A Season of Struggle

Dr. Gregg (right) and Dr. Wu

and of Gratitude

urprisingly, when reflecting on the impact of COVID-19, Dr, Cynthia Gregg's response is a positive one. "There's no question that everything in our lives has been affected by the virus, and—especially because of the uncertainty—it has been stressful and challenging. Nonetheless, thanks in large part to our wonderful staff, this has seemed to me not just a season of struggle, but one of gratitude.

"We're all grateful for the things that we had before, things taken for granted, and hoping that we can get back to them again," she explains. "But at the same time—and perhaps more importantly—we have a feeling of gratitude for the new things we've learned, such as new technology, procedures, and focusing on basics. All people want is to be able to connect. We were so busy before, that we never had time. Now that we're apart, we're actually more connected than we've ever been."

"It's been an amazing journey," says Dr. Gregg. "In March, we shut the office and immediately set out to redesign our operation with a very specific goal—and that was to stay engaged with our patients and maintain some normalcy in these really abnormal times." First steps in this plan, she explains, were to begin virtual consultations and reaching out to our patients by phone, as well as to offer curbside pickups for skincare products.

"The next challenge," says Dr. Gregg, was "to plan for reopening. That meant determining—and acquiring—the supplies we would need on hand to safely reopen. We also needed new policies and procedures to cover all the new COVID-19 pandemic protocols.

"Actually," she notes, "We were never not open. We kept in touch with our staff through weekly virtual meetings and limited office staff to a rotating skeleton crew in order to maintain social distancing. We answered patients' phone calls from 11-3 every day, and had curbside pickup. There were post-op patients who we kept in touch with virtually and by phone call. So, we were always doing something—just on a limited scale."

PLANNING FOR THE "NEW NORMAL"

In April, says Dr. Gregg, "we began the process of redesigning our practice for operating in a world shaped by COVID-19. It was clear then that reopening would not be returning to 'normal' practices. The virus threat will be with us for many months at least—and we will all need new ways of operating long-term."

"We needed to understand the impact of this virus on our surgical work," adds her colleague, Dr. Cindy Wu, "and what were the special considerations necessary to move forward—not just a month from now but a year from now."

That process began, says Dr. Gregg, with science. "We really tried to stay on top of all new medical research. I've been involved with my facial plastic academy and Dr. Wu with her plastic surgery academy. And guidelines came out in April, not just from the CDC and WHO, but academy-specific ones about reopening nonsurgical and surgical practices."

"Certain practices and precautions are necessary for any medical practice," notes Dr. Wu. "And we have incorporated them: The entire staff wears PPE now and we're limiting our number of patients. We have added to our already stringent office disinfection-sterilization protocols. The patients call when they arrive; we tell them when to come in, they go straight to their provider's room, get their treatment, make a touchless payment in that room, sanitize their hands, and walk out the side door. Exam rooms are completely cleaned between every patient visit. We also have HEPA filters with UVC light filtration units in every room.

"It's completely changed the flow in our office, but it's good, because it's safer for the patients and our staff. We've also learned to use technology better, having patients enter their medical records electronically."

"Clinically, we've become more efficient, doing a lot of things in the short-term that I think we're going to continue long-term," adds Dr. Gregg. "I believe that virtual visits will remain, because people really enjoy that. Out-of-town patients would probably prefer to see me virtually than drive hours for a short visit. It's a cliché, but I do think we're going to be stronger coming out on the other side. We're still moving slowly and watching how things go, tracking our state and community COVID numbers. Our number one goal is patient safety first. We're not going to minimize that, just to reopen faster."

PLASTIC SURGERY IN A TIME OF COVID-19

Drs. Gregg and Wu note the special challenges that COVID-19 creates for plastic surgeons. "All our clinical providers are wearing office scrub uniforms, isolation gowns, gloves, face shields, and N95 masks covered with a second mask on the outside," says Dr. Gregg. "Facial procedures require special care, because of the way this virus is transmitted. When we do add procedures where patients can take their masks off, we'll use mouth rinses to minimize COVID contamination due to AGPs (aerosolized generating procedures). To put it simply, these are respiratory droplets that a patient releases into the air, that can occur when certain medical procedures are performed. Pre-op patients will use a disinfectant mouth rinse before surgery as well. For everyone's safety, all operating room personnel are wearing powered air purifying respirators using special HEPA filters—it's a modification of an orthopedic type of helmet that was developed at Duke.'

The nature of the virus is also affecting the range of services offered. "As of now," says Dr. Gregg, "we are doing Botox, some surgery, and filler injections. My aestheticians are doing some facial and skin care treatments—procedures that take 30 minutes or less to do.

"We're not doing any aerosolizing generating procedures, such as laser treatments and rhinoplasties. We've begun doing blepharoplasties (eyelid surgery) and brow lifts, and then moved toward more upper face procedures. Later, we'll proceed toward lower face procedures, but we're not doing certain procedures because we consider them unsafe at this time."

In the case of the body procedures performed by Dr. Wu, different issues are involved. "My practice," explains Dr. Wu, "is mostly breast and body procedures, that are below the face, so they are not as aerosol generating as Dr. Gregg's procedures. You can literally put up a sheet in front of their face and droplets aren't going to get in the field. Nevertheless, both Dr. Gregg



A JOYFUL EVENT IN A TROUBLED TIME

n mid-May, Dr. Wu delivered a healthy baby girl, Sophia. She was on maternity leave through July and has now returned to practice.

and I are taking the very same surgical measures for everyone in the operating room. Although we are testing our patients pre-op for COVID, the modifications we're making in the OR are to minimize potential exposure in case an asymptomatic patient were to come in."

And that's a special concern for plastic surgery, observes Dr. Wu. "Recently, there have been case reports of asymptomatic, healthy, young patients who come in for elective surgery, such as liposuction or a tummy tuck, who then develop COVID. Because they're immunocompromised at post-op, they get strange complications such as skin necrosis—skin dying—due to a possible thrombotic complication like a clot in their leg. Because the virus is so new, no one knows yet why these complications are arising."

LOOKING AHEAD

For doctors Gregg and Wu, there will be a new "normal" for their practice, and a return to providing a full range of the highest quality facial and plastic surgery. "I think," says Dr. Wu, "that a year from now, we'll have better tests for COVID, and hopefully a vaccine—and that it will be more routine. This is all just part of the process. You'll get your COVID test, then your labs, and finally your mammogram. All the measures that we're implementing now in the OR, will continue."

"T agree," says Dr. Gregg, "It will take time and effort—in our practice and world-wide—to get to the new normal. But we'll get there; we just have to work with everyone, be patient, have grace, and be kind."

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