

## LETTER TO THE EDITOR

### An orthopaedic surgeon's experience at COVID-IFEMA Hospital during coronavirus pandemic in Spain<sup>☆</sup>



### Experiencia desde el punto de vista de un traumatólogo en el Hospital COVID-IFEMA en Madrid durante la pandemia del coronavirus en España

*A priori* it could not have been more antagonistic: infected and breathless patients with bilateral pneumonias under the care of an orthopaedist. However, events often simply happen and there is no room for manoeuvre. Also, if we think about it properly, our actual situation can be simply considered in orthopaedic terms.

Because what has happened and what is happening now (I am writing this during the tense calm we are experiencing in Pavilion 9 of the Hospital COVID-IFEMA), is a genuine social health-related “polytrauma code”. As orthopaedists we know very well that the mortality of these cases is divided into 3 phases:

- 1 Firstly, immediate mortality, during the first few minutes after the accident. There is very little we can do for this type of patient. Unless the accident occurs right next to a trained medical resource. And this, dear reader, is what has happened to us, we have to admit it. We were not trained. Despite the fact that for years we had theorised about the risks and consequences of a possible pandemic, and the need to be prepared. This is why the impact against COVID-19 has done away with much of our social structure and thousands of our people: parents, grandparents, children, friends...
- 2 Secondly, early mortality. During the first 24h after trauma. This largely depends on the actions taken during the first hour, in cases where, even if the patient has not succumbed after the accident, they have potentially mortal injuries. This is the point where we can save more lives and protocols like “ABCD” advocated by the ATLS are vitally important. This is the point at which we find

ourselves, when medical actions such as the creation of medical protocols and healthcare management are key: re-structuring spaces previously designed for other purposes; channelling all available human resources; creating new devices such as this new COVID-IFEMA Hospital where I am now. Thanks to the impetus of the entire healthcare sector in this country this disaster has been curbed.

- 3 This is where we as orthopaedists come in. We are qualified, versatile personnel and we are trained in the application of protocols. We constantly apply clinical decision algorithms in our daily lives. This seems to be a simple task, but it is no such thing. Being able to apply an accurate decision protocol and sticking to it is no simple matter. It requires training and as orthopaedists we have this training and are able to help.

All we need is the “ABCD”, the score. The intensive care specialists, internal medicine specialists, primary care physicians and specialists of other branches of medicine are in charge of this. And believe me when I say that sharing these difficult working days with them has been incredibly enriching. For them as well, because working under these circumstances has been, as they have reminded me on many occasions, a discovery from the aid we offer them. Although it is obvious that as orthopaedists we have our limitations in treating severe medical conditions, by applying a consensual systematic approach we have been able to manage those with mild and moderate conditions. From here we reiterate the importance of creating protocols and the possibility of the orthopaedist being another person involved in this fight we are now up against.

Thirdly and lastly, in all polytraumatised patients there is a later phase of mortality. This occurs between day 7 and 10, from a state of hyper-inflammation. This may be accompanied by organ failure which is distinct from the previous lung failure or the patient's disease.

Facing up to COVID-19 on a personal and professional front, has been an enriching and indeed unforgettable experience, which with difficulty may be summarized into 3 points to be shared with all of you:

- 1 *It is vital to overcome fear.* And the key to opening this door is by acting in conscience. When I offered to be a volunteer for this task, I admit I was afraid. However, I knew that this is what I had to do. It was my duty as a physician. In the end, this is what we swear to before donning our white coats for the first time, when we finish our Univer-

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sity degrees: to be on the side of the patients. In addition to this, it is only by the sum of our individual actions that we will achieve a global response and establish a better society.

- 2 *Any task is important.* During these weeks I have assessed patients exclusively suffering from COVID and others with orthopaedic conditions such as acute fractures or those in follow-up or have performed musculoskeletal scans for relieving those patients who had something in addition to the COVID. I have also been a secretary writing up reports, a hospital attendant transferring patients, have examined vital signs and reviewed drugs supplies like a nurse, configured computers and printers (what a nuisance they are!) like an IT technician, configured CPAP, and each one of these tasks was just as important as the first because I was helping to unburden others, so that between us all the best care could be given to all these people that needed it.
- 3 *Everything has an end.* Or will have. We simply have to wait till the storm passes over. Don't worry, the sun will come out. Be aware though, next time we need to make sure we have an umbrella. We cannot be complacent and

have the moral obligation to be prepared for the next occasion.

Society needs us. Orthopaedists have to have the tools as well, know how to use them, dismiss our fears, and be prepared to take our place when catastrophe strikes, because we can all fill a gap and it's important.

I would like to finish by thanking everyone who worked there for their efforts. Also, to the whole human resources team and the management of this hospital of incredible dimensions and highly satisfactory outcome.

Wherever we are needed, as orthopaedists we will be there. Measuring up. As the motto of our society says "*Cogitare et Recte Ambulare*", think and stand strong in the face of adversities.

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