BJU Int 2020; 126: E1 doi:10.1111/bju.15208

BJUI
BJU International

Editorial

How the Martini-Klinik handled prostate surgery during COVID-19

In the August issue of BJUI, Würnschimmel et al. [1] describe the safety profile of radical prostatectomy at The Martini-Klinik (MK) during the early phase of COVID-19 using a retrospective review. They report no negative outcomes in the cohort when compared to a pre-COVID-19 cohort with short follow-up.

Despite COVID-19-induced European lockdowns and curtailment of non-urgent surgical procedures, MK continued with prostate cancer surgery. They adapted to the COVID-19 risk with simple pragmatic precautions. These precautions included repeated enquiries to the patient to establish their wellbeing and risk of exposure, exclusion of at risk staff, restricting staff travel, reducing footfall, basic PPE precautions for most, limiting surgery to the stand-alone unit of MK within their university complex, restricting anaesthetic team to MK, social distancing in the hospital and good hygiene.

From their data, there was no stratification between the groups for disease-risk or comorbidity. There was no difference in post-operative complications between groups. Outcomes beyond discharge have not been reported in this paper although MK does have systems for post-discharge reporting. If COVID-19 was contracted peri-operatively, symptoms and complications would be expected post-discharge. The most important question for COVID-19 surgery is risk of death not general post-operative complications.

Within the cohort studied, 26 proposed surgeries did not go ahead: 15 due to COVID-19 risk (two clinically positive, 13 contact risks) and 11 by patient choice. It would appear that their strategy proved effective and safe for this group. It is reassuring that good history taking is still a powerful tool.

In the UK, BAUS and EAU guidelines [2] recommend deferment of surgery in low to intermediate prostate cancers. Of the cases operated on in this study at MK, 80% were in this category of risk. Whilst carrying on operating avoids a backlog, there is an acknowledgement that deferment is a safe option.

The success reported in this paper has to be interpreted with great caution at this time point. Germany's COVID-19 experience stands apart from others, with a low mortality and infection transmission reasonably under control. On March 12th, 2020, the UK moved from a policy of containment to delay: stopping community testing, relying on social distancing and shielding. At this point, Germany continued/increased testing and containment.

In Germany, testing and isolation of contacts in the community have led to a low incidence of COVID-19 with an incidence reflective of the true incidence with the majority asymptomatic or mild cases [3]. In the UK, the reported incidence is the tip of the iceberg and represents the incidence of sick, hospitalised patients. Hence, the higher incident mortality in the UK [4].

Patients in the UK may not have single/double rooms available to them that would facilitate infection control during their stay.

Congratulations to the MK for maintaining a safe service but beware of interpreting it as a solution in other healthcare systems, where the incidence of COVID-19 may be higher and the hidden dangers greater.

Conflict of Interest

None declared.

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References

1 **Würnschimmel C**, **Maurer T**, **Knipper S et al.** Martini-Klinik experience on prostate cancer surgery during the early phase of COVID-19. *BJU Int* 2020; 126: 239–43

2 https://uroweb.org/wp-content/uploads/Combined-oncology-COVID-19-recommendations.pdf Accessed May 2020.

3 https://www.ecdc.europa.eu/en/geographical-distribution-2019-ncov-cases Accessed May 2020.

4 https://www.ft.com/content/c4155982-3b8b-4a26-887d-169db6fe4244 Accessed May 2020.

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