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COVID-'19 Pandemic or Any Pandemic Effects**On Pediatric Surger: And How To Deal With effects
of the Pandemic for The Future?**

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Now that the Pandemic is over let's not turn our backs to what a Pandemic can do healthcare set up and how to be prepared for any next Pandemic and learn from the difficult times we all went through.

Since the COVID-19 pandemic was declared by the World Health Organization on March 11, 2020, routine clinical practices were affected all over the world, surgery, in general, was affected, including pediatric surgery.

The coronavirus disease (COVID-19) pandemic has had a major impact on pediatric surgery. Since the infection is often quite asymptomatic and atypical in children, its similarity with other diseases poses additional challenges to the diagnosis of it. The possibility of missed diagnosis of pediatric cases and the invasiveness of the surgery creates apprehension for the possibility of disease transmission.

Guidelines suggest that triage of cases has to be made on a case-by-case basis by a multidisciplinary team of experts in the hospital. When conducting surgery where necessary all included staff should use appropriate personal protective equipment, and high-risk practices, such as aerosol-generating tools or procedures, should be avoided if possible [1],[2],[3]

The challenges it posed and how it changed clinical practice are highlighted below.

Specified organizational protocols had to be established to minimize disease transmission while ensuring the smooth operation of pediatric surgery units. This includes the division of surgical teams into small weekly rotating groups, and healthcare workers, and continuous monitoring for COVID-19 symptoms and testing [5].

Work routines were disrupted, in many units, doctors and health care workers were redeployed due to a shortage of staff; which itself was a professional challenge for doctors from surgical backgrounds. The sudden shift of the workforce has demanded an immense display of professional abilities [4].

Non-urgent elective surgeries were temporarily suspended to ensure adequate hospital capacity to respond to COVID-19 cases and decreasing the risk of nosocomial transmission of COVID-19 infection. This strictly enforced policy was applied in almost all hospitals around the world that were affected .

COVID-19 has severely impacted the functioning of hospitals and health-care delivery by decreasing the number and types of patients getting treatment; following the protocol often delayed treatment [1],[2].

Many centers had to choose conservative, noninvasive, or minimally invasive procedures for their patients, keeping in view minimal aerosol generation. Many surgeons performed laparoscopic procedures [1],[2],[3].

Reduced training for surgeons, has shown that training opportunities for trainees/residents/fellows had been reduced during the pandemic [2],[3].

How We Can Cope With Challenges: Below are some of the evidence-based suggestions, that can help with challenges.

A better understanding of extrapulmonary infectivity, the risk of asymptomatic carriage in children, and the reliability of testing for surgical scenarios may allow appropriate use of conventional surgery, including laparoscopy and endoscopy, and rational development of a strategy plans suitable for the pertinent region[1], [2],[3], [5].

Online clinics, can prevent delayed diagnosis or missed diagnosis, however, they should never replace, ER visits, hospital admissions, or in-person visits where required [1],[5].

Evolution of distant learning systems and virtual rounds for under and post-graduates will become a necessity to ensure that learning is not impeded. Better teacher and student relationships where students can reach out to their mentors and teachers through online resources will ensure better learning.[5]

Together we can overcome the challenges and improvise our clinical practice and training in the midst of the current situation by keeping ourselves updated with the latest evidence-based knowledge and practices.

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