

Awareness on Anesthesia and its role in COVID-19

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Coronavirus disease 2019 (COVID-19) is a contagious respiratory and vascular disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The first case was identified in Wuhan, China in December

2019, though evidence suggests that the virus may have already been actively spreading months earlier in places such as Italy.

Key Words: *Coronavirus, Anesthesia, Acute respiratory distress syndrome, Muscle weakness*

ABOUT THE STUDY

Coronavirus disease 2019 (COVID-19) is a contagious respiratory and vascular disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The first case was identified in Wuhan, China in December 2019, though evidence suggests that the virus may have already been actively spreading months earlier in places such as Italy.

Common symptoms of COVID-19 include fever, cough, fatigue, breathing difficulties, and loss of smell and taste. Symptoms begin one to fourteen days after exposure to the virus. While most people have mild symptoms, some people develop acute respiratory distress syndrome (ARDS). ARDS can be precipitated by cytokine storms, multi-organ failure, septic shock, and blood clots. Longer-term damage to organs has been observed. There is concern about a significant number of patients who have recovered from the acute phase of the disease but continue to experience a range of effects—known as long COVID—for months afterwards. These effects include severe fatigue, memory loss and other cognitive issues, low grade fever, muscle weakness, and breathlessness.

PERCEPTION OF ANESTHESIA DURING COVID-19

The world is currently facing an unprecedented healthcare crisis caused by the COVID-19 pandemic. The objective of these guidelines is to produce a framework to facilitate the partial and gradual resumption of intervention activity in the context of the COVID-19 pandemic.

Anesthesiologists have been called to the front lines in the COVID-19 pandemic. One of their chief tasks is the intubation of a patient who needs to go on a ventilator, a delicate process that exposes an anesthesiologist to potential infection. Anesthesiologists say there's also an emotional

component they fill, because the families of COVID-19 patients aren't allowed to visit.

ANESTHESIOLOGIST'S ROLE

Anesthesiologist organizations are reaching out to members with programs to help with mental health issues. Anesthesia (RA) maintains respiratory function and circumvents airway instrumentation. Furthermore, aerosolization that may lead to harmful viral transmission is avoided by regional blocks. Consequently, RA should be considered whenever emergency, semi-elective, or elective surgery is planned. The sensitivity of the current gold standard reverse transcriptase-polymerase chain reaction (RT-PCR) test that detects nucleic acid of the viral RNA is 70%.

Moreover, non-availability of rapid antibody testing, coupled with limited testing in the vast Indian population, implies that all patients be treated as COVID-19 positive and necessary precautions taken to protect the patient, healthcare workers, and medical institutions. We are in times where we need to establish that the patient is COVID-19 negative, rather than the reverse. This can be done when there are two negative RT-PCR results in 48 h and the absence of suspicious symptoms of virus infection. Alternatively, one negative RT-PCR and 24 h later a negative HRCT chest can save time.

The Coronavirus infectious disease 2019 (COVID-19) brings anesthesiologists and intensive care physicians to the mainstay of clinical workload and healthcare managements' focus. There are approximately 900 anesthesiologists in Israel, working in non-private hospitals. This nationwide cross-sectional study evaluated the readiness and involvement of anesthesia departments in Israel in management of the COVID-19 pandemic. The impact on anesthesiologists' health, workload, and clinical practices were also evaluated.

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