Gastroenterology Report, 8(3), 2020, 175–176

doi: 10.1093/gastro/goaa033
Editorial

EDITORIAL

Strategies for the management of gastrointestinal surgery in the COVID-19 pandemic

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The entire focus of the world has rapidly shifted to the COVID-19 pandemic. Virtually all headlines in print and visual lay media, as well as lead articles in peer-reviewed scientific journals, delve into COVID-19-related issues. Within the world of surgery, information sharing amongst surgeons has helped to define best practices. The rapidity with which this high volume of information is being shared is attestation to the seemingly infinite need for opinions, answers, and especially data. In the absence of a significant body of high-quality data, among the various publications are a plethora of guidelines from organizations, societies, and individual surgical groups. Realizing the dearth of evidence upon which to formulate guidelines, the various publications have included either personal or institutional experiences often in the form of registries or databases or expert consensus-based guidelines [1–5]. The manuscript in this edition of *Gastroenterology Report* by Ke and coworkers [6] offers guidance from, in the authors' words, 'the front-line Chinese GI surgeons' to help the rest of the world to deal with COVID-19. The authors included a myriad of useful information including overall strategies based upon the local establishment of a task force, risk stratification of patients, recommendations for infection prevention in the department of surgical gastroenterology, recommendations for the management of both gastrointestinal (GI) surgery and endoscopy, reflections on perioperative infection-control measures, post-discharge follow-up, and considerations relative to adjuvant chemotherapy. The authors base their consensus upon their own personal experiences with the management of COVID-19 in patients requiring treatment by their GI-surgery team. I commend the authors upon emphasizing many important facets including the need for local-level management and emphasizing the safety of healthcare providers and of the team.

Since the initial report of the pandemic in China, there have been significant changes in the evaluation and management of these patients. First, the increased availability of testing, although arguably still suboptimal in global availability, has allowed the term 'person under investigation (PUI)' to be essentially eliminated from most hospital environments. Patients may be tested using any one of a number of commercially available assays after which they can be treated as either COVID-19-negative or COVID-19-positive patients. Second, the availability of personal protective equipment (PPE) has been in flux and is very much subject to local conditions. Therefore, whether 'universal precautions' are practice or PPE is reserved for use in known COVID-19-positive patients becomes a local decision. Third, while institutions initially prepare for a surge in COVID-19-positive patients, those same institutions need to subsequently prepare for a surge in the return of elective surgery in both COVID-19-negative and COVID-19-positive patients. Many of the more recent guidelines have focused upon the 'ramp-up' of GI surgery following the peak of the pandemic. Third, much is known about some additional precautions that could be exercised including the performance of both endoscopy and surgery in negative-pressure environments and, as the authors mention, "the advisability of very stringent guidelines if laparoscopy is employed to prevent any escape of pneumoperitoneum other than through controlled filtered systems". I have highlighted these issues in several recent publications [7–10]. I thank the authors for bringing their important issues to the readers of *Gastroenterology Report*. I commend the various references in this list to offer a prospective on the current global status of GI surgery in the era of COVID-19.

Submitted: 7 May 2020; **Accepted:** 7 May 2020

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Conflicts of interest

None declared.

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