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# Virtual Assessment and Management in Foot and Ankle Surgery During the COVID-19 Pandemic: An Irish Experience



At the time of writing this piece (05/11/2020, 12:31), the current COVID-19 pandemic has claimed the lives of 283,001 people worldwide and has placed an enormous burden on global health care services (1). Governments, policy makers and health care providers continue to acclimatize on a daily basis to this evolving health emergency with shared knowledge and practices being paramount to this collective effort. In this commentary, we briefly outline some of the measures undertaken at our unit to-date in response to COVID-19.

Some of the key aspects to health crisis management are maximizing the use of current available resources and infrastructure, adequate governance and the adoption of emerging methods and technologies that are evidence-based and readily employable (2). Our unit was the first trauma and orthopaedic enter in the Republic of Ireland to introduce a virtual fracture clinic service and caters for a primarily rural population of approximately 400,000 people (3). The idea of virtual patient assessment and management has been introduced by a range of medical and surgical specialties and is associated with excellent patient-reported outcome measures and satisfaction rates (3-6). Although virtualized care may seem at odds with the fundamentals of face-to-face clinical practice, now more than ever, the values of this care model are clearly visible and the expansion of our virtual fracture clinic referral pathway has allowed for a significant reduction in physical clinic attendances thereby safely adhering to the national "lockdown" policy without comprising patient treatment and outcomes. In addition, the use of "Siilo" (Instant messaging medical application) and "Zoom" (video conferencing application) by the unit has assisted in the areas of governance, rapid senior decision-making and timely subspecialty input as well as negating the need for unnecessary staff interactions (7). With regard to post-operative follow-up, recent evidence has lowered the number of x-rays being carried out routinely at the unit with patient symptoms and signs dictating the requirement for imaging (8). Furthermore, patients are now directed to a dedicated unit-designed website ([www.orthotac.ie](http://www.orthotac.ie)) which contains validated post-operative rehabilitation instructions (written and video formats) and we are also currently looking into the concept of remote wound evaluation as a recent study by Gunter et al revealed promising results (9). The authors would also wish to point out that all new measures currently in place are being prospectively assessed and followed up in order to add to any future evidence base.

The COVID-19 pandemic presents a huge challenge to health care systems globally and will continue to do so until a definitive treatment option, be it a vaccine or anti-viral therapy, is found to combat SARS-CoV-2. In the context of overall health care provision, if systems become overwhelmed during an epidemic the direct mortality rate from the disease, in this case COVID-19, in addition to the indirect mortality rate from vaccine-preventable and curable illnesses significantly increases

(10). More specifically with regard to foot and ankle surgery, delayed treatment and management leads to increased complications, poor patient outcomes and low satisfaction rates (11). Therefore, it is vital that health care providers continue to deliver safe and evidence-based services that meet both patient demands and expectations in tandem with the pandemic-specific actions being employed.

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