




ASO Author Reflections: Oncological Surgery during the COVID-19 Pandemic: Effectiveness of Preoperative Screening and Factors Associated with Postoperative SARS-CoV-2 Infection

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PAST

With the coronavirus disease 2019 (COVID-19) pandemic, health care professionals and hospitals were faced with a little-known enemy that overloaded health care institutions and created a need for the reservation of hospital resources for patients diagnosed with COVID-19. Centers for cancer treatment and cancer patients were also affected.¹ Cancer patients had surgery deferred, less intensive clinical follow-up, and a high number of COVID-19-related deaths. Furthermore, a decrease in the diagnosis of new cancer cases was noticed, possibly implying later diagnosis, at more advanced stages, with greater negative patient outcomes.²

PRESENT

In order to provide a ‘COVID-free surgical pathway’, many institutions adopted routine preoperative reverse transcriptase-polymerase chain reaction (RT-PCR) testing for coronavirus. Additionally, other institutional strategies were possibly effective in preventing in-hospital transmission. These strategies included outpatient treatment

(when possible) for patients with confirmed COVID-19, transference of COVID-19-positive patients to facilities dedicated to the disease’s treatment, physical separation of infirmary and intensive care unit (ICU) wards, elevators and operating rooms for patients with suspected or confirmed COVID-19, and encouragement of sanitary measures such as hand washing and wearing of masks.^{3–5} In our study, the rate of preoperative positivity was 6.2% in asymptomatic patients and the rate of postoperative infection was 0.9%.⁶

FUTURE

Our results suggest that preoperative screening for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) detects asymptomatic patients and may reduce in-hospital transmission.⁶ We suggest the implementation of this measure for the time being, in order to mitigate nosocomial spread of COVID-19 and to protect patients who present high risk of postoperative surgical complications, such as cancer patients. Efforts must be maintained to provide efficient diagnosis and adequate access to treatment for patients with cancer. We hope that an increase in vaccination rates will further decrease the rate of postoperative SARS-CoV-2 infection.

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