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## Editorial

# Surgery after SARS-CoV-2 infection: Wait 7 weeks!!!



Patients with preoperative SARS-CoV-2 infection are at higher risk of death and postoperative lung infection [1], and an international study by the British COVID Surg and GlobalSurg Collaboratives of the NIHR (National Institute for Health Research) [2] recently determined the timing of these extra risks.

A prospective multicenter study included 140,231 patients, 3127 of whom (2.2%) had COVID-19 infection, undergoing any type of emergency or non-emergency surgery in October 2020 in 1674 hospitals in 116 countries, analyzing mortality according to the interval between COVID-19 onset and surgery. Viral infection was defined by at least 1 of the following criteria: positive nasopharyngeal reverse transcriptase polymerase chain reaction (RT-PCR), positive rapid antigen test, chest CT showing possible signs of SARS-CoV-2-induced pneumopathy, positive serology (IgG and/or IgM), and clinical diagnosis of infection. Patients diagnosed during the 30 days following surgery were excluded.

With less than 2% missing data, mortality in patients free of COVID-19 was 1.4%. This was significantly lower than overall mortality in infected patients, which diminished over time from 9.1% for diagnosis-to-surgery interval < 2 weeks, to 6.9% for 3–4 weeks, and to 5.5% for 5–6 weeks (all *P*-values less than 0.005, the present recognized “significance” threshold [3]). Beyond 7 weeks, the rate did not differ from the overall rate of 2%. The significant differences remained after adjustment on recognized confounding factors of mortality (age, ASA (American Society of Anesthesiologists) status, severe heart failure, etc.) and on emergency/non-emergency surgery, and also when diagnosis was based solely on positive nasopharyngeal samples. Extra mortality was greater in case of history of symptomatic than asymptomatic forms of infection (whatever the symptoms): overall 6-week mortality 13% and 6%, respectively. The study did not specify the causes of extra mortality; the authors drew no conclusions as to the etiology of death, but stressed that the rate of pulmonary complications (pneumopathy or acute respiratory distress syndrome) was 3–4-fold higher until the tide turned in week 7.

Surgeons already know they should leave their lancets alone on their birthday—a happy occasion that unhappily increases surgical mortality. . . [4]. The COVID pandemic likewise requires restraint in operating on patients with this fearsome viral disease.

### Disclosure of interest

The authors declare that they have no competing interest.

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