Well begun is only half done: Current state of wet-lab training after COVID-19

Dear Editor,

The COVID-19 pandemic acutely brought the most important part of surgical training to a standstill: skill development through hands-on practice. Meanwhile, innovations in surgical education saw a resurgence as wet-lab training and other methods of surgical skill enhancement became the norm.[1] Now, two years and three COVID-19 waves later, with the decline in COVID-19 cases and the resultant increase in surgeries, there has been a decline in wet-lab practices despite the innovations in techniques showing how valuable it is for residents.[2]

Wet-lab practice is an invaluable learning tool, particularly in the training of microsurgeries. The innovations in wet-lab practices make it logical to conclude the need and usefulness of the same.[3] However, there are challenges faced by institutions in continuing this practice, which we would like to shed light upon:

- Location of wet labs being distant from the out-patient department (OPD) and wards, thus becoming inconvenient to access during work hours.
- Procurement of goat eyes being the responsibility of the residents is impractical due to a hectic work schedule.
- Make-shift infrastructure and poor quality of instruments.
- Limitation of guidance from senior residents and the notion that the wet lab may be used to practice only initial steps of cataract surgery or wound suturing.

Recommendations to avoid the decline of wet-labs:

1. One-on-one practice sessions by the faculty or senior residents for trainees, including the practice of surgeries other than cataract surgery.[3] Appropriate funding for installation of dedicated wet-lab microscopes, trays, stands, and other instruments.
2. Designated protocols for procurement of goat eyes by a department-appointed personnel.
3. Structured schedule for wet-lab practice sessions incorporated as part of the training program.

The rekindling of wet labs during the COVID-19 pandemic has shown the multifaceted gains it can provide in aiding the surgical training of a resident. It has stood the test of time as a worthy addition to the regular residency program, and with our recommendations we hope institutions can expand on the utility it provides.

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