

1451 Early Experiences with Covid-19 In Surgical Patients at The Start of The Global Pandemic

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Introduction: Covid-19 is a global threat which had emerged rapidly over the course of last year and is particularly deleterious to those with multiple co-morbidities. While limited data is available on the outcomes of emergency surgical patients infected with SARS-CoV-2, initial reports suggest prolonged post-operative course. Early Covid-19 diagnosis and understanding its impact on outcomes are essential for appropriate management of emergency surgical patients. We aim to report a tertiary hospital's experiences with the first UK patients infected with Covid-19 at the time of surgery.

Method: A limited consecutive, case series (n = 4) was completed in March-April 2020 in a single tertiary centre with a review of case notes, image, and laboratory results.

Results: All patients presented with acute abdominal pathology (appendicitis, incarcerated umbilical hernia and small bowel obstruction). One patient had a laparoscopy whilst the rest underwent open procedures. All patients suffered from multiple co-morbidities and were on average 71 years-old (57-87). Initial SARS-CoV-2 PCR was negative in 3 patients. However, their clinical features, imaging findings and haematological profiles (raised inflammatory markers with lymphopenia) were in keeping with a diagnosis of Covid-19. All patients had a protracted hospital course with an average hospital stay of 22 days (15-30). 3 patients required unplanned ITU (ITU stay: 4-30 days). The length of ITU stay did not correlate with the procedure complexity.

Conclusions: These initial cases suggest that Covid-19 complicates post-operative recovery. Multimodal approach including PCR testing, imaging and haematological profiles is essential to identify patients at risk of post-operative deterioration and thus plan care accordingly.