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EDITORIAL

The world is upside down; how coronavirus changes the way we care for our patients

Rebecca G Rogers [1] · Steve Swift [2]

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In a week, everything changed. From busy clinics and operating rooms to phone calls and cancellations. For many of us, the change is frustrating because we feel unable to care for our patients and treat their functional problems in the light of a pandemic. Sorting through clinic and operating room schedules to see who should or should not be seen and whether or not a phone call will be sufficient care has moved our normal operating systems completely off track. As the pandemic has spread, it has affected urogynecologists across the globe. Many of us are performing virus screening, staffing obstetrics and spending many hours on the phone, reaching out to our patients. It is likely that these changes will persist for some time. If so, what will we learn from this, and how will it affect our future practice?

The silver lining in all of this is that we will probably learn that a significant portion of what we do can be done remotely. For example, as previously published in the *International Urogynecology Journal*, we know from a randomized trial that postoperative phone visits are not inferior to in-person visits in terms of patient satisfaction, complications and adverse events [1]. Another prospective study showed that scheduled postoperative phone visits reduce the number of patient-initiated calls and < 25% of patients calling needed to be seen in person [2]. Another multicenter randomized trial established that women with overactive bladder can be treated with an anticholinergic after screening with a simple questionnaire without harm and with proved patient benefit and no in-person visit [3].

Social distancing restrictions may also prompt us to move away from "just in case" visits. We all know about these kinds of visits. For example, many surgeons have women return for an examination year after year following their surgery when they do not have symptoms. Some do not provide anticholinergic medication or vaginal estrogen refills when patients have not been for over a year; others ask women to come in person to obtain results of tests rather than giving results through a portal or phone call. Of course, a close relationship with patients offers therapeutic good, but offering care in a way that saves time, energy and money has its advantages [4].

Spending time away from the office is lonely, and it has been important to schedule online video conferencing so that educational and research missions can continue forward and we can learn from each other about how to manage clinical work in this new world. Postponement of our annual meeting was an important right step by our leadership, and we must work to continue to collaborate, network and move the science forward until we can meet again. The pace at which we are adapting is astonishing; today we participated in our first online video conference for an educational session. While not quite the same as an in-person meeting, we were able to share information, offer support to each other and, most importantly, manage our patients.

In conclusion, the virus has significantly changed our immediate medical practice and will likely make some lasting changes to the way we practice urogynecology. While we navigate this uncertain time, we ultimately believe that many of these changes will improve our practice.

Compliance with ethical standards

Conflicts of interest None.

✉ Rebecca G Rogers
Rebecca.rogers@austin.utexas.edu

[1] Department of Women's Health, Dell Medical School, University of Texas, 301 W 38th Street Suite 705, Austin, TX 78705, USA

[2] Medical University of South Carolina, Charleston, SC, USA

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