

COVID-19 and Anesthesiologists Issue Summary

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Respected Sir

The corona virus disease 2019 (COVID-19) has spread all over the world, affecting every one's lives. Also there has been a rapid need of health workers and health system to fight against this deadly virus. During this time Anesthesiologists have played a vital role and has encountered increasing numbers of infected patients.

Journal of Anesthesia & Clinical Research which is currently running in Volume 11 and Issue 7 has focused on quality article publication. This issue focuses on anesthesia practice and also the "New Normal" which has now been the part of 2020 practice.

"New Normal" for Anesthesia in Covid by Milin R Shah and Hema Kapoor explains all the necessary precautions and step by step protocol for preparation of operating theater for anesthesia and how to avoid the spread of virus [1]. The letter modifies the idea given by Shoshiashvili V et al. "Operating Room and Personnel During COVID-19 Pandemic in Case, When Clinic is Not Yet on Front-Line", explaining the impact of COVID-19 on health care and health workers [2]. The article is true picture of current situation where no one knows the true number of cases of people getting affected with the virus, since the symptoms are asymptomatic and most of the people are not even tested yet. Hospitals and the health workers are at greater risk as patients visiting the hospital may be infected with the virus. Therefore the article focuses on all the safety measures to be taken while treating or during the surgery of patients.

Another very interesting case report by Shinji K, et al. on Lateral Fiberoptic Intubation is published, reporting a case of 17-year-old man suffering from ameloblastoma and has to undergo tumorectomy [3]. Skin Preparation Prior to Epidural Anesthesia: Chlorhexidine or Povidone Iodine? by Harianto WY, et al. Infection in the epidural space is uncommon yet in the event that it happens it is a genuine complexity of epidural catheter placement. The main aim of the study was to compare chlorhexidine 0.5% and povidone iodine 10% in the prevention of bacterial colonization of epidural catheters [4].

Another interesting article by Singh A, et al. about Patency of Nasogastric Tube is included. Where they reported a case of intestinal perforation in case of a 6 years old child who was undergoing exploratory laparotomy [5]. The child was given general anesthesia along with intravenous induction also endotracheal intubation. Author tried to explain the checking of Nasogastric tube which is insertion in daily procedure done by anesthesiologists in critical units. Also through this article authors want to draw the attention that checking the patency of tube is not considered in daily routine practice before insertion since there is a chance that it can be defective or damaged during storage or transportation therefore it is very necessary of prior checking.

We have always aimed of supporting anaesthesiologists by providing a platform for publication and understands that anesthesia is an integral and important part of any major surgical procedure. In this current situation authors and researchers can submit their work by visiting the journal website.

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