


Comment: COVID-19 outbreak and the practice of surgery: do we need to change?

Kaan Sonmez¹, Zafer Turkyilmaz¹, Ramazan Karabulut ^{1,*}, Cem Kaya¹, Fazli Polat², Nassim Pardaz¹ and Hayrunnisa Oral¹

¹Pediatric Surgery, Faculty of Medicine, Gazi University, Ankara, Turkey

²Urology, Faculty of Medicine, Gazi University, Ankara, Turkey

*Correspondence to: Pediatric Surgery, Faculty of Medicine, Gazi University, Ankara, Turkey (e-mail: karabulut@yahoo.com)

Dear Editor,

We read with great interest the comment by Arolfo et al. about 'COVID-19 outbreak and the practice of surgery: do we need to change?'¹. We aim to relate our practice during the COVID-19 pandemic between March 17 and May 17, 2020 in our department with approximately 3500 operations annually. Several precautions were taken after the first case of COVID-19 in Turkey. All elective surgeries were canceled. One of our hospital blocks with all facilities was reserved for the patients with or suspected with COVID-19. All patients and family members were questioned about signs of COVID-19 preoperatively. Only cancer patients and with life-threatening diseases have been hospitalized and treated. Our clinic was split into two teams with the goal of assuring continuous care in the hospital by at least one team. Academic staffs over the age of 55 with comorbid diseases had reduced work hours during this period. When necessary, these staff assisted with treatment via telephone consultations or participated only during critical phases of operations.

During the precaution period, only 61 operations were performed. More than 50 per cent of these surgeries were performed

either for appendicitis (n = 20) or incarcerated inguinal hernia (n = 12). Button batteries in the esophagus and foreign bodies in the trachea were removed via endoscopy. Laser lithotripsy, pyeloplasty and laparotomies were performed for ureteral stones, ureteropelvic obstruction and neuroblastoma, biliary and intestinal atresia and intestinal obstruction cases. Patients were discharged at an early stage after oral intake. All postoperative follow-ups were done via telephone or WhatsApp messaging.

Our pediatric surgery clinic has continued to operate during the pandemic period without suffering from COVID-19 by taking sufficient precautions and using protective equipment. Although we were able to protect our team from getting infected so far, this period of reduced operative cases has impacted our residence training program very unfavorably.

Reference

1. Arolfo S, Velluti F, Romagnoli R, Lo Secco G, Allaix ME, Morino M. COVID-19 outbreak and the practice of surgery: do we need to change? *Br J Surg* 2020; DOI:10.1002/bjs.11763