

Surgery in the COVID-19 era: implications for patient's mental health and practical recommendations for surgeons

Editor

Whilst COVIDSurg Collaborative¹ brings fundamental recommendation for surgery, patient's mental health is a priority.

COVID-19 is having a profound impact on the mental health of people across the world. Entire nations have undergone strict lockdowns, which coupled with various socio-economic crises have struck people with social, physical, and mental hardship, bearing lifelong consequences.

Literature reports an extreme rise in the incidence of both depression and anxiety internationally, with a potential long-term impact causing post-traumatic stress disorder in COVID-19 patients^{2,3}. Rises in harmful behaviour and suicide can also be expected in line with the findings of the 2003 severe acute respiratory syndrome (SARS) epidemic, where suicide rates increased by 30 per cent and anxiety post recovery increased by 50 per cent⁴. Additionally, fears of contracting the infection and anticipated consequences of nationwide quarantine/social distancing will contribute to creating the clinical picture of a very high-risk and frail surgical patient. Mental health status has been extensively reported in the literature to affect both short- and long-term outcomes, with depression and anxiety being linked to increased post-operative mortality and morbidity rates in surgical patients⁵.

Whilst large scale studies are needed to assess the impact of mental health deterioration on surgical outcomes and patient safety with COVID-19, surgeons should consider immediate actions to address this increasingly concerning issue. We recommend four fronts of action: Acknowledging the existence of symptoms beyond the physical in COVID-19 patients, especially those undergoing a surgical operation, should be the first step. Surgeons should be cognisant of severe mental deteriorations including suicidal thoughts, severe

depression and anxiety, which might not be identified upon first presentation. Vulnerable groups, including older patients, marginalized communities, patients with chronic conditions and those with disabilities should be given the highest priority. Immediate referral to mental health services should be considered in severe cases. It is essential for surgeons to keep themselves informed and educate patients and their next of kin regarding any possible COVID-19 related risks they might be exposed to, including correcting misinformation. The infection control precautions taken both by the hospital and during surgical operations should be communicated to prevent unnecessary alarm. The potential of surgeons to influence behaviour through education should not be underestimated; advice could range from simple infection prevention to more advanced presentation and diagnosis advice. Surgeons should teach patients to acknowledge the signs of mental health deterioration and recognise the symptoms, thus helping to normalise patient's COVID-19 related stress. Among many, signs could include insomnia, fear, distress, struggle in concentrating, deterioration of interpersonal relationships and increased alcohol/tobacco usage. Early detection and intervention will prevent escalation to an unmanageable point. Considering the possible lack of mental health practitioners, surgeons could take on basic tasks and discuss coping strategies with patients and their loved ones. These can include maintaining a healthy lifestyle through diet and exercise, sharing concerns with loved ones, avoiding sources of misinformation and anxiety causing events. Moreover, screening using simple tools like the PHQ-9 and GAD-7 could be of help for surgeons.

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