

Review Article

Role of Virtual Clinic and Telemedicine in Otolaryngology during Covid 19 Pandemic a Literature Review

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Abstract

In the current evens of the COVID-19 pandemic and the rapid spread of the diseases it came along with strict rules mostly to stay at home. Due to this it impacted the health care system and altered the physician generally and Otolaryngologists in specific to maintain providing health care in these circumstances.

Technology communications mostly preformed in real time video calls to minimize the risk for both health worker and patients in addition to deliver the care that patient needed as we present in this literature review.

Keywords: Telemedicine; Otolaryngology

1. Introduction

coronavirus disease 2019 or COVID-19 has transformed rapidly into a global pandemic. The current Public Health Emergency has required Otolaryngology practices to switch rapidly from conventional services to the provision of telemedicine, also known as virtual services [1]. Otolaryngologists can be considered as a high risk Physicians The first unfortunate death of a doctor who was COVID-19 patient in Wuhan was an otolaryngologist [2]. The

Centers for Medicare & Medicaid Services (CMS), of the Department of Health and Human Services (DHHS) recently released guidelines broadening access to telehealth services so that beneficiaries receive a wider range of services from Otolaryngologists without having to move to an actual facility [3].

2. Discussion

Before elaboration on the telemedicine we should define it first. The Health Resources and Services Administration (HRSA), of the DHHS, defines telehealth as electronic use of information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration we use the term “virtual services” to point types of services including telehealth services Medicare's, telephone services (calls), virtual check-ins, and E- visits/digital online services [1]. In general circumstances it might difficult for people living in remote area to access appropriate care and telemedical service facilitate those issue [4]. There has been significant concern for Otolaryngologists regarding endoscopic Evaluation for patients during pandemic since this procedure carries a direct contact with the virus as it resides primarily in nose and nasopharynx, oropharynx have been proved to have virus shedding [5, 6]. There have been multiple studies demonstrating that Otolaryngology is amenable to telemedicine. Gilani et al. performed consultation using telemedicine on patients with otological complaints and conclude that more than 80% did not even require in person followup [7]. Another published study conclude that otological complaints are suitable for telemedicine [8].

Individuals with high risk of getting infected or fear to spread infection who you would want to stay home, and that would certainly be appropriate during the initial telemedicine visit [4]. Nonurgent appointments should be eliminated or delayed [9] at the present time, there is the possibility of wide and comprehensive use of Telemedicine, including Teleguidance, Telemonitoring, Teleinterconsultation and Teleconsultation [10]. These services include for example taking history, monitor progress, express any concerns, refilling medication, health education. Remote referral and multidisciplinary team as well has been mentioned in the literature [11, 12]. In case of surgery postoperative follow-up is also possible [14] Y.yanove et al stated that remote network connection for intraoperative objective measurements during cochlear implantation surgery is safe and efficient [13] A C Smith et al. report a promising results and satisfaction for pediatric Otolaryngology mostly due to tonsillitis or obstructive sleep apnea [15].

3. Conclusion

virtual clinic and tele Medicine services comes with great value for continuity of care specially if the current status is to decrees human contact or to stay home. Telemedicine have proven to be productive, safe and efficient this will help to maintain safety for both patient and physician during pandemic

Conflicts of Interest

The authors declare that there are no conflicts of interest regarding the publication of this article.

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