

Clinic Reopening Post-Coronavirus Disease 2019: Precaution of a Plastic Surgery Clinic in China

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Sir,

The coronavirus disease 2019 (COVID-19) is highly contagious, and over the past several months it has spread rapidly around the world. The main objectives for us due to this outbreak are to control and eliminate the contagious sources, reduce new confirmed cases, and prevent further transmission.¹ As a private clinic, we effectively prevented the further transmission of COVID-19 and balanced the deficits after shutdown, so we would like to offer our experience in precaution when reopening clinics.

The clients of our clinic are those who want to take plastic surgery and treat cosmetic skin disease. When the government announced a lockdown in Wuhan on January 23 due to the outbreak of COVID-19, to prevent the wide spread of virus around the country, the regular spring festival holiday had to be extended for >6 weeks. Our clinic is located in Hangzhou, Southeast China, where there are a large number of internet companies. Therefore, we can easily use online social media as a tool to function and manage our clinic during the shutdown and provide online consultation services for our clients.

The clinic was officially approved to open on February 24 when the epidemic in Hangzhou was under control. At that moment, the situation of the virus outbreak around the world, as well in some parts of China, was still unpredictable. To guarantee the safety of our staff and clients, we conducted a strict infection prevention process in our clinic (Fig. 1).

Apart from the standard prevention procedures described above, considering the anesthesia-related risk and the adequate time needed after operation for proper cleaning and air changing,^{2,3} we developed a staged process to provide reservations for different medical services.

Stage 1: From February 24 to March 1, we only received reservations for consultation, skin care, or injection procedures.

Stage 2: From March 1, we started to do some small surgeries under local anesthesia, such as double eyelid surgery.

Stage 3: Since the virus outbreak situation became better in the whole country and especially in our city, from March 27, we started to open all the surgery reservation options within a limited amount.

As a result, there have been no confirmed or suspected cases of the COVID-19 in our clinic. Among all the patients who tried to make an onsite reservation, we declined 7% of them because they might have had a travel history, had virus contact, or taken public vehicles. The number of onsite consultation also reduced 32.8% compared with that in the same period last year. Although the total number of consultations, including online discussions, increased by 20.7%, optimistically, our average profits per day show a steady growth during the staged process. The average daily profit during the second stage is 17.4% more than that in the first stage, and the profit during the third stage is 34.6% more than that in the second stage.

As for independent clinic owners like us, the priority in this COVID-19 epidemic period is the health and safety of patients and staff. However, balancing the deficit caused by the shutdown and quarantine is also one of our major goals after reopening. Based on our cautious strategy described above, we have temporarily achieved the goal of gradually making profits.

In conclusion, we have shared the precautions taken during the gradual opening process and how we solved the subsequent problems after shutdown. As a Chinese plastic surgery clinic, we surmounted the crisis by mid-April. Therefore, we hope our experience can help more independent clinics to overcome the COVID-19 crisis.

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DISCLOSURE

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REFERENCES

1. Flanagan E, Chopra T, Mody L. Infection prevention in alternative health care settings. *Infect Dis Clin North Am.* 2011;25:271–283.
2. Ong S, Khee TT. Practical considerations in the anaesthetic management of patients during a COVID-19 epidemic. *Anaesthesia.* 2020;75:823–824.
3. Cook TM. Personal protective equipment during the COVID-19 pandemic—a narrative review. *Anaesthesia.* 2020. doi: 10.1111/anae.15071. [Epub ahead of print]

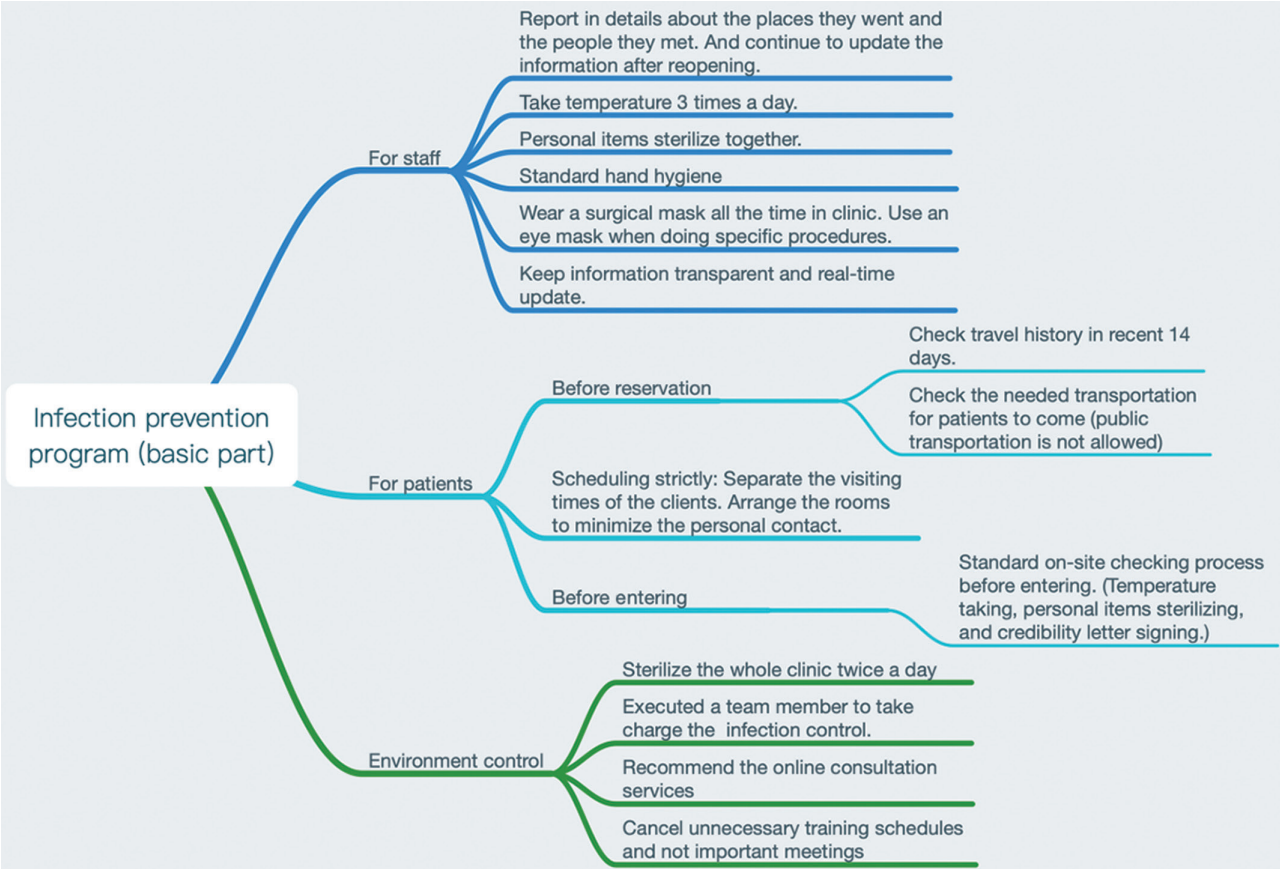


Fig. 1. Infection prevention process during post-COVID-19 period.