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Orthopaedic Considerations Following COVID-19

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## COVID 19 infection to Orthopaedic Surgeons

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Dear Editor

We read the article "Orthopaedic Considerations Following COVID-19. Lessons from the 2003 SARS Outbreak" with huge interest. (1) It is reported that COVID-19 transmission can happen in 25% of the Orthopaedic surgeons involved in the patient's care.(2) Recently Jerome et al (3) had surveyed 100 Orthopaedics surgeons from 50 countries where 1% of the surgeon who was actually in the study was receiving treatment for COVID 19. Also, 20.8% transmissions of COVID-19 occurred to their family members, which always make the Orthopaedic surgeons feel panicked, depressed, and worried. Further in the study, fifty-nine percent of the surgeons feared to get infected and 28% considered them vulnerable to infection because of comorbid conditions such as Diabetes, Hypertension, Renal problems, Respiratory problems, and immunosuppressive drugs.

The participating Orthopaedics surgeons who worked with the COVID 19 patients took self-quarantined in a separate room/part of the home, for 14 days, facing all the odds and obstacles and sacrificing for their loved ones. Jerome et al (3) had the following recommendations for Orthopedic surgeons

- In the case of COVID-19 positive, isolation of Orthopaedic surgeons needs self-quarantine and avoid close contact with family members for 2 weeks.
- They can be released when there are complete resolutions of symptoms (temperature returns to normal for more than 3 days, respiratory symptoms are significantly relieved) RT PCR and antibody test is negative on two consecutive occasions (sampling interval ??24 hours).

The study had limited evidence (Level V) but 94% of the participating Orthopaedics surgeons agreed to the recommendations forming a super majority and strong consensus

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