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Invited Commentary

An Invited commentary on “Transforming laparoendoscopic surgical protocols during COVID-19 pandemic; big data analytics, resource allocation and operational considerations; a review article”


I congratulate the Authors on their comprehensive work entitled Transforming laparoendoscopic surgical protocols during COVID-19 pandemic; big data analytics, resource allocation and operational considerations; a review article.

Nowadays, laparoscopic surgery is the procedure of choice for treatment of several conditions requiring surgical intervention. Compared to open surgery, laparoscopic surgery is associated with many advantages such as shorter recovery time, reduced hemorrhage, and pain. However, there are some potential disadvantages of laparoscopic surgery like expensive equipment, lengthier operation, and Steeper learning curve [1].

To date more than 10 000 000 patients were diagnosed with COVID-19, due to SARS COV-2. Of those 500 000 patients have died throughout the world. Although all age groups are prone to the disease, elderly patients or those with comorbidity are more susceptible to develop serious complications. As far as our knowledge goes, the virus can invade many organs like lungs, heart, kidney, and central nervous system [2,3].

Laparoscopic surgery should be offered to a small number of patients because of increased risk of SARS COV-2 transmission. In case of performing laparoscopic surgery, the following precautions should be applied:

Trocar and instruments should be disposable; surgeons should use aspirator mask in addition to Standard personal protection equipment; pneumoperitoneum should be at low pressure; exsufflation and deflation of the peritoneum should be performed before trocar removal; energy devices should be set up at minimal level [3,4].

In general, as mentioned in this study and the protocols developed by the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) and the European Association of Endoscopic Surgeons (EAES),

laparoscopic procedures should only be performed for life threatening conditions.

Provenance and peer review

Invited Commentary, internally reviewed.

Declaration of competing interest

Authors declare no conflict of interest.

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