



F. S. Haddad

## ■ EDITORIAL

# COVID-19 and beyond

In this month's *Bone & Joint Journal*, we continue to profile the impact of the COVID-19 epidemic on our patients and our work. We continue on an unpredictable, challenging, and ever-changing journey with the response to the COVID-19 pandemic, but it is nevertheless still humbling to reflect on the Italian experience in spinal surgery<sup>1</sup> and on the spinal response in other countries, such as the UK.<sup>2</sup>

We also hope that you enjoyed the *BJJ* COVID-19 podcasts and the COVID-19-related papers published in our gold open access sister journal, *Bone & Joint Open*.

We must nevertheless also use this time to also consider other areas of research and how these will impact on our practice moving forward. In this issue, we have both an original paper<sup>3</sup> and an editorial on the decision-making between hip arthroplasty and hemiarthroplasty in intracapsular fracture neck of femur surgery.<sup>4</sup> This topic continues to attract interest and debate and has been profiled extensively in *The Bone & Joint Journal* over the last few years.<sup>5,6</sup>

Improving outcomes and avoiding complications after surgery continue to be a key focus. We must now add the risk of COVID-19 to those patients undergoing surgery and how we are going to mitigate that to our decision-making matrix. In this issue, while we usually celebrate the outstanding benefits that our patients gain from hip arthroplasty surgery, there are scenarios where the outcome may not be as optimal as we would like.<sup>7,8</sup> In this issue, we also consider the impact of previous spinal surgery,<sup>9</sup> of body mass index,<sup>10</sup> and of the use of short stems<sup>11</sup> on the outcome of hip arthroplasty.<sup>12</sup> These are all areas where we have had some evidence in the past, but where we are seeing new data now.<sup>13–15</sup>

I am also pleased to see so many papers on this issue in relation to clinical- and patient-related outcomes and quality of life.<sup>12,16–19</sup> There truly has been a shift over the last two decades towards patient-centred care in our field.<sup>20–22</sup>

There is also a dearth of qualitative work in orthopaedics. I would commend Svenson and colleagues' paper<sup>23</sup> on the reflections of surgeons on their feelings in relation to managing prosthetic joint infection. Prosthetic infection remains a devastating and unsolved problem,<sup>24–28</sup> but we are now starting to recognize surgeons as second victims in such scenarios. The difficulty in treating such cases, and the time-consuming and

demanding nature of prosthetic infection management, may partly explain burn-out and dissatisfaction within the surgical community who are faced with a large volume of such cases to deal with.

We hope this issue provides ongoing stimulation and information that will contribute to teaching, training, and education at this very difficult time for our community. Thank you for all your contributions and feedback.

### Podcast



Listen to a podcast related to this article online at <https://online.boneandjoint.org.uk/bjj/podcasts>.

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