

COVID-19  
Ben Fischer

All of us have faced different challenges in the last few months, dealing with the COVID-19 outbreak, not least those of us fortunate enough to be entrusted to look after the general public, working for the NHS.

Since June 2017, I have been at Aintree, the Merseyside, Cheshire and Isle of Man Major Trauma Centre, working as a Consultant Orthopaedic, Major Trauma and Limb Reconstruction surgeon. A number of fellow OLS, work permanently at the Trust, or rotate through including Mr. Nick Bird, Dr. Ben Morton, Mr. Martin Hossack and more recently, since merging with The Royal Liverpool, Dr. Nick Airey.

Elective, or planned surgery, came to an abrupt halt in mid-March. I am part of the Liverpool Orthopaedic and Trauma Service now, with a Consultant team of nearly 50 surgeons who would normally work across the three large hospital sites across Liverpool. We were all quickly reassigned jobs within the department, having taken over the management of any patients presenting to the Emergency Department with musculoskeletal injuries, such that their team could care for the medically unwell and suspected COVID patients.

In addition, each day a team of surgeons joined with staff from a number of other specialities to act as the Proning Team – attending ITU and giving patients “tummy-time” as some people light-heartedly, described it. There is evidence to suggest time prone, lying on your front, helps manage pneumonia in general, but especially, it would seem the viral pneumonia associated with COVID. Having turned the patient early in the day, the team would return later to turn them back.

As one might expect, the nature of the urban population that our MTC serves means that we have still had a variety of traumatic injuries to manage, from the newsworthy, to the more mundane. Our theatre capacity has been reduced, four trauma lists daily to only one, as members of the team have been re-assigned to other areas of the hospital. The supply of Personal Protection Equipment (PPE) has been in the headlines, but thankfully suitable masks and visors have been available – augmented by the efforts of local firms and schools volunteering their supplies, or 3D-printing visors. Although a necessity, the addition of an FFP3 mask and a visor, can make longer cases a slightly uncomfortable affair!

Given that the curve has been seen to “flatten”, which has seen a relaxing of some of the lockdown stipulations, there has been an up surge in trauma. That has increased pressure on the trauma list, meaning a need for more lists. At the same time, a team is planning to reinstate the elective operating site at Broadgreen Hospital, where the operating theatre ventilators were moved to The Royal. It is expected that this may take at least two months to coordinate.

There has been a lot to juggle at home; my wife works as a Consultant Anaesthetist, but our children have still been able to go to their primary school. Both of them have coped remarkably, although they are missing their friends, freedom and Grandparents, as we all

are. Social media has been great way to stay in touch with people, helping to maintain a sense of humour, not least to seeing the exploits of Team Millatt at School House when they do their Joe Wicks workouts, as well as the opportunity to wish Mr. Cameron a happy 90<sup>th</sup> Birthday and see Mr. Ledward put his *Fireblade* to good use for CancerCare. Strong work all and stay healthy.



Above: A Proning Team, me with “thumbs-up” on the far left