Impact of COVID-19 on urgent surgical activity

Editor

Covid-19 pandemic is affecting more than 200 countries around the world with a case fatality rate of 6 per cent¹. More than 28 million procedures would be cancelled or postponed during the 12-week peak according to a recent global expert-response study². Furthermore, it has been shown that COVID-19 infection may complicate the course of patients undergoing elective surgery³. In this scenario, it is difficult to estimate the consequences of COVID-19 on global health systems, but concerted efforts are being made to avoid detrimental effect on oncologic outcomes and limit surgical morbidity⁴.

After February 21, 2020, Italy became the hardest-hit country, with the highest death toll of 17,127 (>5 times as much as China) and 135,586 confirmed cases on April 7, 2020⁵.

Between February 26th and May 3rd (the day before all measures restricting movement within the regional territory ceased to have effect), 161 operations were performed by our unit from a tertiary teaching hospital in Veneto, the second-hit Italian region by the COVID-19 outbreak. Among these, 56 (35 per cent) were urgent cases. In 2019, 322 operations were performed

during the same time period, with 76 (24 per center) in the emergency setting. Following hospital directions, a 50 per cent decrease in theatre slots has led to halving the number of operations compared to last year.

During both years, most urgent cases related to lower gastrointestinal surgery (61 per cent [46/76] in 2019 and 64 per cent [36/56] in 2020). However, compared to the previous year these were performed in a significantly higher number of patients with active cancer (7/56 [12.5 per cent] vs. 1/76 [1.3 per cent]; P = 0.018). Moreover, a higher number of referrals for bowel obstruction resulting from incarcerated umbilical and inguinal hernias were observed during the pandemic.

Forthcoming guidelines will inform the optimal timing and type of surgery, especially for cancer patients during an unrelated pandemic, and a joint international effort is advisable to establish pathways for crisis management.

Author Contributions

GZ and MR equally contributed to this article.

G. Zanus, M. Romano, G. A. Santoro, S. Rossi and U. Grossi 4th Surgery Unit, Regional Hospital Treviso, DISCOG, University of Padua, Italy

DOI: 10.1002/bjs.11856

- 1 WHO. Coronavirus disease (COVID-19) pandemic. https://www .who.int/emergencies/diseases/novelcoronavirus-2019.
- 2 COVIDSurg Collaborative. Elective surgery cancellations due to the COVID-19 pandemic: global predictive modelling to inform surgical recovery plans. *Br J Surg* 2020; https://doi.org/ 10.1002/bjs.11746 [Epub ahead of print].
- 3 Aminian A, Safari S, Razeghian-Jahromi A, Ghorbani M, Delaney CP. COVID-19 Outbreak and Surgical Practice: Unexpected Fatality in Perioperative Period. *Ann Surg* 2020; 272: e27-e29.
- 4 Spinelli A, Pellino G. COVID-19 pandemic: perspectives on an unfolding crisis. *Br J Surg* 2020; **107**: 785-87.
- 5 Grossi U, Zanus G, Felice C. Coronavirus disease 2019 in Italy: The Veneto model. *Infect Control Hosp Epidemiol* 2020; https://doi.org/10 .1017/ice.2020.225 [Epub ahead of print].