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Letter to the Editor

Continuing and ensuring surgical care for children during COVID and post-COVID crisis

Dear Editor,

The COVID-19 pandemic has radically altered medical and surgical care delivery around the globe. Several guidelines were issued in response to pandemic preparedness that focused on containment, and as an early measure, all elective and non-essential procedures were suspended [1–3].

This unavoidable cancellation of elective surgery has given rise to a significant backlog of surgical cases, as a study analyzing the surgical data from 193 countries over a period of 12 weeks showed an overall cancellation rate of 72.3% [3]. Most of these suspended procedures involve benign diseases and elective procedures, but this is adding to the burden, especially in resource limiting settings, which may not be prepared to cater to the enhanced surgical needs as well as the consequences of delaying treatment which could result in increased morbidity and complications.

At our institute, a not-for-profit tertiary care hospital in the city of Karachi, Pakistan, similar measures were taken [4], as elective and semi-elective procedures were cancelled. For the three-month period from April to June 2020, our pediatric surgery department, consisting of six pediatric surgeons, operated on approximately 152 elective and emergency cases, which is one-third the volume compared to the preceding three months. Most of the operations performed during this time were emergency procedures, marking a significant decline in the elective surgical services.

In mid-July, as the country began to see a continuous decline in the number of COVID-19 patients, the hospital devised a recovery plan for medical and surgical services. Elective procedures were resumed and the hospital moved from 'crisis mode' to 'back to business as usual'. However, despite the expectation of the backlog to overburden the surgical capacity, we were surprised to see a decline in the scheduling of the cancelled and new cases. Most of these cases were of circumcision, genital reconstruction, hernia and hypospadias repair.

It is imperative to note that Pakistan has attained its plateau and is in the recovery phase, but patients may still feel under-informed as their apprehensions have not been adequately alleviated. Many remain fearful of the possibility of contracting the virus while waiting in patient areas or being exposed while being treated. There are also concerns about the possible shortage of essential personal protective equipment which may compromise the quality of healthcare provision [5]. An effective way to address these issues is to ensure that patients are informed. This could be accomplished through various channels, including mass and social media and specific messages to patients on the deferral list describing the measures implemented for the availability of surgical capacity, pre-operative testing, and the division of the hospital and the operating room

into two zones, with one zone solely dedicated to suspected and confirmed COVID cases [4].

The countries with a sustained reduction of cases for a longer duration of time should start devising strategies to ensure resumption of their normal hospital and surgical services [6,7], as has been the case with other sectors including markets, restaurants, tourism, and education. In the upcoming months, devising recovery plans that suits every specialty or hospital will be challenging but continuous development of guidelines and frameworks to overcome this burden will strengthen and better equip the healthcare system during the post-pandemic phase, and also ensure quality of patient care and adequate training of the young trainees and doctors.

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