



Virtual Adaptation in Corona Pandemic in Neurosurgical Practice

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The coronavirus disease 2019 (COVID-19) pandemic, which was caused by a novel coronavirus (severe acute respiratory syndrome coronavirus 2), has threatened human civilization. This pandemic has imposed a significant impact on the field of neurosurgery.

During the COVID-19 pandemic, there were many improvements in neurosurgical training worldwide [1,2]. According to recent studies, the number of neurosurgical operations performed worldwide decreased by more than half during the pandemic [3]. According to one report, neurosurgical electives were the most affected by the pandemic since OPDs and elective surgery was entirely shut down during the lockdown period as per government guidelines, and Telemedicine OPDs were later developed to assist neurosurgical patients [4]. This harmed resident neurosurgery training modules and practice. A few studies from the developing world have recently identified neurosurgeons' perceptions of the pandemic as well as improvements in neurosurgical practice [5,6].

Even though neurosurgery is not at the forefront of the medical response to this pandemic, neurosurgical practice and preparation are not exempt. All neurosurgical communities worldwide have updated their procedures and reorganized their neurosurgical techniques in response to the pandemic [7,8]. In insufficient resources, a rating method for triaging patients for spine surgery has also been established [9]. In most developed countries, telemedicine has increasingly replaced outdoor visits to neurosurgery departments as the primary form of patient follow-up [8]. The surgical team rigorously analyses surgical signs in China to as-

sess emergency conditions [5]. Telemedicine care has reportedly increased by up to 33% in some centers [10]. Even though virtual neurosurgical teaching cannot replace practical training, many centers have used day-to-day techniques to incorporate educational, clinical, and surgical knowledge using teleconferences on relevant neurosurgical topics to continue student assessment [11,12]. All academic programs implemented virtual sessions through video conferencing technology or Neurocampus sessions to reduce the risk of exposure.

The COVID-19 pandemic has a significant effect on healthcare facilities around the world. Elective surgical procedures should be regulated to save money. This pandemic has also harmed resident training programs in neurosurgery and both neurosurgical units and patients' psychology. A strategic plan for handling emergent neurosurgical cases should be developed, considering the limitations so that neurosurgeons can continue to support their patients without endangering them neurologically by deferring medical or surgical procedures.

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