

Resuming Elective Surgeries During Covid-19 Pandemic

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The Coronavirus causes an infectious disease which spreads primarily through respiratory droplets. This was first discovered in Wuhan China and then quickly spread to the rest of the world. It was declared as pandemic by World Health Organization in March 2020. The official name given to this condition is the COVID-19 pandemic, which is caused by the virus SARS-CoV-2.¹ It was initially assumed to cause only pneumonia like illness however it was revealed later that number of other organ systems are also affected. The infection related inflammatory changes may result in disseminated intravascular coagulopathy.²

The initial response of different countries was based upon experiences reported from Wuhan, however as the disease affected Europe and United States with high mortality, different governments started adopting various measures to prevent the spread of disease according to their own healthcare system requirements. As it was a public health threat strict lockdown was imposed in many regions of the world.³ During this period all elective patients' related services were shut down in different hospitals. For emergency cases standard operative measures were adopted. In Pakistan strict lockdown was implemented in the last week of March 2020. This resulted in backlog of elective surgical procedures. However government of Pakistan slowly lifted strict measures and allowed various activities to mitigate economic fallout of the pandemic. It was also observed in late June that prediction of exponential rise in number of cases did not occur and Covid-19 cases started to decline. As a result resumption of elective surgical services is also on cards.

In order to face the challenge of ongoing Covid-19 pandemic and needs of patient population along with the safety of healthcare providers many guidelines were developed by various organizations. The measures can be outlined under different headings. The foremost is handling of suspected and infected Covid-19 patients in those healthcare set ups where separate dedicated areas are not present.⁴ Provision of ICU and HDU services for such patients in postoperative period is necessary. Availability of dedicated operation theaters specially equipped to prevent spread of infections is required. Operation theaters need specific air-handling units including HEPA filters, dedicated access to and from OR, sterilization services, availability of logistics in terms of equipment, disposable items, strategies for disposal of biological waste, handling of biological samples etc. These are the few essential elements in terms of changes in physical structure which is still not available in most of the public sector hospitals.

Education and training of HCW in observing and implementing SOPs is another important step. Workshops must be conducted to create awareness regarding the disease. Availability of personal protective equipment (PPEs) including face masks, coverall, eye and face shield, gloves etc is important.⁵ Donning and doffing must be done according to the defined protocols. Cleansing of floors, walls, furniture, equipment etc with alcohol and chlorine based solutions is another requirement.

Screening of patients and attendants is another area to be addressed. Allowing limited number of attendants, checking temperature at entrance, asking screening questions to identify high risk patients, and keeping safe physical distance, are important. Scheduling elective surgeries with priority cases like oncology patients, and diseases that affect daily routines of an individual may be done in a transparent manner. Provision of Rapid PCR test to identify those carrying the disease must be available within the health facility. This must be made mandatory before surgery. Frequent screening of HCW is also important as they may be asymptomatic carriers and can spread disease

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to other hospital staff as well as patients.⁶

Strict monitoring and record keeping are essential in order to assess the outcome of such measures. These protocols can be changed according to the resources and needs of the facility. With availability of new evidence further changes can be made. Covid-19 is going to stay. It has changed the world and new normal is “normal” in present day context. We have to live with this till effective vaccine is available or herd immunity develops.

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