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Research Letter

Selective impact of COVID-19 in patients presenting with non-specific abdominal pain

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Dear Editor

The UK Secretary of State for Health and Social Care told MPs on 16 March 2020 that 'Our goal is to protect life and all unnecessary contact should cease'. This was confirmed formally by the UK Prime Minister on 23 March in a national broadcast and a full lockdown announced, including only attending hospital in an emergency[1]. This produced a 29.4 per cent reduction in emergency department (ED) attendances nationally compared with March 2019[2], which was most pronounced for surgical ED referrals and reduced surgical admission rates. This study investigated the impact of COVID-19 guidelines on patterns of surgical admissions during lockdown to determine whether all surgical pathologies were affected equally. Data on general surgical admissions to the University Hospitals of Leicester National Health Service (NHS) Trust from March to August 2020 were collected (using ICD-10 codes) and compared with the equivalent period in 2019.

The total number of surgical admissions decreased by 20.2 per cent compared with the same period in 2019 and, interestingly, 86 per cent of this reduction resulted from significantly fewer admissions of patients diagnosed with non-specific abdominal pain (NSAP) (*Fig. 1*). In contrast, there was no significant difference between the intervals for admissions for peritonitis, acute diverticulitis, bowel obstruction, and acute pancreatitis. The data are reassuring, and support the findings from other units[3]. They confirm that patients with acute surgical conditions requiring immediate review were identified correctly and referred despite the current pandemic, allaying fears that the repeated advice to avoid hospitals might even have deterred patients with life-threatening pathologies.

From these data it can be inferred that the reduced admission rate for NSAP reflects patients who decided, or were advised in primary care, not to attend hospital to comply with the government directive. Nationally, patients were advised to contact NHS 111 before attending hospital or to contact their general practitioner for advice. The data demonstrate that this cohort of patients were able to manage their symptoms, at least initially, with advice from the NHS helpline or primary care.

The second issue resulting from these data was highlighted by the Chief Executive of NHS England, who warned of the danger of delayed treatment[4]; presently, no data are available to clarify the outcome for patients who did not attend. Furthermore, the second wave began with a second national lockdown, and a similar response with reliance on ambulatory care will be crucial[5]. In 2020 all surgical admission units struggled with case volumes confounded by reduced resources. The authors' Trust began a huge

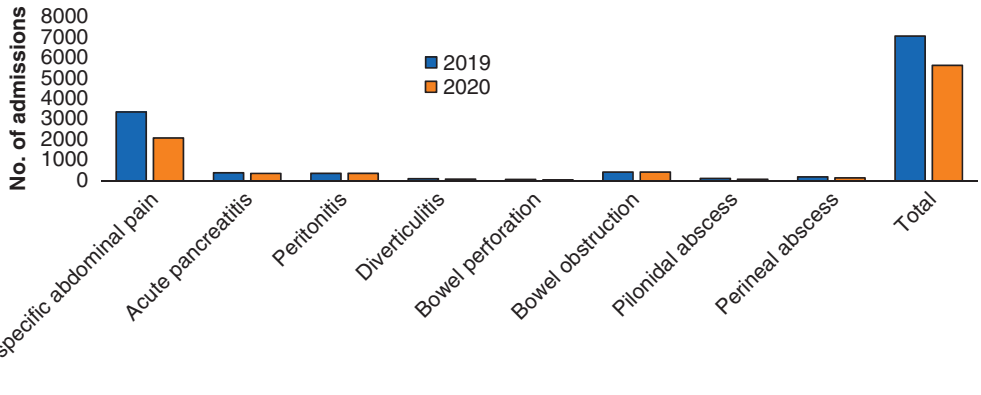

Fig. 1 Admissions to the surgical admission unit during March–August 2019 and 2020

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drive towards ambulatory care in March to ameliorate COVID-19 transmission, and replicating the reduced admission rates achieved in March 2020 resulting from management of NSAP out of hospital will significantly reduce the burden on surgical units.

The reduced surgical admission of patients with NSAP does not so far appear to have resulted in the non-presentation of a significant number of patients with serious surgical pathology, although longer-term follow-up is essential. Strategies such as same-day emergency care directed towards avoiding hospital admissions wherever possible must be implemented to spare vital resources during the second wave.

Disclosure. The authors declare no conflict of interest.

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