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Research Article

**INSTRUCTION FROM PAKISTAN IN NEUROSURGICAL
GUIDELINES THROUGHOUT CORONAVIRUS DISEASE 2019
(COVID-19) EPIDEMIC**¹Dr. Faryal Farooq, ²Dr Muhammad Athar Azeem, ³Dr Salman Ali¹Jinnah Hospital Lahore, ²Nishtar Hospital Multan, ³Bahawal Victoria Hospital Bahawalpur**Article Received:** November 2020 **Accepted:** December 2020 **Published:** January 2021**Abstract:**

Aim: Novel Covid Disease 2019 (COVID-19) Pandemic poses a generous challenge to the power of the medical care faculty at the forefront of thought about COVID-19 patients. The Centers for Medicare and Medicaid Programs also announced that all unimportant, arranged medical treatments and processes can be postponed before further notice and only essential strategies proceed. Neurological surgical treatments and methods should not be postponed in conditions when it is necessary to maintain a normal life or to secure the operation of the focal sensory system.

Methods: With the intention of encouraging the neurosurgery community to use the most competent approach to establish enough neurosurgery technique for confirmed and suspected COVID-19 patients, we discuss contemplations and proposals that draw on exercises and experience shared by neurosurgeons in Pakistan. Our current research was conducted at Services Hospital, Lahore from May 2019 to April 2020.

Results: Perioperative and intraoperative methodologies, as well as contemplations, have been studied, much as complications have arisen in the explicit situation. An occurrence of a burst aneurysm in a speculated permanent with COVID-19 is also accounted for. It is advised that all well-being treatment professionals who immediately take an interest in neurosurgical medical techniques and methods for verified and suspected COVID-19 patients should take airborne protection precautions and wear updated individual protective hardware.

Conclusions: Pressure neurosurgical medical techniques and methods can be efficiently performed in order to serve basic patients with or suspected of developing COVID-19.

Keywords: Neurosurgical Guidelines, Pakistan, Covid-19, Corona Virus, Pandemic.

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INTRODUCTION:

Epic Covid Infection 2019 (COVID-19), caused by the extremely intense respiratory disease Covid 2 (SARS-CoV-2), was first revealed in the city of Lahore, Pakistan, in December 2019 [1]. Despite difficult efforts to contain the infection, it immediately developed into a pandemic that spread across the entire continent except Antarctica [2]. With patient numbers rising sharply, COVID-19 is putting a strain on our medical care system and resources. In light of COVID-19's worsening pandemic, the Centers for Medicare Services and Medicaid have declared all medical procedures insignificant organized; moreover, techniques are being postponed until further notification [3]. According to the Centers for Medicare and Medicaid Services' tiered system, neurosurgery is classified as Level 3a (high acuity medical procedure) and should not be deferred. The Centers for Infection Prevention and Control have learned that VIDOC-19 can be spread through close contact or respiratory beads between people and through contact with contaminated surfaces or objects [4]. In any case, the question of whether COVID-19 could be airborne is still pending. In any event, precautionary measures should be taken when applying neurosurgical procedures to patients with confirmed or suspected COVID-19. The main nosocomial case of widespread nosocomial dissemination of COVID-19 in Wuhan was an endoscopic resection of a nasal trans sphenoidal pituitary tumor. The 17 people who invested energy in the operating room (OR) during the system were contaminated [5].

METHODOLOGY:

Wearing protective eyewear will prevent the use of cautious magnifiers. It is suggested to wear goggles

with an enemy of the fog, as they can obstruct vision when walking in the fog. Our current research was conducted at Services Hospital, Lahore from May 2019 to April 2020. In addition, wearing glasses and a face shield makes the medical procedure under the neurosurgical magnification instrument incredibly painful. Three layers of gloves reduce the sensation of the material and make it less solid during neurosurgical techniques. Wearing this large measure of PPE for a delayed period of time during neurosurgical activity can leave the specialist exhausted and parched due to exorbitant sweating. Correspondence between medical care providers can become awkward, given the dull voices and hearing that result from the different layers of PPE. Additional measures, including the use of hand movements, may be required for correspondence during surgery.7 Figure 1 illustrates the wearing of appropriate PPE by medical personnel. Other personnel, including anesthesiologists, attentive technologists, and, most importantly, operating room caregivers, should also be prepared with appropriate PPE. Entry and exit of faculty members to and from the operating room should be strictly limited. A buffer territory outside the operating room should be used for the transport of supplies carefully prepared by a designated group. This group should also be fully insured and prepared to enter the operating room in the event of a crisis. All equipment used during the technique should be completely disinfected or disposed of appropriately to prevent the spread of the virus. Included medical service providers should perform a quick self-cleaning before leaving the system area, ideally by showering the entire body and changing into another neat outfit.



Figure 1:

RESULTS:

The COVID-19 team at our emergency clinic was advised and a determination associated with COVID-19 was made. Examples were collected for testing. A nasopharyngeal swab was sent for a polymerase chain reaction test of the swab recording for SARS-CoV-2 infection. A head angiogram (Figures 2B and C) and chest CT scan were performed, and all medical staff were equipped with enhanced PPE. Head CT angiography of the head revealed a supply route aneurysm. Chest CT scan revealed glowing changes in the lower projection and a presumptive exudative

change in the right upper lobe (Figure 3A). The aneurysm fixation technique was deemed significant and serious by the neurosurgery group and the COVID-19 medical crisis procedure convention was promulgated. A negative pressure operating room was mentioned, and the anesthesiology group was informed of the circumstances and the planned careful treatment. A disengagement room was reserved for the patient for guaranteed postoperative consideration. The patient was taken to the operating room following the course assigned to him. All medical services staff involved wore enhanced PPE, as shown in Figure 4.

Figure 2:

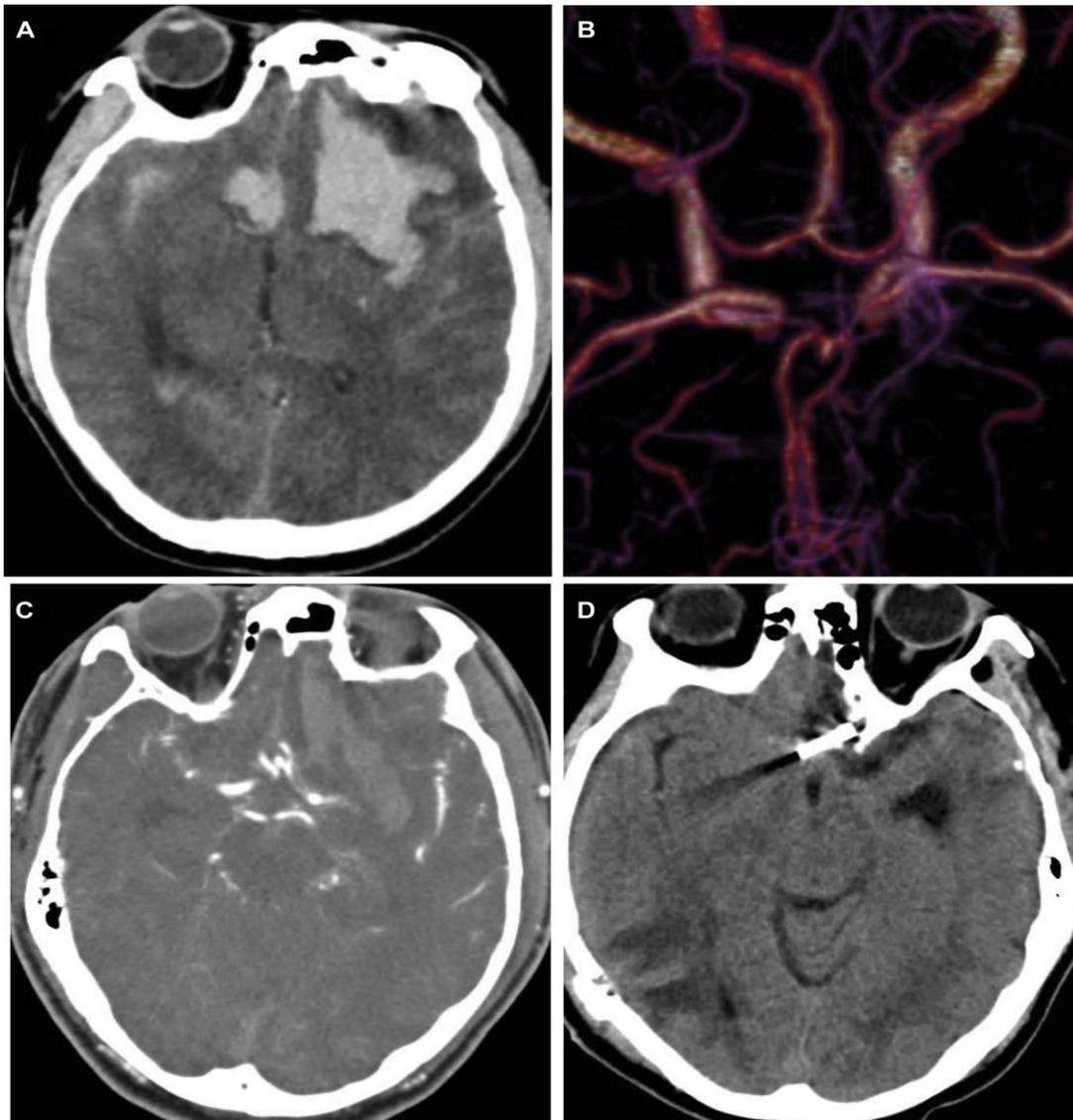
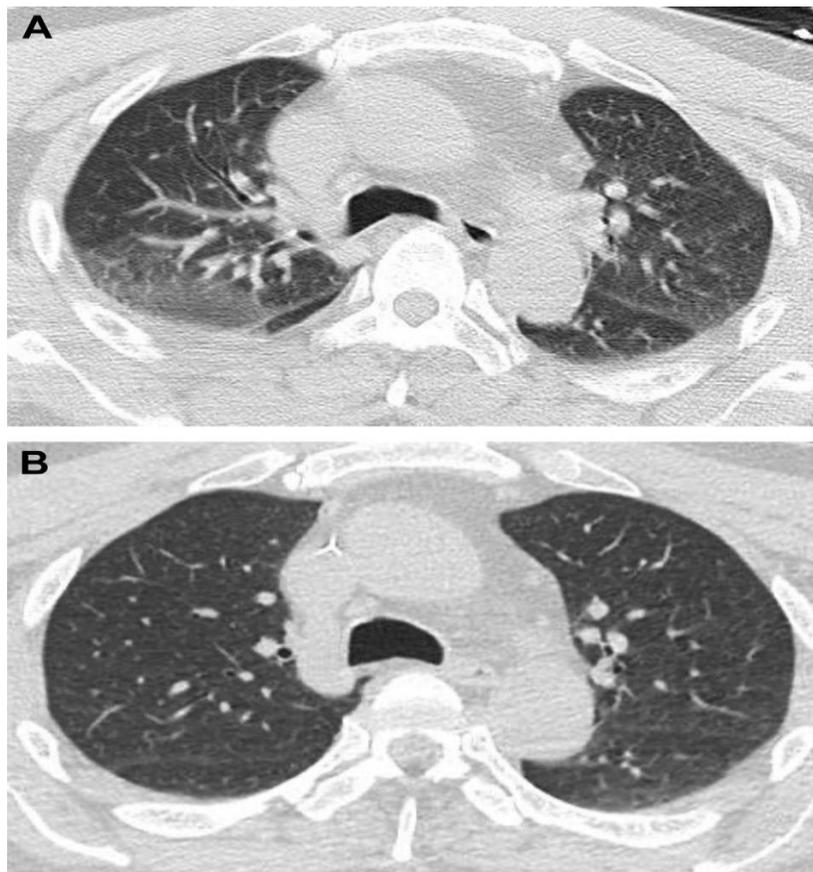


Figure 3:



Figure 4:



DISCUSSION:

After the medical procedure, the patient was sent to an isolation room for recovery and postoperative examination, as was the COVID-19 treatment. The COVID-19 nasopharyngeal test was negative [6]. However, due to the high false negative rate (30%) of the tests, the patient's side effects and the CT scan findings, the COVID-19 team chose to treat the patient as a persistent patient under surveillance for 17 days [7]. The patient progressed well while the patient was finally able to return home at 16 days post-operatively with unflinching neurological capacity [8]. Two months after the operation, a head CT scan (Figure 2D) was performed, which revealed a stable hematoma, a stable aneurysm cut and the absence of hydrocephalus [9]. A chest CT scan was also performed and showed an improvement over the confirmatory images from previous medical clinics (Figure 3B) [10].

CONCLUSION:

But not without obstacles, with the following legal insurance scheme Previously mentioned direction, new and urgent neurosurgery Medical treatments and methods should be carried out in a safe way for the purpose of Basic patients during the pandemic of COVID-19.

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