Editorial

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An Editorial on Surgery in COVID Times in Tertiary Care

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The novel 'COVID- 19' infection spread at a rapid pace globally and disrupted the normal functioning of the human beings. The health care specialists need to adapt to the situation to treat the patients with 'COVID-19' as well as avoid long delays in the treatment of 'non-COVID' patients. The delay in treatment and surgeries for debilitating benign and malignant diseases in 'non-COVID' patients might lead to more harm to a patient than COVID itself. The demands need to be met keeping in mind the limited resources in the hospital. India has been one of the worst hit countries by the 'COVID-19'pandemic. There were still, 67,708 new cases as on 15th October, 2020. Although the number of cases might be declining, the absolute number is still quite high. The 'COVID-19 'virus is now omnipresent and we should find ways to live with the virus with adequate precautions rather locking down the routine services.

'COVID-19' and the effect it has on the functioning of medical services can be best managed in a tertiary care hospital with adequate resources with a multidisciplinary team approach. The problems faced are the separation of 'COVID-19' positive patients from other patients, shortage of Personal Protective Equipment Kit (PPE Kit) and lack of hospital staff for routine services. A government tertiary care hospital can best manage these challenges.

The emergency department is a challenge for management because the medical service for the patients could not be delayed while waiting for the COVID report. Proper PPEs should be used and any patient who turns positive for 'COVID-19' should be shifted directly to a 'COVID-19' care facility. This would minimize the spread of 'COVID-19' to rest of the hospital and maintain segregation of the patients.

The routine elective surgeries were delayed and only semi emergency or emergency surgeries were being carried out after the 'COVID-19' test. Keeping in view the false negativity of the tests, adequate precautions including use of N95 masks, face shields, smoke evacuators, minimization the use of energy sources etc. should be taken while performing the surgery.

Some general principles should be followed in 'COVID-19' times. The goal should be to provide timely surgical care to patients requiring emergency care. On the same hand the resources including beds, PPEs, and ventilators should be optimized and the health of caregivers should be preserved. Non-operative management should be undertaken wherever possible e.g. acute appendicitis/cholecystitis. Surgery should be the last resort. Patient visits to the hospital should be minimized. The minimum necessary staff should be called upon for work and the rest should work from home. A multidisciplinary team including surgeon, Critical Care specialist and radiologist should opine on the appropriate plan and timing of surgery. Such meetings can be carried out virtually wherever possible. The most important step to prevent the spread of 'COVID-19' is the initial screening and testing of the patient for 'COVID-19'. This should be a part of the routine preoperative workup of any patient. The alarm symptoms include unexplained fever, respiratory symptoms like sore throat and shortness of breath, cough, general malaise and weakness. Many patients are asymptomatic carriers and have a major role in the spread of infection. Only the patients tested negative for 'COVID-19', preferably via RT- PCR should undergo surgery. Elective surgery in a patient with 'COVID-19' is associated with a high morbidity and mortality (up to 20%). It is postulated that surgery might accelerate the disease process and do more harm than benefit to the patient.

Apart from the surgery, unnecessary contact with the patient should be minimized. Use of teleconsultation should be made to reach the patients preoperatively as well as after discharge.

The general measures including social distancing, keeping a restriction on the number of attendees with a patient and hand hygiene should be practiced regularly.

With all these restrictions, the training of the residents is bound to suffer. With restriction in performing elective surgery has significantly limited the learning opportunities of the surgical trainees. This can be minimized or can be compensated to an extent with the use of online teaching and skill practice on simulated models for both open and laparoscopic surgery. The surgical health-care system has changed rapidly to adapt to a form of new living with the 'COVID-19' virus. The coming time in terms of further understanding about 'COVID-19'infection, research, new management modalities and vaccination shall decide the further progress of the 'COVID-19' infection. Necessary precautions should be continued to curb the spread of virus. Surgery should be reserved for semi/emergency cases for now. The health of the hospital staff is of utmost priority if continuous and quality health care has to be continued in the ongoing pandemic.

Whether we shall get new management modalities for 'COVID-19' infection to effectively terminate this infection from world or we have to live and start all routines as per pre 'COVID-19' period like outpatients, physical classes and elective surgeries, keeping all the safety measures in mind with this virus only, only time will tell us. Time has reserved all the rights.