

Editorial

Orthopaedic service during pandemic: one year after the first reported case of covid-19 in Indonesia

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The first covid-19 infection case in Indonesia was reported in early March 2020 [1]. Since then, all aspects of medical services ranging from primary care to advanced surgical service have been affected. Several health care centers in Indonesia have reported the change in orthopaedic service during the first year of the Covid-19 pandemic. Rhatomy *et al.* reported a significant decrease in outpatients and surgical services in two tertiary general-referral hospitals during the first three months of the pandemic [2]. Similar findings were also reported by Santoso *et al.* which reported the change of hip and knee arthroplasty surgical service during the first nine-month period of the Covid-19 pandemic in a special orthopaedic hospital. A significant decrease in surgery was also found during the first three months period.

The response of hospitals or health care centers to the Covid-19 pandemic can be different depending on each hospital's type, whether the hospital is a general or a special orthopedic/surgery hospital, whether the hospital is a referral hospital, or whether the hospital is caring for covid-19 cases. Furthermore, the ownership of the hospital, government or private sector, also has some effects. Of course, a referral hospital for covid-19 infection will decrease or even stop all of their orthopaedic services as they are concerned with managing covid-19 infection cases. However, orthopaedic services can still be performed for some cases in some other hospitals. Although elective surgical service during pandemic has been reported not to increase the covid-19 infection cases [4], the Indonesian Orthopaedic Association (IOA) promoted to stop all types of elective surgery. IOA recommended only to provide emergency trauma service during the Covid-19 pandemic. Several centers in Indonesia reported the experience of providing emergent surgical service during Covid-19 pandemic. Kamal *et al.* concluded that emergency orthopaedic surgical service

during the Covid-19 pandemic did not increase covid-19 infection [5]. Sakti *et al.* had also safely performed emergent spine surgical service up to eleven cases during the first ten months of the Covid-19 pandemic [6]. Some recommendations in managing surgical patients with covid-19 infection also have been proposed [7]. After all these facts, one question comes to mind. After one year of experience in pandemics, are we ready to resume elective orthopaedic surgical service?

The risk of the second-wave

We need to learn from India. The SARS-CoV-2 B.1.617.2 (delta) variant was firstly detected in India in December 2020 [8]. Unfortunately, In January 2021, many Indians thought that the COVID-19 pandemic had been controlled. Later, the situation turns to the worst. India experienced a surge in cases of coronavirus disease 2019 (Covid-19) since March 2021[9]. A surveillance study of the Southeast Asian countries showed that Indonesia was a high-risk country with enormous new caseloads [10]. What if the delta variant spread to Indonesia? Indeed we do not want Indonesia to have a similar situation to India. One thing that we need to do is increasing the hospital preparedness for the worst-case scenario.

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