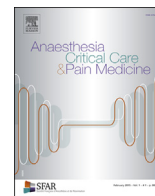




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## Letter to the Editor

### Guidelines: Anaesthesia in the context of COVID-19 pandemic



#### ARTICLE INFO

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Dear Editor,

In the current context of SARS-CoV-2 (COVID-19) pandemic, development of clinical practice guidelines that seek to prevent and reduce the risk of infection in healthcare workers is essential. The manuscript by Velly et al. [1] is very appropriate, as it provides recommendations for the safe and gradual restoration of surgical procedures. These guidelines are based on the knowledge of the adverse outcomes of patients with COVID-19 infection undergoing surgeries [2] and the elevated risk to healthcare personnel during aerosol generating procedures.

After reading the document, we present the following considerations:

- 1 Telemedicine has emerged as a critical tool to bring medical care to patients while minimising the risk of transmission of COVID-19 among patients and medical staff [3]. The effectiveness of using telemedicine when performing the pre-anaesthetic evaluation (PAE) has been evaluated previously. The evidence suggests that the PAE can be carried out successfully using telemedicine, with high satisfaction levels among patients and physicians [4,5]. Telemedicine allows for patients and doctors to establish an appropriate relationship and to get a complete medical history. Furthermore, it allows patients and physicians to communicate properly, so doctors can explain and resolve questions [5]. Although physical examinations through telemedicine is impaired, difficult airway prediction has been found to be similar compared to in-person examination, and cardiopulmonary findings highly concordant with the day of surgery examination [4,5]. In our institution, more than 3000 telemedicine consultations have been carried out with successful results.
- 2 Real time polymerase chain reaction (RT-PCR) test is requested to all patients undergoing elective surgery, 48–72 h prior procedure. Thus, it is possible that the result is not available in the moment of the PAE. We implemented in our institution the routinely request of the RT-PCR test to all patients scheduled for surgery, with a mean of 15 cancelations per week for positive RT-

PCR results. These results were available after the PAE. Considering that SARS-CoV-2 transmission can occur through aerosols, which are produced while talking or breathing, and that the virus can remain suspended in the air for several hours, we believe healthcare workers should use ocular protection and N95 respirators throughout the medical consultation and not only during the physical examination as recommended (R. 1.2.2).

Even though the available evidence is limited, we believe these guidelines provide important recommendations for the safe reopening of the outpatient surgery service. Likewise, we consider that telemedicine offers an opportunity for preoperative patient care.

#### Conflicts of interest

We declare NO affiliations with or involvement in any organisation or entity with any financial interest or non-financial interest in the matter discussed in this document.

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