

## Smart Communications (SC347–SC349) COVID-19

Smart Communications	Title
SC347	Safety of urologic elective surgery in a covid-hospital
SC348	Surgical activity in the COVID-19 era: trend of slowdown from a multicentre observational study
SC349	Telemedicine during COVID-19 pandemic by a tertiary referral neurourology center

### SC347 Safety of urologic elective surgery in a covid-hospital

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**Introduction:** To demonstrate safety of a new internal protocol for patients and health workers adopted for elective urologic surgical activity during COVID-19 pandemic.

**Materials and methods:** We have retrospectively evaluated 86 patients who underwent elective surgery in the urology department of IRCCS Policlinico San Donato, from March 9th to May 8th, 2020. Our institution became a first line hospital for COVID-19 patients since March 2020. We identified non-deferrable patients that needed to be treated within one month. All patients included have followed a dedicated pathway from the day-hospital till the discharge. Clinical data, as nasopharyngeal swabs, chest X-ray, type of anesthesia, type of surgical procedure and days of hospitalization were collected. Moreover, individual risk factors for COVID-19 pneumonia, as advanced age, ongoing malignancy, high blood pressure and coronary artery disease, were analyzed. All patients were interviewed after a minimum post discharge time of 14 days to find out if any of them had developed general and Covid-related complications.

**Results:** The study population included 66 (76.75%) men and 20 (23.25%) women, aged between 17 and 90 years old. We have performed eighty-eight (88) preoperative screenings and two (2) patients were excluded, due to exclusion criteria. Overall, 63 (71.60%) patients underwent oncological procedures while only 23 (28.40%) patients underwent non-oncological surgery. The average number of hospitalization days was  $2.39 \pm 2.21$ . After at least 14 days after discharge ( $25.00 \pm 10.35$  days), we phone interviewed all patients to check their conditions. No patients included in the study showed symptoms related to COVID-19, except for 2 (2.32%) who manifested coryza, 28 and 35 days after discharge respectively. We also analyzed clinical characteristics of the study participants in relation to develop SARS CoV-2. None of patient developed Covid-19 postoperatively and in addition, none of hospital workers that were part of this pathway got the Covid-19 infection.

**Conclusions:** The duration of pandemic period is undefined; therefore, our protocol could be considered a good model for every type of surgery and its application could ensure a continuous treatment for non-deferrable conditions, even during healthcare emergencies in a safe way for both the patients and health workers.

### SC348 Surgical activity in the COVID-19 era: trend of slowdown from a multicentre observational study

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**Introduction:** COVID-19 outbreak represented an unprecedented event that led to a redefinition of health care systems worldwide. The impact of the emergency required a deviation of the care toward the assistance to COVID-19 patients, with reduction of resources for elective activities, including surgery.

We aim to report the decrease of urological surgical activity during the first weeks from the beginning of the pandemic, aiming to highlight the prioritization we applied to select patients for surgery.

**Materials and methods:** Thirty-three urological units with physicians affiliated to the AGILE group were involved in a survey. Urologists were asked to report the amount of surgical elective procedures week-by-week, from the beginning of the emergency to the following month. The type of surgery (oncologic, for urolithiasis, for benign prostate obstruction, other) was assessed as well.

**Results:** The 33 hospitals involved in the study account, globally, for 22,945 beds and are distributed in 13/20 Italian regions. Before the outbreak, the involved urology units performed an overall amount of 1,213 procedures per week, half of which were oncological.

By the 20 of March, the amount of surgery declined by 78%. Lombardy, the first region with positive-cases, experienced a 94% reduction. The decrease in oncological and non-oncological surgical activity was 35,9% and 89%, respectively. Among non-oncological procedures, stone surgery declined by 35,9% as well, whereas BPH and minor urological procedures completely dropped. Reassessing for surgical activity on 20, April, a slight trend toward surgical restoration (+11%) started to appear.

**Conclusions:** Italy, the country with the highest fatality rate from COVID-19, had experienced a sudden decline in surgical activity; by the end of April, a current trend toward restoration of surgery started to appear. Criteria for prioritization were consistent with an urgent/

emergent principle, with trauma, tumours and septic conditions being the ones prioritized. The Italian experience can be helpful for future surgical pre-planning in other countries or pandemic settings.

SC349

### Telemedicine during COVID-19 pandemic by a tertiary referral neurourology center

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**Introduction:** At the beginning of 2020, the healthcare community was under pressure because of the Coronavirus disease 2019 (COVID-19). When we resumed our regular activity, we should face with significant limits: restricted access, patient distancing, avoiding crowds, and patients' willing to avoid hospitals. Therefore, we started telemedicine for follow-up visits.

The aim of this study was to report our workflow and initial results associated with telemedicine by a tertiary referral neurourology center.

**Materials and methods:** We prospectively collected the data from our adult patients with a planned visit for neurogenic bladder by our center from March 9th to May 22nd, 2020. Our workflow started with a phone call to evaluate patients' feasibility to undertake telemedicine due to COVID-19 pandemic. If they accepted, we asked patients to fill in an online, pseudonymous module. The first section collected demographic characteristics. The second section analysed COVID-19 testing and related signs and symptoms (S&S). The third section investigated urinary S&S. We assessed urinary incontinence

through the International Consultation of Incontinence Questionnaire – Short Form (ICIQ-SF). The fourth section screened for neurogenic bowel dysfunction (NBD) with the decision-making MENTOR tool. The final result corresponded to a “traffic light” system (green, yellow, or red) to determine need for treatment changes. The online platform was delivered as a progressive web app to avoid installation and adapt automatically to different systems. We asked patients to send us performed blood tests, radiological imaging, and bladder/bowel diaries. After reviewing all patients' documentation, we called again each patient to discuss final indications.

**Results:** We called 96 patients. Four cases declined telemedicine, while 95.8% patients – 66 men and 26 women – accepted this service. All of them accomplished all telemedicine phases without needing our help. The median age was 43.5 years (range: 19–85). The neurogenic bladder etiology was the following: acquired spinal cord injury (n = 37), congenital malformations (n = 19), autoimmune (n = 14), peripheral neuropathy (n = 8), idiopathic (n = 7), and others (n = 7). As for COVID-19, 3.3% patients reported a negative nasopharyngeal swab, while 17.4% cases referred potential S&S. Patients experienced macrohematuria (n = 9), renal colic (n = 9), difficulties with catheterization (n = 17), and symptomatic urinary tract infections (n = 21). The median ICIQ-SF was 5 (range: 0–21). Based on MENTOR tool, we addressed 31 patients (red = 22; yellow = 9) to our gastroenterologists. All patients received a final medical report via telemedicine.

**Conclusions:** Our telemedicine workflow proved to be feasible and effective. Both authors and most patients advocated the prosecution of this service beyond the COVID-19 pandemic, reducing hospital infections, in-hospital injuries, waiting lists for urgencies and first visits, hospital management costs, and patients' travels (specially in case of mobility-impaired people).