



The impact of COVID-19 on proctologic practice in Italy

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Dear Sir,

The coronavirus disease 2019 (COVID-19) pandemic is a major challenge for healthcare systems worldwide [1]. In Italy, colorectal surgery has been strongly affected [2–4].

The Italian Units of Coloproctology (UCPs) are tertiary referral centers affiliated with the Italian Society of Colorectal Surgery (SICCR) and are 56 in total.

While the ProctoLock 2020 survey [5] sought to snapshot the global status of proctologic practice across 6 world regions during the pandemic, we want to report in this letter the impact of COVID-19 on the Italian UCPs (Supplementary Tables 1 and 2) in accordance with the Checklist for Reporting Results of Internet E-Surveys (the CHERRIES statement) [6].

From a total of 1050 respondents worldwide, 299 (28.5%) came from Italy. Among these, 57 (19.1%) were UCP representatives, of whom 28 (49.1%) practiced in the North, 10 (17.6%) in the Center and 19 (33.3%) in the South and

Islands (Fig. 1). Most respondents were men (91%), with a mean age of 57 years, mainly working in non-academic teaching hospitals (48%), where a dedicated proctologist was available (79%).

Compared to sexually transmitted disease (STD), dedicated pathways for pelvic floor disorders (PFD) were more frequently available (39% and 65%, respectively).

More than a half of respondents amended the surgical informed consent for both COVID-19 positive ($N=34$ [60%]) and negative patients ($N=32$ [56%]), by mentioning the higher risks of in-hospital infection and morbidity.

UCP representatives from the Northern regions were more likely to report that personal protective equipment (PPE) was readily available.

Twenty-three (40%) respondents declared they had experience with patients refusing surgery due to the fear of getting infected. Twenty-five (44%) respondents had yet to reschedule patients waiting for surgery or outpatient visit at the time of the survey completion.

Interestingly, 16% of the respondents had history of COVID-19 positivity, with a peak of 26% for representatives from the South and the Islands. Various reasons may explain this figure such as working in hospitals involved at some degree in the care of COVID+ patients (81%), the creation of external facilities for proctologic surgery in 74% of cases, which highlights ongoing proctologic practice in the middle of the outbreak. Of note, 16% of the respondents from the South denied the regular use of PPE in theatre with COVID-19+ patients.

A further important threat to healthcare safety is that only two thirds of respondents routinely tested patients for COVID-19 prior to surgery. The sense of fear and uncertainty perceived during the pandemic was the reason for refusing surgery according to 40% of respondents.

Our survey showed that the COVID-19 pandemic has put a strain on our national health system: the report from UCP representatives shows that recognized centers of excellence have also fallen victim to the total or near total deadlock of activity. We hope that the events taking place serve as a lesson for the future so that specific pathways of care can be put

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Fig. 1 Geographic distribution of the Units of Coloproctology representatives

in place to react efficiently and competently to unexpected crisis of the extent of COVID-19 pandemic.

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Compliance with ethical standards

Conflict of interest All authors declare no personal conflict of interest

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