



Gastroenterology Clinic and Related Challenges in Covid Era-Mini Review Article

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Abstract

The COVID-19 pandemic had profound effect on the healthcare dynamics and operational activities. This also involved the much important department of Gastroenterology care. Adapting safe distancing measures for outdoor patient care, such as modification of waiting areas to create safe distancing between patients, reduction of crowding in closed areas, managing judiciously the waiting times and motivating patients to wait outside premises of the hospital or clinic wherever feasible. Most effective tool can be the telemedicine consultations made by video phone calls.

The aim of this review was to delve into this important aspect in the current literature on both the direct repercussions of catching COVID-19 on the delivery of quality services in Gastroenterology clinics during the restrictions of pandemic.

Keywords: COVID-19; Gastroenterology Care; Pandemic; Telemedicine

Introduction

COVID-19 emanated at the start from Wuhan, China in late winter of 2019 [1-2]. It then expanded across the world at an unprecedented speed. Millions of people were affected directly and indirectly [2-3]. It has affected all quarters of life and all ages of population [3-5]. The COVID-19 pandemic had profound effect on the healthcare dynamics and operational activities. This also involved the much important department of Gastroenterology care.

Keeping in view the danger of spread during the pandemic time, physical distancing has become a key step implemented across many countries across the globe in order to decelerate dissemination of SARS-CoV-2. This measure aimed at prevention of increasing SARS-CoV-2 infections in the general population as well as minimizing the perils for the healthcare workers in terms of over work and preventable over exposure to patients. These considerations created need for adapting safe distancing measures for outdoor

patient care, such as modification of waiting areas to create safe distancing between patients, reduction of crowding in closed areas, managing judiciously the waiting times and motivating patients to wait outside premises of the hospital or clinic wherever feasible. Most effective tool was the telemedicine consultations made by video phone calls [2-5].

The aim of this review was to delve into this important aspect in the current literature on both the direct repercussions of catching COVID-19 on the delivery of quality services in Gastroenterology clinics during the restrictions of pandemic.

Methods

We did search on PubMed, Medline database publications using: COVID-19, Gastroenterology, pandemic; and telemedicine clinic. The publications included were special communications, reviews, conferences papers, books and research studies regarding the subject matter over last 30 months.

Discussion

A person infected with COVID-19 manifests milder symptoms similar to common cold-like illness, on the other hand, moderate to severe symptoms may culminate in acute respiratory distress syndrome that might be fatal [3-6]. Various strategies have been implemented to avert exposure to the virus. These safety measures comprised of repeated hand washing using soap or an alcohol-based hand sanitizer, avoiding touching unwashed hands to the mouth, nose and eyes [4-7]. Other preventive step included safe cough etiquette and general respiratory hygiene, maintaining social distancing and avoidance of crowded places.

As far as gastroenterology clinic is concerned in the context of the COVID pandemic, evidence had emerged that regarding the potential transmission of this infection via droplets and probably faecal shedding [4-8]. Therefore, thus upper and lower gastrointestinal endoscopy procedures are not risk free.

In the context of the pandemic, few guidelines to run gastroenterology services have been developed such as rescheduling of elective endoscopic procedures. It should be made compulsory for the persons or patients coming to gastroenterology outdoor clinic to wear face mask at all times within the premises of the hospital and clinic. The arrangements of chairs and sitting plan in the gas-

troenterology outdoor clinic should be in a way to maintain the essential social/physical distancing requirements by all patients (approximately 2 meters). Personal protective equipment (PPE) must be used by healthcare workers in the outdoor clinic area [5-9].

It is vital to put on priority procedures needed for evaluation of gastrointestinal cancers, prosthetic removals and evaluation of severe symptoms. More importantly, it is vital to do pre-procedure screening for all patients undergoing such diagnostic procedures in hospitals. Other screening tools include symptoms questionnaire to point out suspected COVID-19 patients, checking of the body temperature of such patients should also be used as an adjunct to the screening process. Apart from all these measures, it is important on the part of the health care workers to be well acquainted with proper knowledge and training for proper use of the PPEs. Appropriate use of personal protective equipment (PPE) must be followed by all staff members of the endoscopy suite. These include face shields, gloves, mask, eye shield/goggles, and gown. Additionally, standard steps of disinfection and reprocessing of procedure equipment (endoscopes and related accessories) must be strictly adhered to [6-10].

Indoor patients should also be handled with care, maintaining proper social distancing measures, use of PPE by nurses and doctors. In case of confirmed COVID-19 positive patients, or patients suspected of being infected with COVID-19 (awaiting laboratory test results), proper isolation precautions should be adhered to [8-12].

It is essential on part of the hospitals to maintain a dedicated phone line for follow-up of the patients. Virtual consultation and follow ups should be encouraged to prevent overcrowding in closed spaces of the outdoor clinics. As it is a strain on the nerves of the healthcare staff, therefore, Staff training and psychological support during this era is of utmost importance to keep a safe environment for continuity of the healthcare services [15-16].

There are few challenges in gastroenterology clinic such as queries and fears of patients taking immunosuppressive drugs for different conditions. Hence, patients on immunosuppressive drugs for ailments such as inflammatory bowel disease (IBD) or autoimmune hepatitis, should be counselled and encouraged to keep taking their medications. It is because of the fact that chances of these ailments flare ups outweigh the risks of COVID-19 infection. Such patients should be counselled regarding the safety guidelines for

prevention of viral transmission by avoiding crowds and unnecessary travel [11-16].

Limiting the referrals from peripheral health care units can be accomplished by good collaboration with the primary care physicians. Phone calls, video calls for virtual consultations with gastroenterologists at the tertiary care hospitals can minimize the overcrowding of the outdoor patients load. It helps in reduction of face-to-face contacts for patients at risk of a more severe course of infection. Technical solutions are available to enable remote physician-patient interactions. Chronic viral hepatitis does not seem to increase the risk of a severe course of COVID-19. Use telemedicine in collaboration with utilization of local laboratory testing facilities can help alleviate the pressure on the tertiary care centers. Patients suffering from non-alcoholic fatty liver disease (NAFLD) or steatohepatitis (NASH) may also have other metabolic conditions such as, obesity, hypertension, and diabetes putting them at increased risk of a severe course of COVID-19 [13-17].

With adaptation of range of safety measures, including the safe distancing seating arrangements in outdoor clinics, early establishment of COVID pathways, utilization of telemedicine clinic for less urgent and less severe cases of gastroenterology ailments, prioritization of endoscopic procedures according to the urgency of the disease, effective utilization of the PPE are some of the vital measures to safely run the gastroenterology services during COVID-19 pandemic [15-17].

Conclusion

Effective screening strategies for COVID-19 suspected cases and judicious assessment of harm due to delayed procedures is essential part of running gastroenterology clinic during the COVID-19 pandemic. Proper utilization of telemedicine clinic for follow up cases and optimal use of the PPE are some of the pivotal safety steps required to run the gastroenterology services during COVID-19 pandemic.

Conflicts of Interest

None.

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