



## Editorial

# Arthroscopic surgery during the COVID-19 pandemic

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Received : 09 June 2021  
Accepted : 09 June 2021  
Published : 30 June 2021

DOI:  
[10.25259/JASSM\\_23\\_2021](https://doi.org/10.25259/JASSM_23_2021)

**Quick Response Code:**



The COVID-19 pandemic caught the world by surprise in late 2019, and since then, it has been on a rampage across the globe. Several countries have recently experienced its second wave, including India, which are more severe than the first wave which was less intense than the current one.<sup>[1]</sup> The emergence of various mutants or variants of the SARS-COV-2 virus has compounded the problem, as some of these variants of concern such as B.1.1617.2 (delta variant) and B.1.1.7 (alpha variant) are highly transmissible and bypass the natural immunity of the host, and also, the immunity developed by prior infection and vaccination (breakthrough infections).<sup>[2]</sup> Thus, it is causing a widespread and large number of infections, leading to significant morbidity and mortality across the population and disrupting the healthcare infrastructure.

Due to the ongoing COVID-19 pandemic, the delivery of health care to non-COVID patients, including orthopedic and trauma cases, has been suffered significantly across the globe. We noticed a severe impact of the pandemic on all the aspects of the clinical practice of orthopedics and trauma at a large tertiary care hospital in New Delhi. We found that the attendance of outpatients fell by 71.93%, admissions by 59.35, and surgery by 55.78%. Adult trauma surgery was the least affected (42.21%) followed by arthroscopic surgery (49.81%) and its impact was the most severe during the lockdown period.<sup>[3]</sup> In the initial phase of the pandemic, the majority of resources were diverted to deal with the acute health-care emergency and all the non-urgent treatments and surgery were suspended, and once the infections were under control the gradual resumption of surgical work, including arthroscopic surgery was resumed. It was emphasized time and again during these challenging times to ensure the protection and safety of all the health care workers (HCWs), identification of patients with COVID-19, and asymptomatic carriers of SARS-CoV-2, while considering a surgical procedure.<sup>[4]</sup> Several tips to achieve these aforementioned goals were given by Jain and Vaishya,<sup>[5]</sup> by way of minimizing the number of staff in the operating theater, a dedicated surgical team comprising an experienced member, the appointment of a dedicated infection control team, the use of alternate operating team and theaters, etc.<sup>[5]</sup>

The European Society of Sports Traumatology, Knee Surgery and Arthroscopy have suggested that the resumption of elective surgery should be progressive and cautious and the elective surgery should ideally be performed in a COVID-free facility and the hospital stay should be as short as possible. At the slightest suspicion of COVID symptoms, elective surgery should be postponed for a minimum of 8 weeks, until the full recovery. At present, it appears that patients for minimally invasive or arthroscopic surgery may have the lowest risk both for patients and surgeons.<sup>[6]</sup> Goyal *et al.*<sup>[7]</sup> recommended stratification of arthroscopic surgeries based on their need and urgency. They advised undertaking immediately arthroscopic surgery in cases of septic arthritis and a locked knee. A delay of up to 3 weeks was recommended for urgent arthroscopic procedures, as an acute tendon rupture dislodged osteochondritis dissecans (OCD) lesions and anterior cruciate ligament (ACL) and posterior cruciate ligament osseous avulsion fractures,

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acute and severe rotator cuff tears (in young adults), and acute severe acromioclavicular joint dislocations. A delayed or conservative management was advised during the pandemic time for pediatric ACL and shoulder reconstructions, OCD, and ACL ligament injury. Arthroscopic surgery is considered as one of the safest orthopedic surgeries to conduct during the ongoing pandemic. Still, the selection of cases and a due justification to do the surgery must be considered by the surgeon, before embarking on a surgical procedure, in view of keeping the safety for their patients and the HCWs.

We have been able to produce the 4<sup>th</sup> issue of the Journal of Arthroscopic Surgery and Sports Medicine, in just over 1 year, from its inception. The present issue includes some exciting and useful Original Research, Reviews, Case Reports, and Arthroscopic Techniques, which you should enjoy reading these articles.

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**How to cite this article:** Vaishya R. Arthroscopic surgery during the COVID-19 pandemic. *J Arthrosc Surg Sports Med* 2021;2(2):85-6.