

Resumption of Day Surgery Activity in the Acute Phase of COVID-19 Pandemic

Surgical Innovation
2021, Vol. 0(0) 1–2
© The Author(s) 2021
Article reuse guidelines:
sagepub.com/journals-permissions
DOI: 10.1177/1553350620987788
journals.sagepub.com/home/sri


**Piergaspare Palumbo, MD¹ , Fanny Massimi, MD¹,
Sofia Usai, MD¹, Antonio Biondi, MD, PhD²,
and Roberta Monzani, MD³**

Sir,

The rapid spread of COVID-19 disease since February 2020 has strongly impacted on the Healthcare System worldwide, who above all was forced to ensure the treatment of the COVID infected patients primarily. Then, the elective surgical procedures were limited to oncology, even stopping any Day Surgery (DS) activities. In Italy more than DS 650.000 procedures have been delayed.

Day surgery commonly is performed in free-standing units or in dedicated hospital areas, with separated access to spaces for admission and dedicated operating rooms, allowing a lower risk of contamination during hospitalization.¹

The implementation of protocols and recommendations, and a new planning of the pathways, can ensure an early restart of daily surgery procedures, regardless of the pandemic trend.

Patients selected for DS should be COVID-19 negative. Positive ones could be postponed to a more appropriate time.² In fact, the COVID-19-positive patients undergoing surgery have a higher mortality than other patients with similar conditions in a non-COVID time.³

However, each patient should be considered potentially positive in any case, and appropriate precautions must be adopted. An implementation of the consent form, with a sentence explaining to the patient that is possible to contract a COVID infection in hospital, despite all effort to ensure a safe therapeutic way, must not be neglected.

In the structural organization of the premises, different areas (acceptance area, admission room) should be highlighted by color dots on the floor.

The exams and the anesthetic assessment should be undertaken in the same ward, without moving the patient. The routine blood exams should be supplemented, if possible, by the vitamin C and D level assay. Patients with cerebral, cardiovascular, bronchopulmonary disease, renal failure, blood disorders and diabetes, should be carefully considered for surgery in this phase.

Each patient can be accompanied by only one care giver, authorized to come in ward at discharge. Careful attention should be used to respect social distancing between patients and wear any protection devices into the ward.

A preoperative COVID-19 test is essential. The Reverse-Transcriptase Polymerase Chain Reaction test is sensitive and reliable, easy to run, and gives results in a very short time. A systematic lung CT-scan is unnecessary.⁴

To reduce viral contamination during the surgical procedure, a dose of nasal povidone-iodine can be useful. Alcoholic hand sanitizers must be used by the health professionals before and after any contact with patients. Double gloves are used when mouth or nose are touched, removing the external ones when the procedure is completed. If oxygen need to be administered, a nasal cannula under the surgical mask should be applied.⁵

Two groups of surgery candidates can be scheduled in the operating room.

Patients undergoing procedures not producing airborne droplets should be submitted to surgery with local or loco-regional anesthesia.⁵

In patients undergoing procedures producing airborne droplets, as endoscopy, upper respiratory surgery, oral and maxillofacial surgery and all procedures under general anesthesia, extreme caution for environment treatment is required. The Rapid Sequence Intubation is strongly recommended, to avoid aerosolization during manual ventilation, and total intravenous anesthesia could be preferred.⁵

The number of surgeons, nurses and other workers, should be minimized. A planning with rotation of workers should be preferable.

After surgery, patients are quickly brought back to the ward, without staying in a recovery room, also in case

¹Department of Surgical Sciences, Sapienza University of Rome, Italy

²Department of General Surgery and Surgical Specialties, University of Catania, Sicilia, Italy

³Department of Anesthesia and Intensive Care, Humanitas Research Hospital, Italy

Corresponding Author:

Piergaspare Palumbo, MD, Department of Surgical Sciences, Sapienza University of Rome, Viale regina Elena 324, Roma 00185, Italy.
Email: piergaspare.palumbo@uniroma1.it

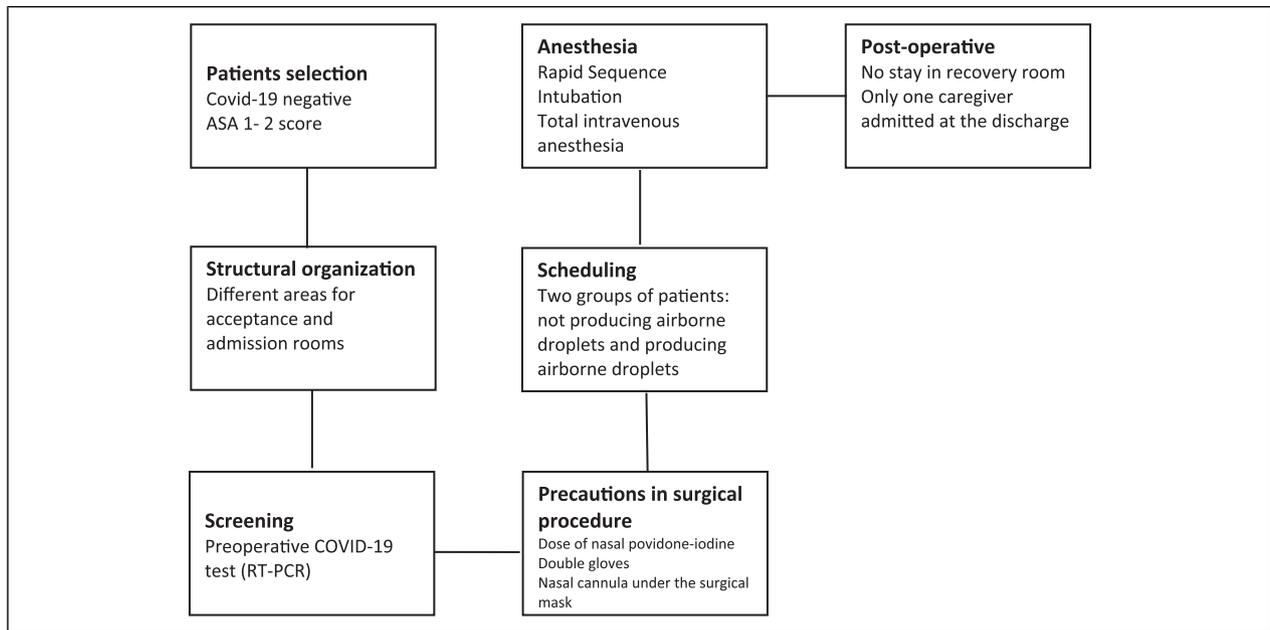


Figure 1. Flow chart of surgical pathway in Day Surgery during the COVID-19 pandemic.

of general anesthesia, and safely discharged as soon as possible (Figure 1).

Finally, patients who need DS procedures are not less important than others. The waiting lists have significantly increased, and the outpatient activity should be safely and effectively restarted. Any further delay will result in a damage for the patients, to date severely penalized.

Author Contributions

Study concept and design: Piergaspare Palumbo and Fanny Massimi

Acquisition of data: Fanny Massimi and Sofia Usai

Analysis and interpretation: Antonio Biondi and Roberta Monzani

Study supervision: Piergaspare Palumbo and Antonio Biondi

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

ORCID iD

Piergaspare Palumbo  <https://orcid.org/0000-0002-3295-4170>

References

1. Sari R, Kaya S, Hargura AS, Altin O, Kucuk HF. Approach to surgical patients in a COVID-19 pandemic hospital. *Surg Innovat*. 2020;9:1-2. doi:10.1177/1553350620967848
2. Di Marzo F, Sartelli M, Cennamo R, et al. Recommendations for general surgery activities in a pandemic scenario (SARS-CoV-2). *Br J Surg*. 2020;107(9):1104-1106. doi:10.1002/bjs.11652
3. COVIDSurg Collaborative. Mortality and pulmonary complications in patients undergoing surgery with perioperative SARS-CoV-2 infection: an international cohort. *Lancet*. 2020;396(10243):27-38. doi:10.1016/S0140-6736(20)31182-X
4. Huang P, Liu T, Huang L, et al. Use of chest CT in combination with negative RT-PCR assay for the 2019 novel coronavirus but high clinical. *Radiology*. 2020;295(1):22-23. doi:10.1148/radiol.2020200330
5. Kaye K, Paprottka F, Escudero R, et al. Elective, non-urgent procedures and aesthetic surgery in the wake of SARS-COVID-19: Considerations regarding safety, feasibility and impact on clinical management. *Aesthetic Plast Surg*. 2020;4(3):1014-1042. doi:10.1007/s00266-020-01752-9