



## Out of Adversity Comes Opportunity

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The pandemic amongst other things good and bad had led to some innovation which would not have been possible in normal times or expedited process way faster and better than predicted. Benjamin Franklin once stated that Out of Adversity Comes Opportunity.

I think there's probably a new normal, and I think that new normal includes both good things and bad things

It affects from the healthcare, retail, manufacturing, and banking industries, Insurances, accountants and lawyers.

Remote working has become a norm it developed at an exponential rate and we live in a world which now works smarter not harder

Supervisors in all the participating industries tend to have employees working at some distance (e.g., on the other side of a superstore or at a bank branch across town). Because these entry-level employees may need frequent direction, their supervisors of-

ten waste valuable time tracking them down to communicate with them. When frontline workers have Teams-enabled devices, those connections can be instantaneous.

Healthcare providers attend team meetings where participation has a direct impact on patient outcomes. With Teams, we get full participation and save attendees up to 30 minutes travelling to the meeting room.

Virtual follow up clinic was always there in GP practices however the pandemic was responsible for its exceptional usefulness to Tertiary care.

Temporary field hospitals and private sector facilities and COVID-19 free surgical hubs were set up Due to evolving circumstances surgeons did adopt new guidelines to provide surgical care within their specialties to reduce elective work overload We restarted non-emergency elective orthopaedic cases after making sure that procedures will be done in a safe manner. These practices help the trust to remerge from this crisis.



**Figure 1**

We also have relocated our local anaesthetic procedures to the GP service minor Surgery. Infrastructure for green pathways/Local anaesthesia was developed locally. SOP was formulated and questionnaire was developed.

Initially all injections were transferred to this facility than carpal tunnel release were added and finally ultrasound guided injections

were carried out in place of x-ray guided injections. We used PRP instead of steroid were indicated and did use some steroids in guidance with Protocols. We did over 300 injections predominantly us guided shoulder injections and over 80 carpal tunnel releases to create capacity for planned surgery.

By restructuring our service and utilising primary care facilities we have created capacity of 205 hours. This was equal to 150 joint arthroplasties.

Due to senior author experience and practice the Ultrasound assessment were also transferred from radiology department to the practice creating capacity for the radiology department.

As there was limitation for capacity, we also moved arthroscopies to needle office-based arthroscopy which would not have been possible in any other time.

There was also a one stop clinic where patient was seen, assessed diagnosed with portable ultrasound injected if required and local anaesthetic procedures including biologics were used.

A new normal was established that disrupt the past paradigms of surgical practice and reduce waiting list.

It made a pandemic for us to develop such pathway. Benjamin Franklin once stated that Out of Adversity Comes Opportunity.



Figure 2