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"Natural history" experience refuting this article's premise

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I read your article, "What's Important: Is "Spring Training" Necessary for Surgeons After a Long COVID-19 Off-Season?". Although I found the premise interesting, I don't believe that there would be any performance concerns after an absence from the OR of 6-8 weeks or more.

There is an obvious "natural history" study of this phenomenon: women orthopaedic surgeons who have stepped away from surgical practice for maternity leave. Having done so twice for this time frame (first after adoption of an infant so no personal physiologic changes, and second after normal non-surgical birth), there was no concern about my abilities to get right back in the saddle. I've communicated with some other women orthopaedic surgeons about this, and we have had no concerns with maintenance of surgical abilities, nor have our supervisors expressed any.

In addition, I know from how our hospital is incrementally ramping up elective cases to be able to do the preoperative coronavirus testing and not overloading the waiting areas, I would doubt that hospitals would accelerate from "no cases" to "into the evening and all day weekend cases" immediately. Surgeons would have ample time to knock the cobwebs off, so to speak.

Finally yes, though there are critical psychomotor skills involved in all surgeries, I would not necessarily compare them to those required by professional athletes and fighter pilots. In my view, surgical performance is a mixture of cognitive and psychomotor abilities, more on the former than the latter after long standing practice as you describe for the two authors.

Respectfully,

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Article Author Response

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Article Author(s) to Letter Writer(s)

Dear Dr Jarka,

We very much appreciate your perspective on our "Spring Training" opinion piece. We obviously had an omission in failing to mention the experience of women surgeons returning to a surgical practice after maternity leave. We certainly cannot comment on your experience or that of other women in orthopaedic surgery after 6 to 8 weeks at home. Although there are survey studies of women surgeons' opinions on the difficulties of returning to practice after maternity leave, these studies did not report objective data on operative times or complications in the first few weeks after return to the operating room after 6-8 weeks at home. It would be interesting to compare these variables for six weeks or 3 months before the shutdown to those in the first six weeks for all surgeons who were unable to perform any operative procedures for 12 weeks. We have already mentioned this to other colleagues, who thought that this should be considered for future study.

One of us performed a complicated procedure, removal of a well-fixed infected knee arthroplasty, at over 3 weeks of being at home. There was some "shakiness" on my part and I really had to "think about" all the steps of the procedure and how to avoid an intra-operative complication. As we also supervise residents, I observed first hand their difficulty with knot ties and how much longer it took for wound closure. There were numerous little details missed on my part. It reminded the other one of us of the feeling of *inadequacy* he had when, as a resident, he was attempting a simple arthroscopic partial menisectomy ALONE for the first time. The "we-think-we-are-better-than-we-are" delusion can be surprisingly harmful.

One of us knows an Air Force pilot who has also scrubbed in to assist a surgeon in a third world country. He mentioned that, from his perspective, it was much more difficult to perform a surgical procedure than pilot a large jet with an experienced co-pilot. Paderewski, the acclaimed Polish pianist, once stated, "If I don't practice for one day, I know it; if I don't practice for two days, the critics know it; if I don't practice for three days, the audience knows it." One wonders if our audience, our surgical patients, will "know it" after surgeons don't practice their craft for 10-12 weeks?

We were also concerned about the talk from administrators about the "how" of catching up on the

cancelled surgical procedures, and the comments of other surgeons. Caution is always wise. Humility is the basis for wisdom. It points to our very fear that overconfidence may play a significant role in preventing caution after a long (previously unexperienced) layoff from our trade.

Robert Schultz and Paul Lachiewicz