


# “Comment on the article titled “Nosocomial SARS-CoV-2 transmission in postoperative infection and mortality: analysis of 14 798 procedures” by Elliott JA *et al.*”

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Dear Editor,

We read with interest the article titled “Nosocomial SARS-CoV-2 transmission in postoperative infection and mortality: analysis of 14 798 procedures” by Elliott *et al.*<sup>1</sup> However, we would like to make a few observations.

Laparoscopic surgery (LS) had become an early unsung collateral victim of the COVID-19 pandemic due to the ‘fear’ of COVID-19 infection for health care professionals. This was because of the theoretical potential of virus transmission *via* surgical smoke and laparoscopy gas, and LS was quickly and somewhat prematurely labeled as a high-risk procedure. So it is very interesting to see that things have come full circle as authors’ projections show that LS may be protective for nosocomial transmission of COVID-19 infection owing to reduced duration of hospital stay.

As the end of the pandemic is nowhere in sight, any intervention reducing the duration of hospital stay assumes even greater importance than before. Hence, enhanced recovery after surgery protocols need to be explored for their wider application in these difficult times.

Mortality after surgery in a COVID-19 positive patient so far has been considered as a COVID-19 death irrespective of the severity of the surgical disease, procedure, or associated comorbidity, a definition which can be epidemiologically justified during a pandemic. However, now there is a definite need to differentiate COVID-specific deaths (deaths due to complications of COVID-19) from the COVID-related deaths (deaths due to complications of comorbidity or the surgical disease or surgery itself in a COVID-19 positive patient). This is required to identify the real risk, unlike the theoretical estimations, of nosocomial infection, and the subsequent mortality in elective surgery during this pandemic.

## Reference

1. Elliott JA, Kenyon R, Kelliher G, Gillis AE, Tierney S, Ridgway PF. Nosocomial SARS-CoV-2 transmission in postoperative infection and mortality: analysis of 14 798 procedures. *Br J Surg* 2020;107:1708–1712. doi: 10.1002/bjs.12053