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Proctology in the COVID-19 era: handle with care

Editor

The Italian outbreak of COVID-19 was confirmed on 31 January 2020 when two COVID-19-positive cases were reported in Chinese tourists. At the beginning, the vast majority of cases were reported in the northern regions of Italy with establishment of the so-called 'red zone'. On 9 March 2020, the Italian prime minister declared a nationwide lockdown to strengthen the national health system (Sistema Sanitario Nazionale). Italy has one of the highest rates of infection and mortality in the world¹. Elective surgical procedures are postponed and only emergency care has been guaranteed. Proctology is one of the specialties most affected by concerns over the possibility of faecal transmission of the virus². Proctologic pathology has psychological components, including anxiety, stress and depression, especially in functional disorders. From the beginning of the COVID-19 outbreak, all patients scheduled for an outpatient

clinic visit or surgical procedure have had a telephone interview and video consultation with their consent. Patients were assessed for urgency of diagnosis or treatment (medical history with a picture of the diseased area) and stratification of COVID-19 risk, according to modified Repici criteria³. Based on these parameters, patients are scheduled for further telephone interview, outpatient clinic visit or surgery. Perianal or pilonidal abscesses, recurrent anal pain and selected cases of haemorrhoidal thrombosis are the only benign diseases considered for surgery, while suspected neoplasms are biopsied for histology and therapy. All patients scheduled for outpatient clinic visits are swab tested and considered free of infection after two negative reverse transcriptase–polymerase chain reaction (RT-PCR) tests for COVID-19. Patients with planned surgery have a thoracic CT 24–48 h before the procedure in addition to swab testing to exclude the disease⁴. All our proctologic surgeries are performed in an outpatient setting with tailored local anaesthesia and adequate protective equipment both for patients and surgeon⁵.

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