



Response to Letter to the Editor: COVID-19: Current Knowledge and Best Practices for Orthopaedic Surgeons

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Dear Editor,

Excerpts from “Letter to the Editor”— We congratulate authors for bringing out the most comprehensive review article on COVID-19 and orthopaedic surgeons (1).

Authors’ Comments—We are thankful for the appreciation. We are glad that our review article has been found to be comprehensive.

Excerpts from “Letter to the Editor”—Although authors have covered most aspects of this highly contagious disease, there are some best practices that are not included in this article and we would like to highlight these to make it more comprehensive for the readers.

Mandeep Singh Dhillon, Rajesh Malhotra and Shanmuganathan Rajasekharan are multiple last authors.

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Authors’ Comments—We appreciate any information which adds value and would be useful for the readers. *We have made efforts to be as updated and relevant as possible to the time of writing also keeping in mind the dynamic and evolving nature of the situation.*

Excerpts from “Letter to the Editor”—The authors have provided the ‘Dos’ and ‘Don’ts’ for the orthopaedic surgeons and have rightly emphasized that minimum required members of the surgical team should be present inside the operation theatre. But who should those be needs clarification. We believe that the most efficient person in the team to perform a particular orthopaedic surgery should operate on that patient since he would be quick and least traumatic during the surgery. This surgeon may not be the senior-most and the surgeons above 60 years should be kept in reserve (2), as it is known that these individuals are more likely to

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acquire infection and may not find it comfortable to use PPE for a longer time.

Authors' Comments—We agree with what have been suggested. We have mentioned this in the manuscript in Table 2 as under:

“The surgical team should consist of experienced surgeons and not trainees”

Since experienced people are the ones who are likely to be efficient, what has been suggested may have been covered in the manuscript.

We have mentioned elsewhere “Older people and those with comorbidities like diabetes, hypertension, respiratory/cardiac/kidney diseases are more at risk for severe disease and mortality”. This in itself implies that surgeons above a certain age should preferably avoid exposing themselves and take all precautions.

The authors feel that the manuscript covers this point well.

Excerpts from “Letter to the Editor”—We agree that there is a need for surgical risk stratification. There should be a high threshold to offer surgical procedures during this pandemic, and as far as possible, conservative treatment should be preferred. Several fractures had been managed successfully before the era of open reduction and internal fixation became popular in the last four decades, to the extent that almost all fractures are now considered operable. This crisis has perhaps completed the evolution cycle and we have seen a paradigm shift in revisiting conservative management of various orthopaedic problems and fracture management (3).

Authors' Comments—We agree with what have been suggested. We have covered this in the manuscript in Table 2 under the heading of “Do's during the pandemic for orthopaedic surgeons” as under:

“Conservative treatment should be the first line of treatment except for those with red flag signs”.

We have also reinforced this as one of the principles for the management of orthopaedic diseases during pandemic.

We have further suggested a risk stratification for surgeries during the pandemic and mentioned that surgical management should be planned as per the strategy. Under another head of the manuscript we have reinforced this by mentioning “only life or limb threatening injuries should be taken to surgery”. Since all elective surgeries have been suggested to be withheld during the lockdown, it is assumed that they are to be managed conservatively. The authors feel that the manuscript covers this point well.

Excerpts from “Letter to the Editor”—There is no denial that is pandemic has severely disrupted healthcare globally, but optimistically it also has provided us several positives and learning opportunities. We should now understand the importance of optimizing and rationalizing the resources that are available to us. We agree with the authors that the effective use of remote technologies (4) like telemedicine, virtual means of education and knowledge sharing, and utilization of this ‘golden time’ for research and publication are some of the positives of this pandemic for healthcare providers like ourselves. Research and publications during this pandemic have seen an unprecedented surge (5), globally.

Authors' Comments—We are thankful for the acknowledgement that all the above information has been provided in the manuscript.

Excerpts from “Letter to the Editor”—Each healthcare facility should have a detailed plan, logistics, and infrastructure for resuming the surgical work (6), and it should not be started in haste.

Authors' Comments—The authors agree that there should be a plan for resuming the surgical work and it should not be started in haste. However, we feel that the risk stratification strategy mentioned in the manuscript conveys this message.

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Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

Ethical standard statement This article does not contain any studies with human or animal subjects performed by the any of the authors.

Informed consent For this type of study informed consent is not required.

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