Vaira LA, Trevisiol L, D'Agostino A, *et al.* Have there been any changes in the epidemiology and etiology of maxillofacial trauma during the COVID-19 pandemic? An Italian multicenter study. *J Craniofac Surg* 2020. doi: 10.1097/SCS.00000000000007253. Online ahead of print.
 12. Yeung E, Brandsma DS, Karst FW, Smith C, Fan KF. The influence of 2020 coronavirus lockdown on presentation of oral and maxillofacial trauma to a Central London Hospital. *Br J Oral Maxillofac Surg* 2020;S0266-4356(20)30456-3. doi: 10.1016/j.bjoms.2020.08.065. [Online ahead of print].
 13. de Boutray M, Kün-Darbois JD, Sigaux N, Lutz JC, Veysiere A, Sesque A, *et al.* Impact of the COVID-19 lockdown on the epidemiology of maxillofacial trauma activity: A French multicentre comparative study. *Int J Oral Maxillofac Surg* 2020 Nov 7;S0901-5027(20)30383-0. [doi: 10.1016/j.ijom.2020.10.005].
 14. Bai J, Xu T, Ji AP, Sun W, Huang MW. Impact of COVID-19 on oral emergency services. *Int Dent J* 2020. <https://doi.org/10.1111/idj.12603>.

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

Access this article online

Quick Response Code:



Website:

www.amsjournal.com

DOI:

10.4103/ams.ams_451_20

How to cite this article: Balaji SM. Emergency maxillofacial procedures for COVID-positive patients. *Ann Maxillofac Surg* 2020;10:285-6.