4th World Congress on Plastic Surgery and Aesthetic Practices
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Abstract

Introduction: COVID-19 has had significant impact upon all health services, particularly after measures were instigated in Melbourne, Australia on 16th March 2020 banning congregations and non-essential travel. The primary aim of this study was to determine if these measures have resulted in a change in the number of patients, region of body affected and location of injury for operative management at a single health service.

Method: A retrospective analysis of trauma patients presenting to our health service from 15th January to 14th May in 2019 and 16th January to 14th May 2020 was performed, representing 60 days either side of lockdown measures.

Results: 307 patients presented prior to lockdown and 307 presented after in 2019, with 307 and 287 patients presented in 2020 respectively. Prior to lockdown in 2020 and corresponding period in 2019, patients presented with similar age distribution, location of injury and region of injury, although less patients were injured with power tools and more injured by crush injury in 2020. When comparing after lockdown in 2020 and corresponding period in 2019, there was an increase in power tool related injuries and crush injuries, with corresponding decrease in sporting injuries. More injures occurred at work, however region of injury did not have a statistically significant change.

Conclusion: Although similar number of traumas cases requiring operative management presented in 2019 and 2020 periods either side of lockdown, the mechanism of injury, location of injury and region of injury did show differing trends, which can be used for future risk education and resource allocation.

Introduction

Telephone clinic reviews can be a useful tool to ensure patients receive timely care via a method that is time efficient to the provider and acceptable to patients and families (Duncan et al 2019).

The global catastrophe that was COVID-19 pandemic presented our unit an opportunity to re—structure our outpatient department service to create specific phone clinic allocated times to reduce patient attendance to hospitals which might have put them at risk. We found was that a large number of follow up appointments could be done via phone, thus reducing cost, and maximising outpatient clinic time efficiency without a significant increase in the risk of post-operative complications.

We propose a scope of practice following our own experience of cases that would be suitable for phone consultation or follow up.

Biography

David Lee is an unaccredited registrar in Plastic Surgery in Australia. He is currently working at Monash Health.

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