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Surgery at the time of COVID-19 pandemic: initial evidence of safe practice

Editor

Coronavirus disease (COVID-19) is putting the healthcare system of every nation under stress^{1,2}.

Italy, the first western country to be severely affected by COVID-19, was shaken by the outbreak, resulting in a major rearrangement in the health system³. Three consultant surgeons (two general and one orthopaedic) working at the private hospital Clinica Ruesch in Naples and employed in other institutions, became symptomatic (i.e. cough and hyperpyrexia), and tested positive for SARS-CoV-2 on swabbing. They were attending the Clinica Ruesch prior to becoming symptomatic. All hospital personnel and patients were screened by a rapid IgM/IgG test of fingertip blood; no one showed any symptoms of COVID-19 at the time of testing. Of 300 screened individuals, one pregnant woman and two surgical patients (1 per cent) tested positive. After negative reverse transcriptase–polymerase chain reaction (RT–PCR) swab testing, the pregnant woman was admitted for caesarean section. The two surgical patients were referred to their general practitioners for further evaluation. All

hospital workers and patients tested negative; an encouraging result considering the contagiousness and high reproduction number (R_0) of the virus, thought to be over 6⁴.

Several procedures have been advocated: correct use of disposable personal protective equipment (PPE), including high-performance medical masks, gloves, gowns, goggles/face and body shield; and adoption of preadmission telephone triage. Admission is delayed by 14 days for patients considered at risk. Patients are assigned individual rooms and no visitors are allowed. Patients are routinely screened by rapid blood test before admission. The body temperature of every person entering the building is checked and everyone has to complete a form detailing symptoms or contact risk. Common spaces and targeted surfaces are washed twice a day with dedicated detergents. Whenever possible, doctors adopt online telemedicine for patient counselling, thereby reducing in-person hospital attendance^{5,6}. Initial data obtained after 2 months of the pandemic seem to indicate that correct and diligent use of PPE, together with adoption of distancing and protective procedures, are able to limit infection of healthcare workers and patients.

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