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EDITORIAL

Obesity surgery and COVID-19 pandemic: What is the suitable attitude to adopt?



Chirurgie de l'obésité et épidémie de COVID-19 : quelle attitude aujourd'hui?

KEYWORDS

Bariatric surgery;
COVID-19;
Pandemic;
Guidelines;
Obesity

The COVID-19 epidemic is now highlighted by a new wave of contamination that once again places our health care system under severe stress. In some French regions, human and material resources are organised in a way that prioritises treatment and management of infected patients. While the strength and duration of the second wave remain unknown, its arrival most certainly necessitates reorganisation of the care offered in the framework of bariatric and metabolic surgery.

As was the case during the first wave, population movements have had to be restricted, and consultations must be carried out to the greatest possible extent by telemedicine.

Bariatric procedures should once again be accorded priority. As was the case during the first wave, and whatever may be the phase of pandemic alerts, bariatric emergencies and semi-emergencies must necessarily remain high on the surgeon's working agenda.

It is essential to avoid considering programmed operations in bariatric and metabolic surgery as merely functional surgery; on this issue, the SOFFCO-MM fully concurs with the American Society of Metabolic and Bariatric Surgery [1]. Several arguments may be raised in favour of conserving surgical activity throughout the second wave. Firstly, as is the case with surgical treatment of some cancers, bariatric surgery has been demonstrably effective in prolonging life expectancy [2,3]. Secondly, reduction following surgery of some of the comorbidities associated with obesity concomitantly minimises the impact of COVID-19 infection [4,5], especially insofar as obese patients are considered as a vulnerable population [6]. Thirdly, facilitated access to screening tests since this past summer has rendered the operating theatre safer than previously.

However, in most establishments, the existing human and material resources do not suffice to fully ensure routine care, and prioritising is called for. The order of priority instituted in activity resumption when lockdown measures are lifted can also be applied during the second wave of the epidemic. Patients with severe and/or multiple comorbidities should be prioritised. It is essential, as when lockdown is eased, to envision few procedures other than those presenting a low risk of complication.

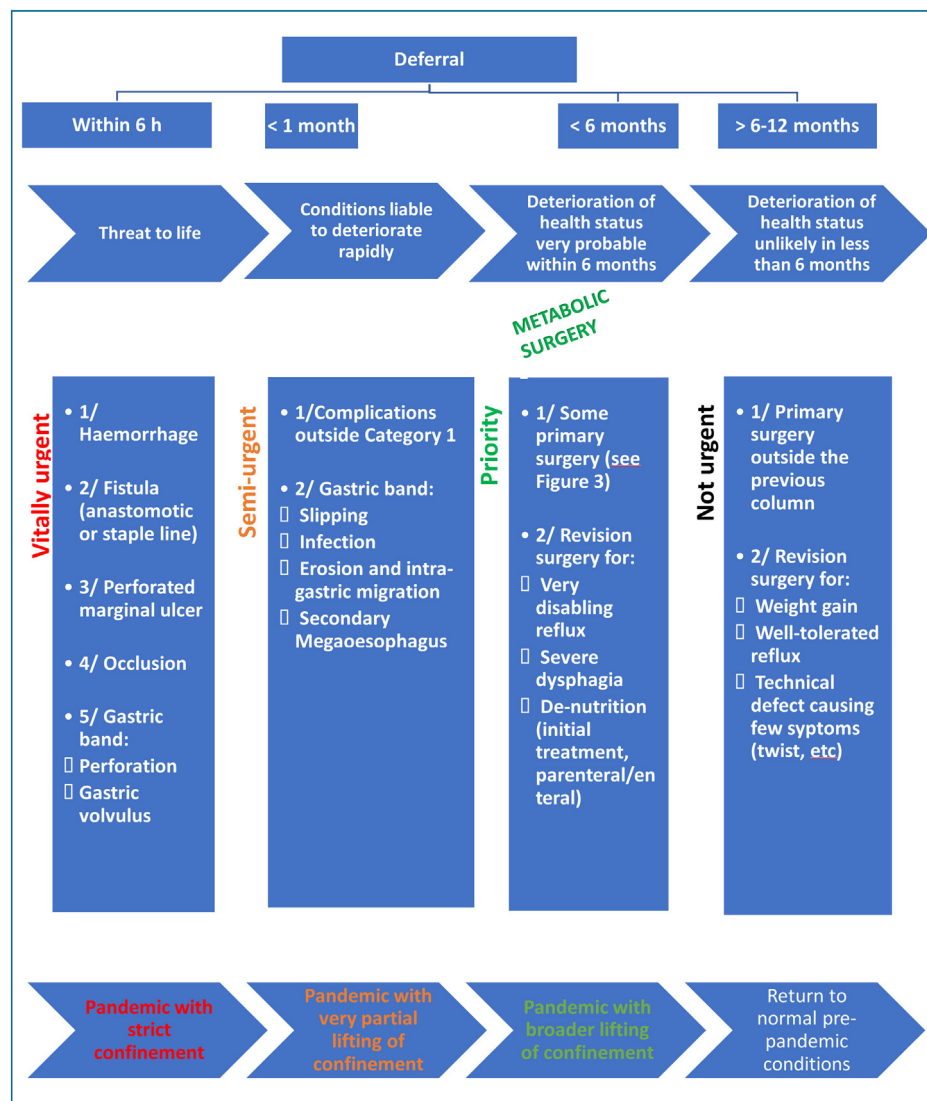


Figure 1. Overall activity resumption according to evolution of the COVID-19 pandemic.

Last spring, the SOFFCO-MM drew up recommendations aimed at helping practitioners to prioritise patients according to the local health-care context (Fig. 1) [7]. This document is meant to be of practical assistance. It will be up to RCP (multidisciplinary meeting) participants to decide on a case-by-case basis on the most suitable type of care, while taking into full account the regional setting.

Disclosure of interest

The authors declare that they have no competing interest.

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