

The Editors welcome topical correspondence from readers relating to articles published in the *Journal*. Letters should be submitted electronically via the *BJS* submission site (mc.manuscriptcentral.com/bjs). All correspondence will be reviewed and, if approved, appear in the *Journal*. Correspondence must be no more than 300 words in length.

Elective surgeries during the COVID-19 outbreak

Editor

COVID-19 has spread rapidly around the world^{1–3}. Facing this unprecedented challenge, surgical societies across the world have recommended postponement of elective surgery^{1–4}. An important concern has been hospital-acquired infection^{3,4}. In South Korea, the first case of COVID-19 was confirmed on 20 January 2020. In response, the government raised the alert level and carried out extensive virus testing and contact tracing. To allocate limited resources efficiently, the Korean Centers for Disease Control and Prevention designated national hospitals for COVID-19 care. A dedicated triage was established for patients with respiratory symptoms and a questionnaire and thermal-imaging cameras were used to screen patients and hospital visitors.

Initially, we adopted preoperative COVID-19 testing for patients with respiratory symptoms, followed by testing

of those with recent travel to high-risk countries, patients from the South Korean epicentre and immunocompromised patients. Moreover, patients from the epicentre underwent recovery within the operating theatre instead of a postanaesthesia care unit. Between 20 January and 19 March 2020, a total of 2073 elective operations were performed at this hospital. Of these, 1328 had cancer, two-thirds had co-morbidity, 139 had undergone preoperative chemotherapy and 66 (3.2 per cent) required intensive care after surgery. Among patients undergoing elective surgery, 96 underwent COVID-19 testing during hospitalization, including 36 from the epicentre. We were able to maintain some elective surgery without a single hospital-acquired infection arising.

Surgery cannot be considered 'elective' for many patients with cancer. Given the uncertainties related to COVID-19, we acknowledge the necessity of resource preservation but undue postponement of surgery for progressive disease would result in another public health crisis⁵. Therefore, healthcare providers should carefully weigh the risks and benefits of postponing elective surgery even under these circumstances.

J. Lee¹, J. Y. Choi² and M. S. Kim¹

¹Department of Surgery, ²Division of Infectious Diseases, Department of Internal

Medicine, Yonsei University College of Medicine, Seoul, South Korea

DOI: 10.1002/bjs.11697

- 1 Spinelli A, Pellino G. COVID-19 pandemic: perspectives on an unfolding crisis. *Br J Surg* 2020; <https://doi.org/10.1002/bjs.11627> [Epub ahead of print].
- 2 COVIDSurg Collaborative. Global guidance for surgical care during the COVID-19 pandemic. *Br J Surg* 2020; <https://doi.org/10.1002/bjs.11646> [Epub ahead of print].
- 3 Soreide K, Hallet J, Matthews JB, Schnitzbauer AA *et al*. Immediate and long-term impact of the COVID-19 pandemic on delivery of surgical services. *Br J Surg* 2020; <https://doi.org/10.1002/bjs.11670> [Epub ahead of print].
- 4 Cho SY, Kang JM, Ha YE, Park GE, Lee JY, Ko JH *et al*. MERS-CoV outbreak following a single patient exposure in an emergency room in South Korea: an epidemiological outbreak study. *Lancet* 2016; **388**: 994–1001.
- 5 Fernández Pérez C, Mayol J. Elective surgery after the pandemic: waves beyond the horizon. *Br J Surg* 2020; <https://doi.org/10.1002/bjs.11688> [Epub ahead of print].