

EC GASTROENTEROLOGY AND DIGESTIVE SYSTEM Editorial

Is it Difficult to Teach and Practice Surgery in these Times??

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Once again this Pandemic unleashed between the end of 2019 and the beginning of 2020 surprises us again; a new strain, called Omicron and initially originating in Africa, once again moves among the inhabitants at will, with a superlative power of contagion. And then everything starts again... the positive tests, the isolation, the more or less serious symptoms, the hospitalizations and the lack of beds for this and to solve other chronic pathologies that are still present, because they always were, but once more are relegated at the expense of demand, of the need for hospital beds for Covid patients...

Within these aforementioned pathologies, the surgical or surgical resolution ones take the worst part... so... it is difficult to teach and practice surgery in these times?? I would say in principle that yes... let's see why...

In the first place, the same actors, that is, Staff Physicians and Resident Physicians, are affected by the infection or re-infection from this new strain with the consequent isolation, rest and absence from their jobs; secondly, the lower availability of beds to hospitalize, study or operate patients with chronic surgical pathology given the demand for beds for Covid patients... thirdly, the physical and mental exhaustion triggered by this Pandemic, which also affects the staff spirit, with obvious signs of discouragement and frustration.

Faced with this scenario... what to do then?? Let's see...

It is essential not to get infected or at least reduce the chances of contagion in order to maintain presence and work capacity; however, this can be difficult to accomplish and I say this from my own experience... try to study and prepare outpatients in such a way that they are hospitalized the same day of surgery, reducing unnecessary bed days; try to develop an ambulatory surgery program if it is not yet carried out with the same objective; and fundamentally keep the Service staff cohesive and with a lot of encouragement... the latter, in my modest opinion, is the most important and also the most difficult because it has to do with the mentality of each one of the members; and we all know that each person is different from the other... so there must lie the capacity of the Head of Service, supported by the Plant doctors, in keeping alive the interest in learning and practicing surgery, carrying out, among other things, weekly virtual scientific meetings, monthly morbidity and mortality conferences in the same modality; encourage "online" participation in at least some of the many courses, conferences, workshops, etc. that are permanently offered and that can be filtered first and suggested later by the Service Head himself or by whomever he designates; record the daily casuistry of the Service in order to have clear and reliable material for the subsequent preparation of statistics and scientific work, stimulate activity in the "endotrainer" so that residents stay in shape... encourage reading Individual pathology and surgical techniques and the subsequent comment comparing with the own experience of Staff doctors...

Perhaps several will tell me that I am not discovering anything by saying this and that they are activities common to each Service... I will only tell them that it is essential to stimulate and control that these activities are carried out in such a way as to keep them busy and in good spirits to the Residents, "learning" and "practicing" surgery from another side but without that unpleasant feeling that "time passes and we don't do anything positive because there is a pandemic"... continue forward evolving and stick together... that should be the slogan...

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