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Editorial comment

Comment on: Outcomes of obese patients hospitalized with COVID-19: the impact of prior bariatric surgery

Few are unaware of the global pandemic caused by a novel coronavirus that has impacted our planet for the past 2 years. Health factors such as obesity, even without associated medical conditions, are associated with more severe disease and mortality in patients infected with COVID-19 [1]. The manuscript by Purdy et al. is a timely review of a topic that many in our field believed to be true but had little data to support: that the improvement of obesity and weight-related health conditions through metabolic surgery would likely have a protective effect on patient outcomes after severe COVID-19 infection. Of note, however, a similar (although smaller) study from France found that among post-bariatric surgery patients, persistence of type 2 diabetes at the most recent follow-up visit increased the likelihood of such patients having more severe disease episodes if later hospitalized with COVID-19 infection [2]. This emphasizes the additive effects of obesity-related co-morbidities on the severity of COVID-19 infection.

Papers by Aminian et al., published during the pandemic, alerted us that patients with undiagnosed COVID-19 infection who then underwent uncomplicated “elective” operations had an excessively high mortality rate [3]. The publication by Doglietto et al., describing a 20% mortality rate among patients known to be COVID-positive prior to

surgery, had a chilling effect on surgical practice [4]. The rapid pandemic lockdown and cessation of all nonurgent surgery, followed by staged reopening and the requirement for preoperative viral testing was necessary until we had more data. Unfortunately, this likely had the unintended consequence of delaying much-needed medical care for untold numbers of patients [5].

The “Safer Through Surgery” editorial in this journal [6], along with articles such as that by Prachand et al. [7], were calls for us to parse out the difference between what is truly elective surgery and that which is more time-sensitive and medically necessary. Looking at the relationship between COVID-19, patients with severe obesity, and bariatric surgery, Vosburg et al. published their series of patients with severe obesity who underwent bariatric surgery after full recovery from COVID-19 infection [8]. Data on 53 patients who had previously been diagnosed with COVID-19 infection of any severity showed that after resolution of that illness, the rate of complications after metabolic surgery was no higher than that of the general bariatric population. These authors concluded that “Bariatric surgery should not be considered elective in the setting of this pandemic as patients with obesity are at increased risk of mortality and the surgery can be conducted safely both before and after infection.”

This new evidence that a history of metabolic surgery has a protective effect on patients who later develop COVID-19 infection, along with data that such surgery can be done without increased complications in patients who have recovered from such an infection, is extremely encouraging and underscores the need for more of this potentially life-saving surgery, as quickly as it can be offered.

Ann M. Rogers, M.D.
College of Medicine, Department of Surgery
Pennsylvania State University
Hershey, Pennsylvania

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<https://doi.org/10.1016/j.soard.2021.09.018>