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Considerations for transanal total mesorectal excision (TaTME) use during the COVID-19 pandemic

Editor

During the current COVID-19 pandemic, surgery is being restricted to urgent cases and those that cannot be postponed^{1,2}. Rectal cancer is no exception. Transanal total mesorectal excision (TaTME) is one option for rectal cancer treatment. However, due to its technical peculiarities (combined abdominal and transanal approaches, and frequent need for a two-way insufflator, among others), there are doubts about its safety owing to the possibility of transmission of SARS-CoV-2. Viral transmission may

depend on respiratory droplets (over 5–10 µm) and it has been postulated that diathermy or energy devices may generate particles that can become aerosolized by laparoscopy. Although the viability and infectivity capacity of viruses from samples taken from the respiratory tract are understood, this is not yet the case for laparoscopic gases, or indeed faecal samples. It may be prudent to implement strategies that optimize gas evacuation while ensuring protection of surgical staff. Two-way insufflators seem to be suitable because they incorporate filters that usually remove particles down to 0.1 µm, although concerns remain about contamination of the pneumoperitoneum circuit. Other sensible precautions include viral screening following local protocols, appropriate protective equipment, negative pressure room ventilation, limited electrocautery or energy device use, smoke evacuators, and the lowest pressure possible for pneumoperitoneum/pneumorectum. Because of the low level of evidence currently available, and already known benefits of minimally

invasive approaches, we are cautious in making firm recommendations for or against the use of TaTME. What appears reasonable during the COVID-19 outbreak is that TaTME should be performed only by experienced surgeons following all the recommendations as above.

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- 1 Spinelli A, Pellino G. COVID-19 pandemic: perspectives on an unfolding crisis. *Br J Surg* 2020; <https://doi.org/10.1002/bjs.11627> [Epub ahead of print].
- 2 COVIDSurg Collaboration. Global guidance for surgical care during the COVID-19 pandemic. *Br J Surg* 2020; <https://doi.org/10.1002/bjs.11646> [Epub ahead of print].