

Office-based operation during Covid-19 pandemic

These are incredibly difficult and challenging times nobody expected to face in our hi-tech modern society. All happened so abruptly and caught us by surprise. The Covid-19 “ambush” on our lives had, and will have devastating consequences on all functional and social levels. What we previously considered normal is just a remote, foggy image and this will be unfortunately so for many months ahead. We will have to cope with the persisting presence of a new, “uninvited” alien entity invisibly pervading all aspects of our lives, including our professional working routines.

One of the major impacts Covid-19 had on people worldwide is a mounting sense of fear and uncertainty both about present and future co-existence with the virus. Nobody knows what kind of protections to use to decrease possible contagion. News are quite different and somewhat conflicting. Information is misleading. Most patients are scared to come to see us in our offices because they fear to be infected. The number of requests for office-based procedures has been drastically reduced during the last two months hitting hard on the economic aspect of most practices. There is an impellent need of an authoritative consensus statement on what should be a suitable safety strategy to be implemented in our Dermatological offices. This action should be able to induce a sense of renovated trust on the safety profile of dermatologic practices helping patients to think positively again and reschedule their missed appointments.

Major Dermatological Associations, like the EADV, should be at the forefront of studying and approving standardized safety protocols to be widely adopted by all members as well as all other dermatologists practicing around the world. Captivating informative campaigns should be available on all major social media to reassure Patients about reduced risks when attending properly organized dermatologic offices. With all this in mind, office organization in Covid-19 times should be properly re-thought. Modern dermatologists are luckier than other colleagues because lasers, powerful diode sources and intense pulsed light sources have been widely included in their practices since many years. These light sources require specific protective measures for patients as well as dedicated medical environment and staff. Most of these measures could be easily copied and used as effective Covid-19 preventive strategies.

Laser and high-intensity light rooms have normally a controlled access, laser plume-specific filtering aspiration devices dedicated to serve surgical fields, room aspiration systems to rapidly change ambient air between treatments providing a negative pressure once access door is closed, laser-proof goggles for both patients and staff, laser plume-specific filtering facial masks, surgical gloves, and surgical gowns for medical personnel. Laser rooms should also have laser-proof cabinets where patients can leave their clothes during procedures to prevent accidental ignition by off-target laser bursts.

Antiviral sanitization should be routinely performed at the end of every laser plume-producing procedure in all dedicated rooms.

All this is already existing. Minimal changes could be implemented to integrate laser and high intensity light sources rules within efficient Covid-19 contagion-preventive Dermatologic Offices.

Keeping interpersonal distancing of at least one meter in well ventilated waiting rooms, separating check-in from check out, providing transparent easily cleanable strong plastic shield plates to separate front-office staff from patients, providing anti-viral hand gel and disposable shoe covers at the main office entrance, measuring skin temperature before accessing treatment rooms, are other important contagion-preventive actions to be implemented.

With the aim of reducing the number of patients physically present in Dermatologic offices, teleconsultation systems are becoming quite popular. This simple, yet effective strategy can provide patients and Dermatologists a suitable number of useful data to reach a preliminary diagnosis. Dermatologic procedures can be therefore proposed and scheduled from remote. Patients just come to the office for the time planned for their procedures. Follow-up consultations can be scheduled and performed from remote as well. This innovative hybrid “virtual and conventional, patient-physician relationship, if well accepted, could become a standard once the pandemic is over. Presently many dermatologists are buying already existing programs with limited, difficult data-sharing capabilities among them. Costs are nonetheless quite consistent in spite of the inevitable “fragmentation” of information. There is a place for EADV to be also involved in the realization of an efficient and privacy-proof tele-dermatology program with the aim of standardizing what could be one of the most rapid end innovative way to interact with patients, no matter where they are and live. Build-in video-connectivity programs and the possibility of prescribing and ordering laboratory and imaging tests should be also part of the digital package. Once a “herd” digital acceptance of the EADV program will be obtained, with most of European dermatologists using it, a new high level of communication standard will be reached. Let’s see some positive aspects of this Covid-19 pandemic and provide EADV with new ideas to be closer to its members, besides education. It must be stressed that anything developed and endorsed by such a big and well recognized scientific society will provide a seal of high quality so much appreciated by patients and colleagues alike. So let’s take this time of relative professional and congressional inactivity to work together to develop what could be invaluable tools for when this emergency situation will be finished.

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