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Hand and Reconstructive Microsurgery:

Recent Advances and Future Prospect

Restrictions have been imposed at all levels in both the public and private life in reaction to the global pandemic of COVID-19. When interacting with individuals from outside the family, national guidelines advocate wearing masks in public settings and maintaining a physical distance of six feet or more.[1] Because of the enormous strain on health-care systems across the country and around the world as a result of the epidemic, many elective surgical procedures, including orthopedic hand surgery, have been postponed or cancelled. To fulfill the demands of patients, healthcare teams have broadened their scope of practice, particularly in areas with a high illness load. Other healthcare delivery changes include limiting patient contact by restricting physical exams, using personal protective equipment (PPE), using telemedicine visits if available, and reducing the frequency of in-person clinical follow-up. In outpatient clinic, patient-reported outcome measures are central to the delivery of person-centered care using telemedicine visit.

Questionnaires that capture an individual's perspectives on their physical, mental, and social functioning, disease symptoms, or health-related quality of life are known as patient-reported outcome measures. Patient-reported outcome measures supplement clinical assessments, allow referrals to expert services, improve patient–clinician communication, support treatment decision-making, and aid in symptom screening and illness progression monitoring on an individual basis.[2] This paradigm led to physician collecting patient data and simultaneously evaluating the quality of care.

The advancement of knowledge and practice in Hand, Upper Limb and Reconstructive Microsurgery requires scientific writing and publications, but potential authors are confronted with significant difficulties. With the right training and tools, authors can easily overcome obstacles related to scientific writing and the publishing process. The current advancement in our field includes tissue engineering and 3D bioprinting. Given that most living tissues are made up of a large number of repeating units that are hierarchically assembled across multiple length scales and have well-defined 3D microarchitectural features and tissue-specific functional properties, the production of micron-sized tissue modules has piqued interest in the rapidly expanding field of tissue engineering.[3] The use of three-dimensional (3D) printing in hand surgery have also become more and more common, hence it is important to teach the younger hand surgeons the role of 3D printing for personalized casts, surgical implants and prostheses. Not only that, good patient education and preoperative planning are necessary to improve patient care.[4]

References

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