

Comment on: Nosocomial SARS-CoV-2 transmission in postoperative infection and mortality: analysis of 14 798 procedures

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We have read with great interest the article published in your prestigious journal by Elliott *et al.*¹, where the authors concluded that complex and emergency surgeries, as well as procedures in the subspecialties of gastrointestinal and vascular surgery, were significantly associated with an increased risk of perioperative infection, mortality, and hospital stay due to SARS-Cov-2. We are grateful to Elliott *et al.* for presenting this evidence, however we want to make some comments.

When planning the methods, the authors do not argue why they only included procedures classified as general, colorectal, hepatobiliary, uppergastrointestinal, breast, endocrine or vascular surgery, that is, why exclude other procedures derived from specialties such as acute care surgery, where patients are potentially and permanently exposed, due to the area where they are and the procedures that are carried out.

Likewise, during the presentation of the results, it cannot be determined that a procedure derived from a specific specialty is associated with a higher rate of infection or mortality, since the patients' sociodemographic factors or the institutions' complexity where it is performed and are carried out these interventions

are not mentioned (decisive factors in the risk of infection and probability of complications), so there is a bias that substantially intervenes in the quality of the results obtained.

It is necessary to promote the replication of this type of studies at a global level, in order to measure the quality of the strategies used to control the nosocomial transmission of COVID-19, especially in low and middle-income countries that have less resources, in order to adopt measures according to their needs and limitations. We suggest taking our comments into account when conducting these studies.

Conflict of interest: The authors declare that they have no conflict of interest associated with this manuscript.

Reference

1. Elliott JA, Kenyon R, Kelliher G, Gillis AE, Tierney S, Ridgway PF. Nosocomial SARS-CoV-2 transmission in postoperative infection and mortality: analysis of 14 798 procedures. *Br J Surg* 2020;**107**: 1708–1712