

## Why Surgeons Should Continuously Revise their Basic Medical Knowledge and be Always Medically Updated

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Recently, there has been a significant change in our clinical and surgical practice in order to safely cope with the new COVID-19 pandemic. Many new hospital protocols have been implemented and continuously updated in order to avoid added morbidities and complications from catching COVID-19 infection by non-COVID-19 patients. This includes all patients undergoing different treatments, whether they were inpatient or outpatient, for other unrelated surgical or medical conditions, acute or chronic. Surgeons and physicians should be quite competent in managing high risk patients undergoing complex surgery [1]. The same principles used in managing these complex patients can be used in managing medical patients presenting with severe respiratory symptoms and multiple organ dysfunction like COVID-19 patients..

Most physicians at this point in history, must have come across at least one COVID-19 positive patient whether the patient was a relative, a friend or a non-relative patient. Almost all patients with mild or moderate COVID-19 infection could be nursed at home. But this medical care would need thorough follow up by a physician who is medically fit and quite familiar and well updated with COVID-19 infection and its potential complications. Rarely, COVID-19 infection can present with severe atypical symptoms and multiple organ dysfunction probably secondary to severe disseminated intravascular coagulation cascade (DIC) [2]. These patients should be treated by specialist physicians as inpatients.

Many countries do not have efficient general practitioner practice or proper home medical service and follow up. For this reason, I have found myself looking after many of my surgical patients, friends and relatives who are COVID-10 positive. These patients contacted me to get medical advice on how to treat their covid-19

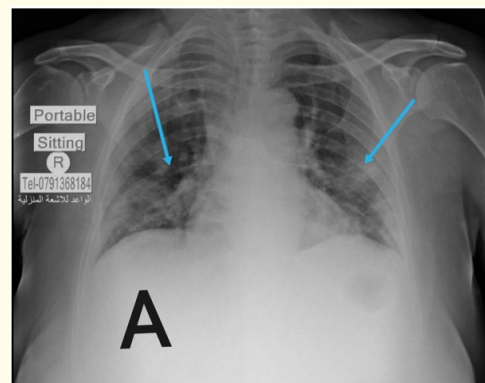
infection at home. None of them had any surgical problems that needed urgent surgical interventions. They were only complaining of COVID-19 symptoms. I started to revise my medical knowledge especially respiratory medicine in addition to continuously read about the recent studies guidelines and recommendations regarding COVID-19 infection and treatment.

There has been an acute surge in the number of COVID-19 patients in my country in the last couple of months. Many patients are continuously contacting my service asking for advice on treating their COVID-19 infection. Most of these patients had mild or moderate symptoms apart from 3 patients who had severe signs and symptoms especially fever, rigors, severe headache, severe lethargy and severe shortness of breath (SOB). Two patients who had severe SOB were also monitored with home oximeters. Their oxygen

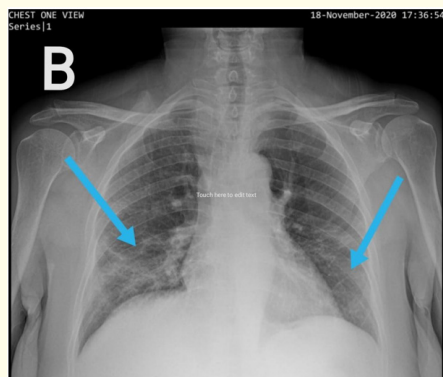
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**Figure A:** Portable home chest X-ray of a 65-year old female showing bilateral lower zone opacities (consolidation).



**Figure B:** A Repeat chest X-ray 2 weeks later of the same patient showing resolution of the bilateral consolidations.

saturations were ranging between 70 to 80 %. They were immediately managed with home oxygen. These patients were successfully treated at home with analgesics, prednisolone, home oxygen and oral antibiotics. One patient had a portable home Chest X-ray done and showed severe lung infiltration bi-basally consistent with bilateral pneumonia (Figure A). A repeat chest X-ray 2 weeks later showed resolution of this infiltration (Figure B). All of my patients were successfully managed at home and none of my patients needed to be admitted to hospital for COVID-19 related complications.

In conclusion, all surgeons, physicians and gastroenterologists should be well updated with the latest COVID-19 treatment guidelines and recommendations. Most patients with COVID-19 infection can be managed at home with close and intensive medical follow up by well-trained physicians and probably surgeon.

### Bibliography

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