

Author response to: Effect of the SARS-CoV-2 pandemic on mortality related to high-risk emergency and major elective surgery

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Dear Editor

We thank Yang *et al.*,¹ for their comment on our recent paper on the effect of SARS-CoV-2 on mortality related to high-risk emergency and major elective surgery.

We agree that mortality is greatly affected by age and complications. However, we disagree that our study only included patients over 60 or separated patients into those with and without complications. We included adult patients older than 18 years of age. Furthermore, complications should not be conflated with the Charlson score. We used the Charlson score to analyse how comorbid the cohort was and not as a measure of postoperative complication—this would be an incorrect use. The Charlson scores are calculated from secondary coded diagnoses in Hospital Episode Statistics (HES) of conditions such as myocardial infarction and stroke and do not reflect postoperative complications. We did not analyse the morbidity of postoperative complications in this study.

We agree that venous thromboembolism and pneumonia occur more often in patients with SARS-CoV-2 after surgery and these conditions affect mortality. This was not analysed in our study but has been demonstrated by the CovidSurg group in their multi-centre cohort study.

We agree that BMI and smoking pack-years affect outcome after surgery. We state in our discussion that unfortunately HES data do not include BMI data. The same applies to smoking status.

Reference

1. Deputy M, Rao C, Worley G, Balinskaite V, Bottle A, Aylin P *et al.* Effect of the SARS-CoV-2 pandemic on mortality related to high-risk emergency and major elective surgery. *Br J Surg* 2021;**108**: 754–759.