



Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.

The Importance of Vaginal Natural Orifice Surgeries in the Era of COVID-19 Pandemic



To the Editor:

Coronavirus disease (COVID-19) is a contagious disease caused by the novel severe acute respiratory syndrome coronavirus 2, which spread to approximately 200 countries with 5 451 532 confirmed cases and 345 752 confirmed deaths as of May 27, 2020 [1]. The virus spreads among individuals through respiratory droplets. In regard to surgery, aerosols, feces, blood, and peritoneal fluid have also been reported as potential vectors for virus transmission [2].

It has been suggested that minimally invasive surgeries other than emergency and cancer cases should be postponed because of the risk of virus spread and that laparotomy should be preferred to reduce the possibility of increased virus transmission through the plumes of aerosolized smoke and contamination by body fluids, during tissue extraction through small incisions [3].

In regard to these concerns, leading societies have published recommendations including triage testing, reducing the number of medical staff in the operating room, reducing incisions, lowering electrosurgery power settings, and suctioning the aerosolized smoke or steam plumes with a closed filtration system [3].

A recent study has reported that vaginal fluid is negative for the COVID-19 virus [4]. This environment has highlighted the importance of conventional vaginal surgeries (VS) and vaginal natural orifice transluminal endoscopic surgery (vNOTES), which eliminate the possible risk of aerosol- and tissue extraction-associated transmission that could be observed in conventional laparoscopy. vNOTES is a promising “rescue” approach for conventional VS, especially in the management of large adnexal masses [5]. It allows masses to be extracted through a large colpotomy incision. In addition, both conventional VS and vNOTES have a shorter duration of surgery, a shorter hospital stay, and a better postoperative pain score than conventional laparoscopy [5].

In conclusion, in the COVID-19 pandemic period, conventional VS or vNOTES can be considered safe alternatives to traditional laparoscopy and laparotomy to reduce potential surgery-related risks of infection.

Cihan Kaya, MD, MSc
Istanbul, Turkey

References

1. World Health Organization. Coronavirus disease (COVID-2019) situation reports 27. Available at: <https://covid19.who.int>. Accessed May 27, 2020.
2. Coccolini F, Tartaglia D, Puglisi A, et al. SARS-CoV-2 is present in peritoneal fluid in COVID-19 patients. Available at: <https://journals.lww.com/annalsofsurgery/Documents/SARS-CoV-2%20is%20present%20in%20peritoneal%20fluid%20in%20COVID-19%20patients.pdf>. Accessed May 27, 2020.

3. Angioni S. Laparoscopy in the coronavirus disease 2019 (COVID-19) era. *Gynecol Surg*. 2020;17:3.
4. Qiu L, Liu X, Xiao M, et al. SARS-CoV-2 is not detectable in the vaginal fluid of women with severe COVID-19 infection. *Clin Infect Dis*. 2020;53:436–443.
5. Kaya C, Alay I, Yildiz S, Cengiz H, Afandi X, Yasar L. The feasibility of natural orifice transluminal endoscopic surgery in gynecology practice: single-surgeon experience. *Gynecol Minim Invasive Ther*. 2020;9:69–73.

<https://doi.org/10.1016/j.jmig.2020.06.003>

Patient-Centered, Gynecology-Specific Prioritization of Nonurgent Surgeries during the COVID-19 Pandemic: Proposal of a Novel Scoring System



To the Editor:

Obstetric and gynecologic procedures compose more than a quarter of all surgeries performed in adult US women [1]. Approximately 4 million gynecologic surgeries are performed in the United States annually [1–3], with nearly 1.5 million performed in the inpatient setting [3]. However, in response to the coronavirus disease (COVID-19) pandemic of 2020, most US healthcare institutions postponed nonurgent, essential (i.e., “elective”) procedures, including most gynecologic procedures [4–11]. During this time, surgery has been among the most disrupted aspects of gynecologic care. The degree of limitation on gynecologic procedures has varied considerably depending on COVID-19 prevalence, case mix, hospital type, and available resources.

The COVID-19 pandemic has evolved over time, and several states have lifted restrictions on essential, nonurgent procedures, and case resumption is underway [11,12]. Hospitals have approached this in different ways, but some have taken a department-focused approach. Specifically, as essential, nonurgent surgeries resume, surgical departments prioritize/rank their respective delayed subspecialty cases and are granted a proportion of hospital operating room time to perform these procedures. With the anticipated reintroduction of gynecologic surgeries, there is an urgent need for a systematic approach to manage the procedural backlog and prioritize these cases. One approach to managing the nationwide surgical backlog is to classify procedures by priority. Surgical prioritization refers to ranking cases on the basis of various criteria [4–7].

Almost every surgical professional society has issued subspecialty guidelines for the prioritization of essential, nonurgent procedures [4,6–10]. Both the American College of Surgeons (ACS) and joint statements from 8 professional gynecologic societies, including the American Association of Gynecologic Laparoscopists (AAGL), have outlined excellent initial strategies for this process in gynecology [4,7]. The guidelines are based on modifications of the ACS Elective Surgery Acuity scale [4], and recommend