Light at the end of the tunnel

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It is not hard to list some of the profound effects COVID-19 has had on the specialty of plastic surgery. World-wide many of our colleagues have suffered serious illness and many have died. Even in countries like Australia and New Zealand, relatively spared from the ravages of the disease, we have all had significant disruptions to our lives and practices.

Limitations on elective surgery during lockdown, reduced rates of screening for breast cancer and melanoma (Figure 1),1 consulting with masks—all affect our ability to provide a safe and effective service for our patients. Eminent plastic surgeons choosing to take early retirement is a great loss of institutional memory. Opportunistic governments and administrators taking advantage and using COVID-19 as an excuse to push through ‘urgent’ changes challenge our ability to provide a safe and effective service.

Our surgical trainees have had reduced elective case exposure and disruption of normal rotations between hospitals and examinations. Overseas
fellowship opportunities are, currently, a thing of the past.
Conferences have all but shut down and we’ve noticed the incalculable loss of the ‘corridor chat’ that provides the cross-pollination of ideas that just doesn’t seem to happen over Zoom. Many of the national societies get significant revenue from their yearly conferences. The loss of this revenue, and thus advocacy, may turn out to have profound longer-term effects on our specialty.

Our specialty has always had a deep and wonderful association with surgical philanthropy. In this part of the world Interplast, Operation Smile, Rafiki, Operation Rainbow, Mercy Ships and more recent Australasian Foundation for Plastic Surgery missions into remote Aboriginal communities play a big part in the lives of many plastic surgeons and impact greatly on the communities they service. These organisations have suffered immensely with ‘hands on’ missions completely shut down and revenue streams butchered. It remains to be seen how soon a vaccinated world can rebound but airlines, and travel insurance, may never be the same. It will take many years to catch-up with the cases not currently being operated on.

It is hard to find many upsides to the pandemic apart from the impending vaccines and light at the end of the tunnel. What if anything will we take forward from this?

Globally the immense mobilisation of resources and collaboration between governments and pharmaceutical companies has paid off years before similar vaccines have been developed for other diseases. Like the space program, the scientific spin-offs from this may yet help in the fight against many other viruses, and in the critical care management of other diseases.

The reduction in cheap cosmetic surgical tourism may be only temporary. Equally, people’s focus on health and their healthcare system may provide a more lasting interest, and hopefully less disasters, returning from overseas for us to clean up.

It is apparent that many plastic surgeons have been critically looking at their work-life balance and case-mix, aiming for a more diverse practice.

A practice with mixed aesthetic and reconstructive cases, seems a little more future-proof at this stage. Hopefully this will last.

Telehealth was imposed as a necessity. If streamlined it may well become a permanent part of our practices, particularly in the larger states with vast travel distances. It certainly can replace a lot of follow-up consultations.\(^2,3\)

Overall, we’ve all had to take a greater interest in personal protective equipment and infection control, and this will certainly be a lasting legacy we take forward which can only be beneficial for our patients in years to come, even after we’ve beaten this pandemic.

Hopefully our readers will all be vaccinated soon. We can then start to see that light at the end of the tunnel.

References

