

A call for structured re-opening of endoscopy services during the COVID-19 pandemic

Sir,

A significant strain has been placed on healthcare facilities by the COVID-19 pandemic. The infectivity rate, as well as the number of healthcare workers who have fallen ill to the disease, have raised concerns globally on the proper management of patients. The realization that aerosol-generating endoscopy procedures would expose endoscopists to the infection, in turn causing manpower shortages, led to the issuance of a position statement by the Saudi Gastroenterology Association (SGA).^[1] Postponement of non-urgent and elective endoscopic procedures was recommended at a national level, aimed at slowing the spread of COVID-19 and preserving resources.

We were bound to have severe fallout to such unprecedented and massive postponement of procedures. In a matter of days, the pandemic unexpectedly cut off access to endoscopy procedures. What was originally envisaged to be a limited shutdown of a few weeks has stretched into months. The disruption to endoscopic services has been huge, with month-on-month accumulated decrease in volume of procedures up to 80%, paralleling other experiences across the world.^[2] Unlike ambulatory clinics, virtual visits are not an option for endoscopic procedures.

The pandemic may stay with us longer than initially expected, and that there may not be any quick fixes to the problems that beset endoscopy units. Studies have revealed significant COVID-19 related concerns of patients and healthcare staff alike, that will have lasting impacts on endoscopy services.^[3-5] As such, it becomes incumbent that healthcare facilities must plan for an eventuality that involves “living with the virus” and facing the potential dangers that it presents to endoscopy units.

While the SGA issued guidance on curtailment of endoscopy service, it must also do the specialty this additional service by issuing guidance for re-opening.^[6] A clear timeline for phased re-opening of care must be devised, with checks and balances incorporated within a structured algorithm. Clinical priority scores for endoscopic procedures should be established, strategies designed that ensure deference of care does not lead to adverse patient

outcomes, and which eventually accommodate the surge in procedures that is likely to ensue from the phased re-opening of services. A practical staged pathway of resuming endoscopy services must be advocated, with phased timelines for implementation. It is imperative that this guidance addresses the concerns of healthcare workers while keeping the patients’ best interests in mind. And the earlier this guidance is detailed, the better our endoscopy community and services will be served.

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Conflicts of interest

There are no conflicts of interest.

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REFERENCES

1. Almadi MA, Aljebreen AM, Azzam N, Alammam N, Aljahdli ES, Alsohaibani FI, *et al.* COVID-19 and endoscopy services in intermediately affected countries: A position statement from the Saudi Gastroenterology Association. *Saudi J Gastroenterol* 2020;26:240-8.
2. Gawron AJ, Kaltenbach T, Dominitz JA. The impact of the COVID-19 pandemic on access to endoscopy procedures in the VA healthcare system. *Gastroenterology* 2020;S0016-5085(20)34995-7.
3. Podboy A, Cholankeril G, Cianfichi L, Guzman E Jr, Ahmed A, Banerjee S. Implementation and impact of universal pre-procedure testing of patients for COVID-19 prior to endoscopy. *Gastroenterology* 2020;S0016-5085(20)34819-8.
4. Rex DK, Vemulapalli KC, Lahr RE, McHenry L, Sherman S, Al-Haddad M. Endoscopy staff are concerned about acquiring COVID-19 infection when resuming elective endoscopy. *Gastroenterology* 2020;S0016-5085(20)30666-1.
5. Al Sulais E, Mosli M, AlAmeel T. The psychological impact of the COVID-19 outbreak on physicians in Saudi Arabia. *Saudi J Gastroenterol* 2020;26:249-55.
6. Yoshida EM, Hussaini T, Alshahfi M. COVID-19 in gastroenterology

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and hepatology: Living with the realities of a historic 21st century pandemic. Saudi J Gastroenterol 2020;26:223-5.

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