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REFERENCES

1. Bejarano González N, Romaguera Monzonís A, Rebas Cladera P, García Monforte N, Labró Ciurans M, Badia Closa J, et al. Is percutaneous cholecystostomy safe and effective in acute cholecystitis? Analysis of adverse effects associated with the technique. *Cir Esp.* 2021. S0009-0739X(21)00124-X. English, Spanish.
2. Yokoe M, Hata J, Takada T, Strasberg SM, Asbun HJ, Wakabayashi G, et al. Tokyo guidelines 2018: diagnostic criteria and severity grading of acute cholecystitis (with videos). *J Hepatobiliary Pancreat Sci.* 2018;25:41-54.
3. Cuevas-López L, Ayala Acosta JC, Velásquez-Jiménez OA, Navarro-Alean JA, González-Higuera LG, Zurita Medrano N, et al. Recomendaciones para el manejo de los pacientes quirúrgicos urgentes durante la pandemia COVID-19. *Rev Colomb Cir.* 2020;35:143-52.
4. Torregrosa L, Prieto R, Cabrera LF, Ordoñez J, Sánchez E, Rodríguez C, et al. Recomendaciones generales para los Servicios de Cirugía en Colombia durante la pandemia COVID-19 (SARS-CoV-2). *Rev Colomb Cir.* 2020;35:264-80.

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Management of cholelithiasis in times of COVID-19: A challenge for the system[☆]

Gestión de la coleditiasis en tiempos de COVID-19. Un reto para el sistema



To the Editor:

Since the declaration of the SARS-CoV-2 pandemic on March 11, 2020, by the WHO¹, COVID-19 has shaken the Spanish healthcare system and negatively impacted the availability of health resources, which we have described in our article².

While living with the virus for more than a year, we have adopted several measures to reduce the risk of perioperative infection, such as systematic preoperative PCR testing, the creation of selective patient circuits, the correct use of personal protection equipment, technical modifications for safe laparoscopic procedures, and the determination of the optimal moment for elective surgery after SARS-CoV-2 infection^{3,4}.

Unfortunately, throughout this year many hospitals have had persistently high bed occupancy rates due to COVID-19, although without reaching complete saturation like at the beginning of the pandemic. This situation has meant that only certain surgical activities have been maintained, mostly for oncological and urgent disease as well as some preferential benign conditions that do not require hospitalization.

Consequently, the waiting lists have increased significantly^{5,6} for non-urgent benign diseases like symptomatic cholelithiasis, as previously announced in our publication².

A long delay before definitive surgical care can aggravate the clinical situation of patients with cholelithiasis, who have an increased risk of experiencing episodes of cholecystitis or acute pancreatitis and may require more complex cholecystectomies with a higher risk of intraoperative complications⁷.

This situation makes it necessary for us to demand that national healthcare authorities immediately develop a strategy aimed at reducing waiting times for elective cholecystectomy, while guaranteeing equal access to surgical treatment across the national territory⁸.

Effective measures should be implemented in the short and long term. We recommend: promoting cholecystectomy programs in outpatient surgery (a practice that was only common in 37.9% of the centers surveyed in our study²); developing programs to 'crush' the waiting list by scheduling surgeries in the evenings or on weekends, with extra pay for hospital staff or by hiring specific staff; reaching patient referral agreements with other public or private hospitals that

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have a greater availability of beds and operating rooms; and promoting cholecystectomies during hospitalization for mild pancreatitis or uncomplicated acute cholecystitis by assigning specific operating rooms.

Likewise, it is essential to develop a clinical monitoring program in order to prioritize patients on the cholecystectomy waiting list^{9,10}, which would enable us to speed up the intervention in more symptomatic patients or those at a greater risk of complications.

The surgical waiting list for elective cholecystectomy is currently a significant problem in Spanish hospitals. All of us—politicians, healthcare administrators and surgeons—must make it our priority to get involved.

REFERENCES

1. WHO.int. Geneva: Director general de la OMS; 11 marzo 2020 [accessed 13 May 2021]. Available from: <https://www.who.int/dg/speeches/detail/who-director-general-s-openingremarks-at-the-media-briefing-on-COVID-19—11-march-2020>.
2. Ielpo B, Prieto M, Ortega I, Balibrea JM, Rubio-Pérez I, Juvany M, et al. National survey on the treatment of cholelithiasis in Spain during the initial period of the COVID-19 pandemic. *Cir Esp*. 2020. S0009-739X(20)30232-3. English, Spanish. <https://doi.org/10.1016/j.ciresp.2020.07.001>. Epub ahead of print. PMID: 32892980; PMCID: PMC7368890
3. Balibrea JM, Badia JM, Rubio Pérez I, Martín Antona E, Álvarez Peña E, García Botella S, et al. Surgical management of patients with COVID-19 infection. recommendations of the Spanish Association of Surgeons. *Cir Esp*. 2020;98:251–9.
4. COVID Surg Collaborative, Global Surg Collaborative. Timing of surgery following SARS-CoV-2 infection. *Anaesthesia*. 2021;76:748–58.
5. Listas de Espera del Sistema Nacional de Salud: Indicadores Resumen. Junio 2020 [accessed 13 May 2021]. Available from: <https://www.msbs.gob.es/estadEstudios/estadisticas/inforRecopilaciones/listaEspera.htm>.
6. Tiempos de respuesta asistencial de listas de espera en las intervenciones quirúrgicas en Andalucía. Datos de diciembre de 2020 [accessed 13 May 2021]. Available from: <https://www.sspa.juntadeandalucia.es/servicioandaluzdesalud/ciudadania/derechos-y-garantias/tiempos-de-respuesta-asistencial-listas-de-espera/intervenciones-quirurgicas-diciembre-2020/andalucia-total-de-pacientes-pendientes>.
7. Rutledge D, Jones D, Rege R. Consequences of delay in surgical treatment of biliary disease. *Am J Surg*. 2000;180:466–9.
8. BOE-A-2011-14190 Real Decreto 1039/2011, de 15 de julio, por el que se establecen los criterios marco para garantizar un tiempo máximo de acceso a las prestaciones sanitarias del Sistema Nacional de Salud [accessed 13 May 2021]. Available from: <https://www.boe.es/eli/es/rd/2011/07/15/1039>.
9. Alcalde Escribano J, Villete Plaza R, Ruiz López P, Rodríguez Cuellar E, Landa García JI, Jaurrieta Mas E. Informe sobre los criterios para establecer prioridades al incluir pacientes en lista de espera de cirugía. *Cir Esp*. 2002;72:349–58.
10. Planells Roig M, Cervera Delgado M, Garcia Espinosa R, Navarro Vicente F, Sanahuja Santafé Á. Evaluación del gastrointestinal quality of life index como sistema de selección para la priorización de pacientes en lista de espera de colecistectomía laparoscópica [Evaluation of the gastrointestinal quality of life index as a system to prioritize patients on the waiting list for laparoscopic cholecystectomy]. *Cir Esp*. 2013;91:308–15. Spanish. <https://doi.org/10.1016/j.ciresp.2012.07.021>. Epub 2012 Nov 13. PMID: 23153780

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