Reopening phase in Covid19 pandemic and it's changes for Orthopaedic Surgeons – A German perspective

ABSTRACT

Covid-19 is affecting our societies for more than just one, two or three months, maybe for even longer depending on where we live. In Germany, where I am located we have meanwhile ended the lockdown phase and started reopening. In this Editorial, I will try to describe the different aspects of the changes for an Orthopaedic Surgeon in this second phase of reopening.

As numbers are the main basis for decision-making in this pandemic, I will try to give you a bit of background information on them first. As situations differ depending on the country you live in, you as a reader are probably in a different situation than I am right now, but hopefully you will still get some useful information for your daily routine. Although the numbers have improved a lot, the pandemic is still affecting all aspects of our lives, therefore this editorial is again divided into 4 sections: Role as surgeon, as doctor, as teacher, and as family/society member.

As of a few days ago in Germany elective surgeries are allowed to be performed again. Although processes in the OR are very similar to what we have been used to, outside the OR a lot has changed. Testing and patients, maintaining distance, wearing face masks the entire day and so on is heavily affecting our practice. Patients are still nervous to visit the doctor and enter the Hospital although a lot of them are in great pain and have restricted mobility. Even testing all of them is not diffusing the anxiety completely. Objective information by the media, the politicians and us is important to overcome this anxiety.

The part of interdisciplinary work became a lot smaller in this phase of reopening. Still pathways and regulations need to be developed but now Orthopaedic work is again the centre of our day in the Hospital.

In our role as teacher, we are meanwhile used to all those webinars and digital options of education. However, getting used to it does not mean that we don’t miss dearly the additional value of face to face discussions. We have further experienced that building up professional relationships and networks is not only based on facts but also on social factors. Something that we still miss.

Reopening has improved life in families a lot. Grandchildren can meet their grandparents again and so on. This positive effect cannot be regarded high enough.

Overall, it has to be stated, that all parts of our lives as Orthopaedic Surgeons remain affected by the Covid-19 pandemic. Life became better in a lot of ways; however, it is still a long way back to normal and we need to be patient.

1. Introduction

In the previous editorial I have described the changes in the different parts of life as an Orthopaedic surgeon due to the Covid-19 pandemic from a German perspective. Meanwhile the phase of lockdown has ended in most of the European countries, while some other parts of the world are still heavily affected. The lockdown phase lasted around 2–3 months and the longer it lasted the more challenging it became for everybody, not only from an economic but also from a social point of view. However, reopening of working places (in our case starting elective procedures again) and social life in a responsible, structured way is a lot more challenging. In the lockdown phase all groups of society (in Germany) were convinced that this was the only way to go, now the unity crumbles. Some believe reopening should be done faster and should include all parts of life simultaneously, while others are afraid that every small step of reopening is leading to a second wave and are therefore very reluctant. It is still scientific data that should guide the political decisions in this pandemic and not emotions or fear. Also, the upcoming conspiracy theories on the net and in some parts of society are something that should be rigorously unmasked by facts.

In Germany we have begun to open up our hospitals for elective procedures again, and although I am happy to be back at work, work is not the same as it was before the pandemic. A lot of safety precautions are affecting the daily routine heavily. Outside the Hospital, life is also not the same as it was before although a lot of restrictions have ended. However, all steps of reopening are desperately welcomed and we hope that further steps will help us to return to some semblance of normalcy. Finding the right balance between reopening and safety is the duty we all as doctors, family- and society members will have over the next months before a vaccine will be available in order to prevent or at least minimize the second wave of the pandemic.

1.1. Background

This editorial is written in the second half of May, beginning of June. The numbers in Europe, except UK and Russia have decreased a lot. In Germany for example over the last twenty consecutive days, less than 1000 (around 0.2–0.5%) new infections and less than 100 deaths per day
have been reported, leading to an r-factor ranging constantly below 1. The doubling time has increased from single digit numbers in mid of March to numbers around 200–500 days now. Simultaneously, the numbers of active Covid-19 positive patients decreased from around 70,000 (at the beginning of April) to less than 6000 now. All those positive developments allowed for politicians to reopen social life step by step. Each country in Europe decided about speed and sequence of reopening on its own. While countries with low numbers, such as Austria reopened earlier, the more heavily affected countries such as Spain and Italy started a bit later. From beginning to mid of June, the borders between EU and Schengen countries will be opened and entering a country is allowed without having to go into quarantine anymore. However, even if the borders are open, and summer holidays in foreign countries will become possible, the holidays will be completely different to what we have been used to in previous decades.

Even within Germany not every state opened the same way as the rules depend on local numbers. In Bavaria, in a first phase, all industrial companies started the production process again, small shops (\(<\)800 m\(^2\)) were opened. School started the opening process only for a few classes. One-week later hairdressers and larger shopping centres were opened. Restaurants and hotels followed at the end of May/beginning of June. Fitness and beauty centres are the last to open. The 7-day incidence is monitored for each county continuously, and if it exceeds 50, reopening will be stopped and local restrictions started. So far only in a few counties the number of 50 was exceeded, reason for that was always a locally limited problem (i.e. nursing home, slaughterhouse, e.g.). As a consequence, a strict quarantine for the affected unit was initiated. This was sufficient, and therefore closing the entire county was not necessary, so far.

Opening the society cannot be done without precautions. Distancing of 1.5 m and wearing face masks in public places are obvious alterations that are applied all over the world. A tracing App can be part of a security system and is already implemented in some countries. In Germany participation is voluntary. Although everybody knows that its value depends a lot on the amount of people participating, so far only around 50% of the population is willing to participate. The fear of data safety and loss of privacy is preventing higher rates.

1.2. Role as Orthopaedic Surgeon

In Germany performing elective surgery was allowed again around mid of May; however, strict regulations still lead to relevant changes. The Ministry of Health implemented guidelines to assure patient and staff safety. Furthermore, they defined that 15–25% of beds on regular wards and 25% of beds on ICUs still have to be kept vacant for a potential sudden increase in Covid-19 patients (second wave).

Beside this major change in organisation, a lot of further alterations in our daily routine have been introduced. For example, every elective patient now has to be tested for Covid-19 around 2–3 days before entering the Hospital. In the time between testing and entering the Hospital, patients are advised to stay home in quarantine. Additionally, all emergency patients are tested at the time of entering the Hospital. Before their test result is available those patients are placed in separate quarantine wards or if emergency surgery needs to be done they are placed in the reserved Covid-19 ICU beds. If the test result is negative, they are transferred to the “normal” wards, otherwise they are transferred to Covid-19 units. All patient rooms are used as single occupancy. However, due to the increasing number of patients in the post-Corona phase and limited room capacity with the above mentioned regimen the process of further cutting down hospital stay will be advanced.

Opening up hospitals again also means opening them to the public especially for visitors. At the moment, this means only 1 visitor for 60 minutes a day is allowed for each patient with a further restriction that the visiting person has to be the same for the entire hospital stay. All visitor names and addresses are documented so they can easily be traced in case of an infection. So far, in our Hospital no patient was tested positive, however, if so, the entire treatment team will get tested too, even if they are not symptomatic. So far in Germany, the staff members are not routinely tested (e.g. every week), however a lot of hospitals are performing antibody tests on staff members in order to get an idea about the percentage of Covid-19 infections in personnel. Interestingly, the percentage is relatively low (2–5%) even in units treating Covid-19 patients, like ICUs or quarantine wards.

Before the Covid-19 pandemic started and lockdown was initiated we had a waiting list for patients needing arthroplasty of around 6–8 weeks in my hospital. During lockdown all patients either cancelled themselves or were cancelled by the hospital. Now after reopening, some patients on the prior waiting list are back and ready to get their surgery done as soon as possible. However, this is only around 50% of the original number. The other 50% of patients are still reluctant to get surgery done. Different reasons for that exist. Reason number one is insecurity about the processes at the hospital and fear of infection. Therefore, a continuous communication with those patients is required in order to build up trust and to address and answer their questions. This can be done by using traditional consultations but also by introducing digital technology, such as apps or online consultation. With the help of such apps patients get regular information on typical questions regarding Covid-19 or their surgery. If additional information is needed telephone hotlines operated by care teams can help. In general, information based on data and not emotions are key to guide the patients. However, even with all these activities the number of procedures until the end of this year will probably remain 10–20% below those of last year. Due to that a lot of hospitals will face economic problems and the chance of insolvency is high, especially in institutions that already had problems prior to the pandemic. During the pandemic German politicians learned to value the large number of ICU beds and the well working infrastructure of our health care system that ultimately saved a lot of lives. Due to that in this post-Corona phase (or at least post first-wave-phase) financial compensation packages for hospitals are in place and hopefully will be adapted based on the economic development in the up-coming months.

1.3. Role as a medical doctor

Although elective surgery has started again and patient numbers on wards and in the OR have gone up, interdisciplinary meetings for organizing the hospital in this phase of reopening are still needed and take place regularly. Hospital protocols, defining the different Covid-19 areas (testing area, quarantine area and Covid-19 - positive area) on the wards, including staff organisation are implemented. Protocols on patient testing and patient visiting procedures are published. So, there is still a lot of non-Orthopaedic work to be done in this phase, however, the percentage decreased enormously compared to the lockdown phase.

1.4. Role as a teacher

As mentioned in the previous editorial, education and teaching have also changed dramatically due to the pandemic. All conferences, independent of size, have been cancelled worldwide and even in the phase of reopening it is not clear when this kind of education will be possible again. Meanwhile, we are used to digital communication, its strength and weakness more evident now. In times of social distancing this was and still is the only option for education and communication in larger groups. Webinars became the standard, organised from different scientific societies or companies. Although the quality is mostly high and comparable to classic conferences the amount of interaction and spontaneous comments is limited.

Because we miss the social part of conferences with the possibility of face to face interaction, I think that classic conference formats will not be fully replaced by digital versions in the future. But we will have to start with smaller gatherings in larger halls.
1.5. **Role in the society**

The most important advantage of reopening is the possibility for family members to reunite. After 2 months of lockdown reunions of grandchildren and their grandparents are allowed and highly appreciated. Meeting friends, at least in small groups and adhering to distancing is a huge step towards normality. However, social contact is not back to normal and therefore some people complain.

Another important aspect is gradual opening of schools and kindergartens. Not all kids are allowed to return at the same time. In Germany everything started with final year students. Week by week another group of students is allowed to return, however size of classes is restricted to 15 max, distance between desks is increased and recesses are strictly organised. Due to space restrictions, it is not possible to bring all kids back at the same time, so digital teaching in the days/weeks in between will continue.

At the end, please allow me one small comment on our role as academics in society in this Covid-19 pandemic. As scientifically educated people, we are used to understand numbers. This helps a lot to minimize confusion in this pandemic. Many people in different societies all over the world are completely swamped by this situation. For those society members emotions especially fear are their guides, as a product of those fears a lot of strange ideas and theories emerge. Our duty is to keep the communication with all society members open and to try and explain the sometimes confusing numbers floating around. Of course, politicians are now back in the lead again, and luckily in most of the countries the decisions on reopening are based on scientific numbers. If people in charge lead their countries choosing to ignore those parameters a chaotic guidance through the pandemic is the result. The most devastating fact is that this political style will cost thousands of lives and millions of jobs.

I want to end with words of our chancellor from last week: “we are still at the beginning of the pandemic. We had a good start but it is long way to go”. For this long journey, let me wish us all the strength and good health until hopefully a vaccine will end this challenge.

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