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.

International Journal of Surgery 80 (2020) 38–39

Contents lists available at ScienceDirect

International Journal of Surgery

journal homepage: www.elsevier.com/locate/ijsu

Uninvited Letter to Editor

The importance of anaesthetists in restarting elective surgery

ARTICLE INFO

Keywords:
COVID-19
Coronavirus
Anaesthetics
Surgery
Critical care
Intensive care

Dear Editor,

With all planned elective operations being cancelled due to COVID-19, the resumption of these services must be carried out carefully by members of the surgical profession and other disciplines on which it relies.

The article by Al-Jabir et al. highlights many of the issues that surgeons will face and possible ways they can be mitigated [1]. Despite decreases in new infections reported in many countries, COVID-19 is forecasted to remain in the community for some time and it is vital that any plans of restarting elective surgery are enacted whilst taking this into account.

As anaesthesia is vital to performing operations, it is undoubtedly important to consider the views of the anaesthetist as preparations are made to resume non-urgent surgery. In light of the pandemic, various UK anaesthetic bodies came together to form the Intensive Care Medicine (ICM) Anaesthesia COVID 19 Collaboration. It recently developed a strategy document that details the challenges which will be faced as planned surgery restarts and how best to manage them. It is broken down into four domains: Space, Staff, Stuff (Equipment) and Systems. Within each 'S', readiness is signified by using a traffic light system, with 'Green' representing ideal and safe conditions [2].

With regards to space, it emphasises that temporary ICUs set up in response to COVID-19, which often utilise key locations within surgical departments such as operating theatres and recovery rooms, should be relocated and avoided if critical care capacity must be expanded again. Aside from this, sufficient availability of critical care beds is vital to ensure that adequate preparations for post-operative complications are in place. The strain on these beds is set to remain for the near future and will likely rise when elective surgery is restarted [2]. The ICM Collaboration outlines the safest circumstances to proceed with planned surgeries as having a maximum critical care bed occupancy of 85% of baseline capacity to ensure there is space for surgical patients. Separation of COVID-19 positive and negative beds, and the critical care pathway being independent of the surgical pathway are also crucial in protecting patients and staff [2].

In terms of staffing, the peak of COVID-19 admissions saw many anaesthetic and theatre staff redeployed to intensive care units to monitor COVID-19 patients. For normal surgical activity to resume, the strategy details the need for dedicated anaesthetists being available for planned surgery. To facilitate this, it also suggests bringing higher-risk anaesthetists that have been shielded back into the workforce, only after adequate risk assessment [2].

The peak of the pandemic saw more anaesthetic machines and infusion pumps being used in ICU settings instead of surgery. This, together with inadequate PPE and shortages of key drugs, highlights the importance of sufficient equipment in ensuring normality is reached. In the UK, the Medicines and Healthcare products Regulatory Agency issued an alert last month of shortages in the important muscle relaxants atracurium, cisatracurium and rocuronium. Guidance from various groups were subsequently released, detailing methods in maintaining their supply. They suggested switching from general anaesthesia to local or neuraxial blocks where practicable and utilising various alternative drugs to spare their supply in anaesthesia and critical care [3,4]. To avoid situations such as this, the strategy outlines the need for adequate supply and stocks of key drugs used in the ICU setting. This, along with similar guidance in preserving these drugs, could help ensure their supply does not diminish. With minimal ICU use of equipment that is necessary in surgery, adequate stocks of PPE and enough medications, the collaboration suggests that elective surgery can begin [2].

There are many similarities in the advice given by the ICM collaboration and guidance from various other bodies in that they focus on systems and regional logistics. The document calls for separate COVID-19 positive and negative pathways in surgical care to be fully enforced to ensure that patients and staff are protected. It further underlines the importance of developing policies for prioritising elective surgery as the backlog is dealt with. Adequate opportunity for testing patients and staff is also crucial in making certain that these systems can be maintained and is echoed in the guidance by the UK's National Health Service [5].

With the levels of uncertainty brought on by the COVID-19

DOI of original article: https://doi.org/10.1016/j.ijsu.2020.05.022

https://doi.org/10.1016/j.ijsu.2020.05.093
Received 25 May 2020; Accepted 30 May 2020
Available online 07 June 2020
1743-9191/ © 2020 IJS Publishing Group Ltd. Published by Elsevier Ltd. All rights reserved.

pandemic, efficient interdisciplinary collaboration and communication is essential. This is particularly pertinent between surgeons and anaesthetists. The issues discussed, and possible ethical dilemmas born of this must be considered seriously as services resume.

Ethical approval

No ethical approval required.

Sources of funding

No funding received.

Author contribution

All authors contributed equally in the preparation of the manuscript.

Research registration unique identifying number

N/A.

Guarantor

Dr Soheeb Mehr.

Provenance and peer review

Not Commissioned, internally reviewed.

Data statement

The data in this review is not sensitive in nature and is accessible in the public domain.

Declaration of competing interest

No conflicts of interest.

References

[1] A. Al-Jabir, A. Kerwan, M. Nicola, Z. Alsafi, M. Khan, et al., Impact of the Coronavirus (COVID-19) pandemic on surgical practice - Part 1 (review article), Int. J. Surg. (2020 May 12), https://doi.org/10.1016/j.ijsu.2020.05.022.
[2] Royal College of Anaesthetists, Association of Anaesthetists, Intensive Care Society and Faculty of Intensive Care Medicine, Restarting planned surgery in the context of the COVID-19 pandemic, https://icmanaesthesiacovid-19.org/restarting-planned-surgery-in-the-context-of-the-covid-19-pandemic, (2020) , Accessed date: 22 May 2020.
[3] Anaesthetic guidance relating to Tier 3 Alert of supplies of Atracurium, Cisatracurium & Rocuronium — ICM Anaesthesia COVID-19, https://icmanaesthesiacovid-19.org/news/anaesthetic-guidance-relating-to-tier-3-alert-of-supplies-of-atracurium-cisatracurium-and-rocuronium, (2020) , Accessed date: 22 May 2020.
[4] Critical care guidance relating to Tier 3 Alert of Supplies Atracurium, Cisatracurium & Rocuronium — ICM Anaesthesia COVID-19, https://icmanaesthesiacovid-19.org/news/critical-care-guidance-relating-to-the-tier-3-alert-of-supplies-of-atracurium-cisatracurium-and-rocuronium, (2020) , Accessed date: 22 May 2020.
[5] NHS England, Operating framework for urgent and planned services in hospital settings during COVID-19, https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/05/Operating-framework-for-urgent-and-planned-services-within-hospitals.pdf, (2020) , Accessed date: 22 May 2020.

Soheeb Mehr*
Imperial College Healthcare NHS Trust, United Kingdom
E-mail address: soheeb.mehr.14@ucl.ac.uk.

Pajam Amin
Kingston Hospital NHS Foundation Trust, United Kingdom

M. Ashraf
UCL Medical School, United Kingdom

* Corresponding author. Praed Street, London, W2 1NY, United Kingdom.