

**Correspondence**

**Resuming elective surgical activity after the COVID-19 wave: what the patients need to know**

*Editor*

Severe acute respiratory syndrome-coronavirus 2 (SARS-CoV-2), the virus causing coronavirus disease 2019 (COVID-19), infected more than four million people during the first months of 2021, and Italy was reported to have the highest death toll per million population at the beginning of May<sup>2</sup>.

While there is no consensus on the treatment of the disease yet, understanding how the virus and its transmission will behave in the future is a cardinal priority for planning the re-establishment of routine healthcare services, such as surgery, in view of preventing indirectly COVID-19-related deaths due to underdelivered care and lack of adequate treatment. Sadly, elective surgery on patients with perioperative SARS-CoV-2 infection, has shown increased mortality risk, therefore increasing anxiety among the population waiting for surgical interventions, as most of the elective activity was suspended due to COVID-19 outbreak<sup>3</sup>.

From Fig. 1, it appears that people who have recovered from COVID-19 outweighed those hospitalized for

COVID-19 in mid-April, meaning control over the pandemic is again on the territory, no longer in the hospitals. After the initial outbreak in March with the imposed lock-down, the containment measures brought progressive control over SARS-CoV-2 and this allowed the lock-down to be lifted on the 4 May. This has proven to be successful in the containment of the newly daily infected rate, in fact the curve has plateaued. Since we know the median incubation period of the infection is 5.1 days, with 97.5 per cent of the population showing symptoms within 12 days of exposure<sup>4</sup>, it is now time to plan a reimplementation model, that cannot prescind from patient's involvement in such an uncertain and challenging period. Providing evidence-based data is required now more than ever to make fully informed consent, therefore information such as in Fig. 1 should be shown to prove evidence-based care.

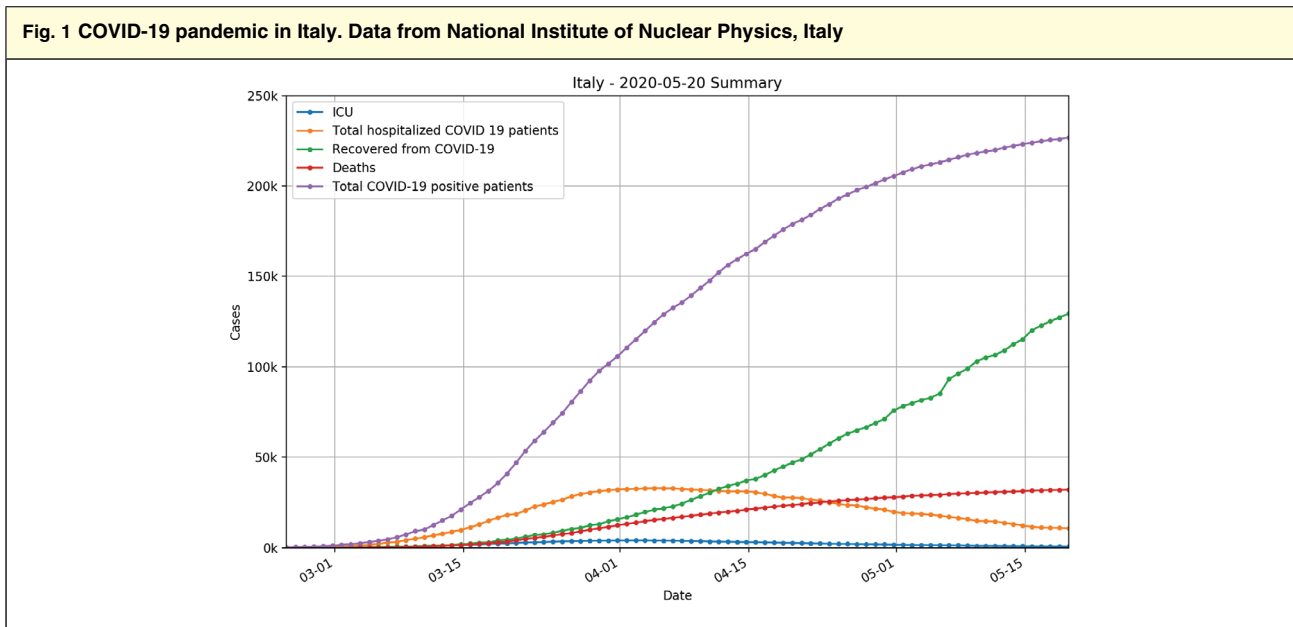
A possible approach to reimplement elective surgery, would also consider facility infection control with universal precaution protocols as social distancing, repeated handwashing, equipment and environment sterilization and filtration process. The absence of a vaccine means that a second wave of COVID-19 cases is still possible, therefore

regular screening and testing should be considered for all candidates and healthcare professionals involved; such a system should be left in place until there is substantial population immunity either as a result of recovery from SARS-CoV-2 infection or a successful vaccination.

Further efforts to ensure sufficient patient support throughout the surge would include staff groups across the full range of disciplines to buffer concerns and answer questions, providing online consultation and education about behaviours they should undertake to avoid complications for required care in a post-pandemic environment.

In an attempt to avoid a greater perioperative complication rate in patients who develop COVID-19 in the perioperative period, decreased viral spread within and beyond the hospital, a checklist (Table 1) is recommended. The results of this assessment should transparently and frequently be transmitted to the public waiting for an operation, to reassure and prevent dangerous negative feelings.

While it is undoubted that each hospital's planning committee will benefit from a multidisciplinary team of clinicians and healthcare professionals, in the era of patient reported outcomes, we



**Table 1** Reimplementation of elective surgery COVID-19 checklist

1	Is this hospital a COVID-19-free area?	Y	N
2	If this is a COVID-19 hospital, are buildings separated between COVID-19 areas and non COVID-19 areas?	Y	N
3	If this is a COVID-19 hospital, are teams separated between COVID-19 areas and non COVID-19 areas?	Y	N
4	Are in-hospital universal precautions protocols applicable?	Y	N
a	Physical distancing	Y	N
b	Handwashing protocol	Y	N
c	Facility cleaning	Y	N
d	Equipment sterilization	Y	N
e	Air circulation/filtration process	Y	N
5	Is the healthcare team regularly tested?	Y	N
6	Is full protective personal equipment available?	Y	N
7	Is information related to COVID-19 infection and spread available for consultation?	Y	N
8	Will patient follow-up include measures to avoid complications for required care in a post-pandemic environment?	Y	N

cannot prescind from the patient's perspective, too.

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