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## Invited Commentary

## An Invited Commentary on Impact of the Coronavirus (COVID-19) pandemic on surgical practice-Part 1



I congratulate the authors on a very comprehensive systematic review on Impact of the Coronavirus (COVID-19) pandemic on surgical practice.

Coronavirus disease (COVID-19) is an infectious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) affecting mainly lungs, causing pneumonia, and the first cases were from Wuhan, China. Symptomatic patients usually present with dry cough, fever, dyspnea, chest pain, gastrointestinal symptoms, or loss of smell and taste. World health organization (WHO) declared a pandemic, on March 11, 2020, and, up to now, 19th May 19, 2020, more than 4.8 million cases have been reported, resulting in 318,000 deaths in over 185 countries and has caused major global health as well as socio-economic issues [1–3].

Many medical services of health care systems have been restricted due to ongoing pandemic. Surgical procedures, but for emergencies, are among such services. All face-to-face out patient clinics should be avoided during pandemic to reduce risk of infection, and some alternatives, such as virtual clinics and telephone evaluation, can be considered. For emergency procedures, especially aerosol-generating procedures, highest level of protection, latex gloves, full body gowns, face shield, and N95 mask, should be considered. Preoperatively, for cases that timing of surgery cannot be delayed, patient should be asymptomatic for at least 7 days and if they need ICU following surgery, they should undergo chest CT Scan prior to the surgery. Also, there are some intraoperative risks that should be decreased by placing a surgical mask on the patient, using single-use instruments, and operating suspected patient with COVID-19 at the end of the daily list. Post operatively, patient should be recovered in OR, should be given a single dose of 5-HT3 antagonist, surgical specimen should be labelled as suspected COVID-19 [3].

Non-viral research including surgical research, both basic science

and clinical studies, has been suspended due to the COVID-19 ongoing pandemic, and it is unclear that will be resumed in foreseeable future or not because predicting the next probable peaks of disease is not completely possible with step-by-step reopening of the market [3,4].

As this paper has reviewed the comprehensive protocols for resuming non-urgent surgeries, a detail and specialized protocol should be developed for each hospital for resuming non-urgent surgeries after passing COVID-19 peak.

### Provenance and peer review

Invited Commentary, internally reviewed.

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