P-BN34 A single centre study of outcomes for Hiatal Surgery during the Covid-19 pandemic

Ahmad Faraz, Gary Dobson, Ronan Gray, Scott McCain, Gary Spence
Ulster Hospital, Belfast, United Kingdom

Background: Covid-19 has had a significant adverse impact on our ability to maintain provision of surgical interventions for a range of conditions, due to the diversion of resources to care for Covid related emergency admissions. Furthermore, there is clear evidence demonstrating how covid-19 infection in the peri-operative period is associated with dramatically increased rates of morbidity for patients. It has therefore become incumbent on healthcare providers to create peri-operative care pathways which can facilitate delivery of surgical care in a Covid safe environment.

Methods: In response to the Covid-19 pandemic our institution implemented a 'Covid-lite' pathway in order to allow the admission for patients for surgical procedures on the basis of urgent need. This included patients requiring surgery benign upper GI conditions. Patients underwent pre-operative PCR Covid testing,and asked to isloate from time of swab until admission for surgery. Post-opertive operative care was provided on the elective surgical ward which is is all single rooms, and was maintianed as a Covid free environment. We conducted a review of outcomes for all patients undergoing hiatal procedures between January 2020 – April 2021. Surgeries included were Para-Oesophageal Hernia Repair (POH), Anti-reflux Surgery (ARS) & surgery for achalasia (LCM). The primary outcome measure was the rate of Covid-19 infection in the peri-operative period. Measurements were also taken of length of stay, and any signifcant morbidity.

Results: Hiatal surgery was performed on 42 patients in this time period (28 female, 14 male). The median age was 73 years. Three patients underwent elective ARS and 39 had repair of POH. All ARS procedures were performed laparoscopically. For those having POH repair, 31 cases were elective admissions. 30/31 cases had laparoscopic procedures, with 50% of emergency cases also treated laparoscopically. All elective maptients were managed via the The median length of stay for elective cases was 2 days vs. 14.5 for emergencies ($p = 0.001$). Zero patients returned positive Covid-19 tests pre-operatively or during their inpatient stay. Two patients were re-admitted within 30 days, although neither were related to covid-19.

Conclusions: These results indicate that it is possible to safely maintain the provision of hiatal surgery in the Covid-19 era for both elective and emergency cases. The use of a dedicated pathway demonstrates our ability to minimise risk of peri-operative Covid-19 infection and any associated morbidity or mortality. Although there has been a significant attempt prioritise surgery for patients with cancer during the Covid-19 pandemic, these resuts provide a strong case that it possible to provide safe and timely interventions for other necessary surgical interventions with appropriate risk reducing measures.