



# MALAYSIAN ORTHOPAEDIC ASSOCIATION

## PERSATUAN ORTOPEDIK MALAYSIA

Dear Members,

As our work, wellness and safety are greatly threatened by the current Covid-19 pandemic which is sweeping and ravaging through every corner of the world like a tsunami, we as orthopaedic surgeons in Malaysia must do everything possible to keep ourselves, our fellow healthcare workforce and citizens safe and free from the disease.

On 25<sup>th</sup> March 2020, the 5<sup>th</sup> Edition Ministry Of Health Guidelines For Covid-19 Management in Malaysia was released. I urge you to read it carefully and pay specific attention to the part concerning surgical practices (page 140-143) and management guideline for workplaces (page 158-163).

Prof. Dr. April Camilla Roslani, President of College Of Surgeons Malaysia sent out an open letter to all its members yesterday where many advisory measures and common principles for surgeons were mentioned. I urge you to read it carefully as well.

Irregardless of the subspecialty of your practice or whether you are a government or private orthopaedic surgeon, I strongly advise you to:

- Read thoroughly and understand the virus and how it spreads, signs and symptoms, screening and isolation criteria and protocols, treatment choices, SOPs of various clinical encounters and effective preventive measures
- Seek and act on national and local guidelines. Avoid setting your own rules.
- Engage with management and form your local "Orthopaedic Covid-19 Team" if possible in your respective hospitals and work together to ensure a safe working environment for all
- Draw up your management pathways based on your logistics and resources to avoid being caught unprepared, which can lead to disastrous outcomes
- Identify and assign a fully equipped dedicated operating theatre for Covid-19 patients, ideally one with negative air pressure or one that will minimize OT contamination and staff exposure
- Make contingency plans to ensure continuous adequate supply of Personal Protective Equipment (PPEs) like N95 masks, goggles providing full coverage eye protection, face shields, operating boots and if available covers, gloves, aprons, gowns and Powered Air-Purifying Respirators (PAPRs) (if available).
- Communicate effectively with hospital management, emergency department, clinic, ward and operating theatre management teams, anaesthetists, nurses, medical assistants and other supporting staffs to ensure common understandings,



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compliance and smooth executions and uniform practices. Your usual work processes may no longer apply in the face of the pandemic

- Make sure you and your team members are familiarized in handling and use of PPEs (especially the sequence of both donning and doffing, following CDC recommendations or local hospital's Infectious Disease Protocols) and prepare a checklist to ensure correct application and removal of the various protective equipment

In the face of widespread disease, we have to assume all patients are potential contacts and take adequate protections. Members are advised to wear surgical masks for all patient encounters and adhere to strict hand hygiene practices while maintaining social distancing at work at all time. It is advised that non-urgent clinic patients be postponed and the elective component of our work be curtailed. As for the non-elective cases, which are mostly trauma or infection related and patients with aggressive malignant tumors will continue to need care. It is advisable to explore and consider non-operative treatment methods if acceptable and avoid hospital admission for some trauma cases.

Pre-operative screening of patients are advisable but in dire emergency, full protective measures must be taken. Number of staff in the operating theatre for suspected/confirmed Covid-19 cases should be kept minimum. Under no circumstances should a staff enter the operating theatre without properly applied PPE. Intubation of patient is considered an Aerosol Generating Procedure (AGP) and standard contact and airborne procedure protocols need to be adhered to strictly. Surgeons should not be in the operating theatre for intubation unless concurrent management of bleeding etc. requires their presence. In addition, surgery should be done by experienced surgeon to shorten surgery time and regional anaesthesia should be preferred over general anaesthesia whenever possible. It is advised to set electrocautery at low setting, avoid long dissection and use of harmonic or ultrasonic scalpels for dissections. Specific handling and cleaning of surgical instruments, clinical waste disposals and OT disinfection must also be strictly followed. Effective communication and transparency reduces anxiety, minimizing misinformation and confusion. Protection of the health care workers, surgeons, anaesthetists and all supporting staffs must not be compromised at all time.

It can be very stressful for health care workers working in a time of pandemic outbreak. Their needs, physical and mental health and well-being must not be overlooked and ignored. We must support each other and share the work load. I would like to thank our private healthcare providers for helping out in the management of non Covid-19 patients transferred from Ministry Of Health facilities in this challenging time.



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May God protect us and our loved ones and grant us bravery and strength to pull through this difficult time.

Stay safe everybody and be kind to each other.

**Dr Chye Ping Ching**

**President**

**Malaysian Orthopaedic Association**

### References :

*Consensus statement: Safe Airway Society principles of airway management and tracheal intubation specific to the COVID-19 adult patient group.* Medical Journal of Australia. Published online March 16<sup>th</sup>2020.

*Michigan Surgery Recommendations updated March 20<sup>th</sup>2020*

Minimally invasive surgery and the novel coronavirus outbreak: lessons learned in China and Italy.

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