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The COVID Surgery Service (CSS) within the Salzburg COVID-Emergency Plan (SCEP)

Editor

The COVID-19-pandemic is currently challenging surgical services^{1,2}. An increasing number of surgical patients have a suspicion or proof of SARS-CoV-2 infection^{2,3}. A specialized COVID Surgery Service (CSS) and split team structure (2 teams of specialists with complementing expertise) for non-COVID cases has been established in our institution. This structure was designed so that alternating teams would remain in the case of temporary quarantine of one team. The CSS is part of a newly established COVID clinic that has a triage unit, outpatient department, separate wards for suspected and confirmed COVID cases, three ICUs (with 81 beds for mechanical ventilation and 5 extracorporeal membrane oxygenation (ECMO) machines) and three operating theatres. A mobile CT scanner unit was

assembled close to the CSS as thoracic imaging of patients suspected of having COVID-19 is considered crucial¹.

Suggestions regarding personal protective equipment (PPE) during surgical operations and endoscopy procedures are emerging rapidly, but there are no unequivocally accepted standards as yet³. Some operations and endoscopy procedures are regarded as aerosol-producing procedures with an increased risk of infection for involved medical staff. Therefore, a face shield, European Union (EU) standard FFP3 mask (equivalent to a US National Institute for Occupational Safety and Health N99-certified mask), waterproof gown and double gloves are provided. The decision regarding type of surgery (open *versus* laparoscopic) is left to the surgeon on duty. It is unclear whether a laparoscopic procedure increases the risk for infection with SARS-CoV-2. Accumulated smoke may enter the atmosphere at deflation of the pneumoperitoneum so a filtration system (active or passive) is included as standard⁴.

J. Presl¹, M. Weitzendorfer,
M. Varga, H. Kryeziu, S. Ciftci,
K. Borhanian, K. Emmanuel and
B. H. A. von Rahden

*Department of Surgery, Paracelsus Medical
University, Salzburg, Austria*

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