The Editors welcome topical correspondence from readers relating to articles published in the Journal. Letters should be submitted electronically via the BJS submission site (mc.manuscriptcentral.com/bjs). All correspondence will be reviewed and, if approved, appear in the Journal. Correspondence must be no more than 300 words in length.

Surgical and endoscopy protocols for general surgeons during the COVID-19 pandemic: an institutional experience in Singapore

Editor

The COVID-19 pandemic has seen an increasing number of transmissions among healthcare workers in hospitals[1–4]. The General Surgery department at Tan Tock Seng Hospital has implemented measures to prevent transmission of SARS-CoV-2 to healthcare workers. As the tertiary hospital adjoining the National Centre for Infectious Disease in Singapore, we are involved in the management of COVID-19 cases including: endoscopy for gastrointestinal bleeding, chest tube insertion for tension pneumothorax (prolonged ventilation), damage control laparotomy for blunt trauma, femoral embolectomy for acute limb ischaemia, and emergency thoracic endovascular aneurysm repair for acute aortic thrombosis.

All staff underwent mask-fitting for appropriately sized N95 masks. Training sessions supplemented by instructional videos are held to educate surgeons on donning/doffing personal protective equipment (PPE) and use of powered air-purifying respirators (PAPR). Surgical patients were stratified into three categories: confirmed or suspected infection; at risk of infection; and low risk of infection. To ensure minimal contact with non-essential personnel, a dedicated transfer route was planned to transfer a confirmed/suspected/at-risk case, facilitated by the security officer on duty. Surgery and endoscopy are limited to conditions that are life-threatening, malignancies or active symptoms requiring urgent attention[2–4].

The anaesthesia team wears full PPE to intubate patients, and the surgical team waits outside the operating theatre for 3 min before entering, based on the air recycle rate of 25–30 cycles/h. Patients already on ventilation have endoscopy performed at the bedside in ICU rooms. All endoscopies are performed with full PPE in view of possible generation of virus-laden aerosols and potential shedding of SARS-CoV-2 in faeces[4]. Low-risk patients are nursed in the postanaesthesia care unit (PACU) and details of attending staff are kept for contact tracing should the need arise. Compliance with tested protocols, coupled with adequate supplies of PPE, are vital to ensure the safety of our surgeons and healthcare workers during this pandemic.

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