

Gynecological surgical practice during the 2020 COVID-19 pandemic

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In the past year, the SARS-CoV-2 pandemic had a great impact on surgical services worldwide. The effects of the two phases of the pandemic are reflected in decreasing elective procedures, especially those addressed to benign diseases. During those times, a high rate of rescheduled, postponed, or canceled interventions was recorded [1]. This may have been caused by various factors, including the restrictions imposed by the authorities, the fear of contracting the infection, or the reduced number of consultants available [2].

Another significant vector that played an important role in maintaining and spreading the pandemic, and therefore in destabilizing even more the surgical activity, was the asymptomatic patient. In a surgical setting, an asymptomatic COVID-19 patient may potentially expose health care providers to virus-contaminated aerosol through surgical and anesthetic procedures, transmit the disease to other hospitalized patients and trigger in-hospital outbreaks [3]. This led to a better preoperative screening, in attempt to detect those patients and protect medical staff and other patients from getting the virus [4].

Being a disease associated with high morbidity and mortality rates, especially after surgery [3], SARS-CoV-2 infection in patients with surgical pathologies forced to a different approach, based on a non-operative management [1]. This was particularly possible for the non-oncological diseases [5], that did not affect significantly patient's quality of life, and for asymptomatic

SARS-CoV-2 patients [3], and in most cases, it was a matter of temporizing the surgical approach.

On a lower scale, analyzing the surgical activity within Filantropia Clinical Hospital in Bucharest during the SARS-CoV-2 pandemic gives us important information, that matches the global changes. Making a comparison between 2019 and 2020 regarding the overall number of surgical interventions (including laparotomies, laparoscopies, oncologic and non-oncologic procedures), we see a decrease of 18% in 2020 (Figure 1). The number of laparoscopies in 2020 was reduced with 14%, and the number of laparotomies with 19%, compared to 2019. As we stated before, there was a decrease in elective non-oncological procedures, with up to 22% (Figure 2), while oncologic procedures suffered only a 4% drop (Figure 3).

Another important aspect of COVID-19 pandemic was the high number of rescheduled and postponed procedures, which reached a pitch during March and April 2020. In March, out of a total of 156 surgical procedures, 30 were postponed and 4 rescheduled, while in April there was only a total of 49 interventions, out of which 17 were postponed and 1 rescheduled.

During the second wave of the pandemic, in November, despite the raising number of personnel getting infected and hospital being temporary closed for health security reasons, we managed to maintain a quasi-normal surgical activity, with only 14 procedures postponed and 1 rescheduled, out of a total of 126 (Figure 4).

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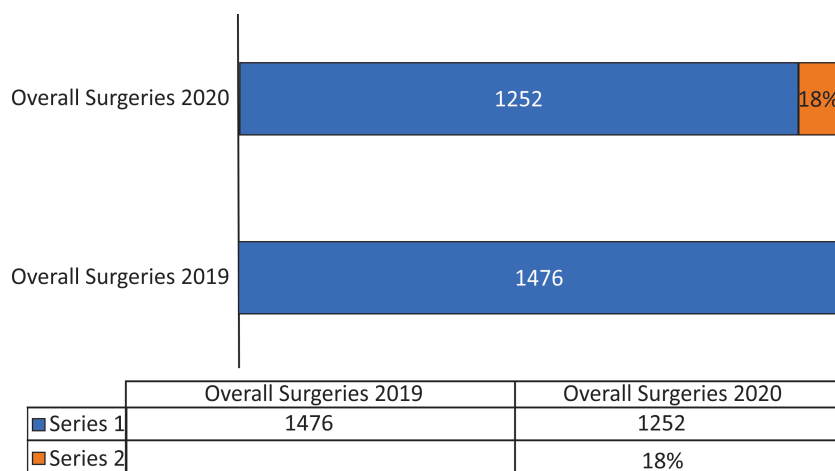


FIGURE 1. Comparison between 2019 and 2020 regarding the overall number of surgical interventions

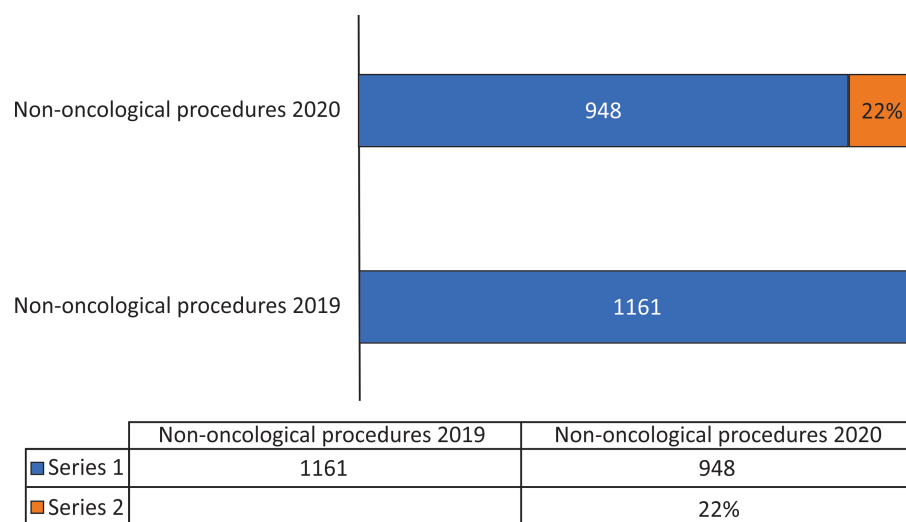


FIGURE 2. Comparison between 2019 and 2020 regarding the number of non-oncological procedures

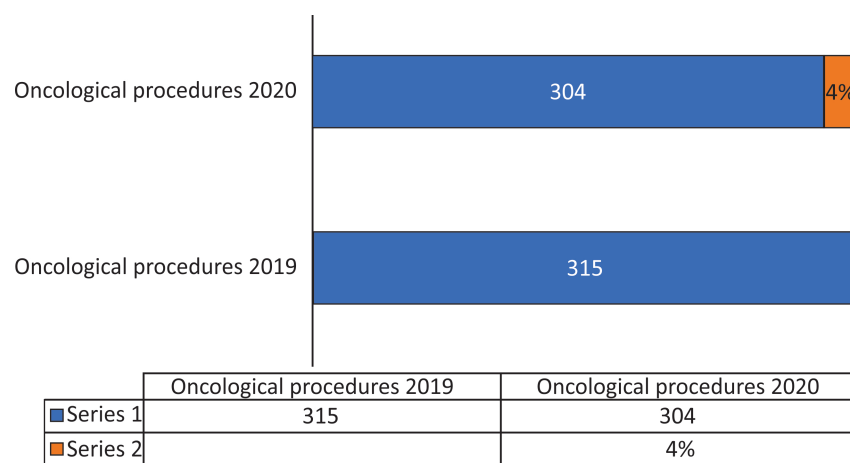


FIGURE 3. Comparison between 2019 and 2020 regarding the number of oncological procedures

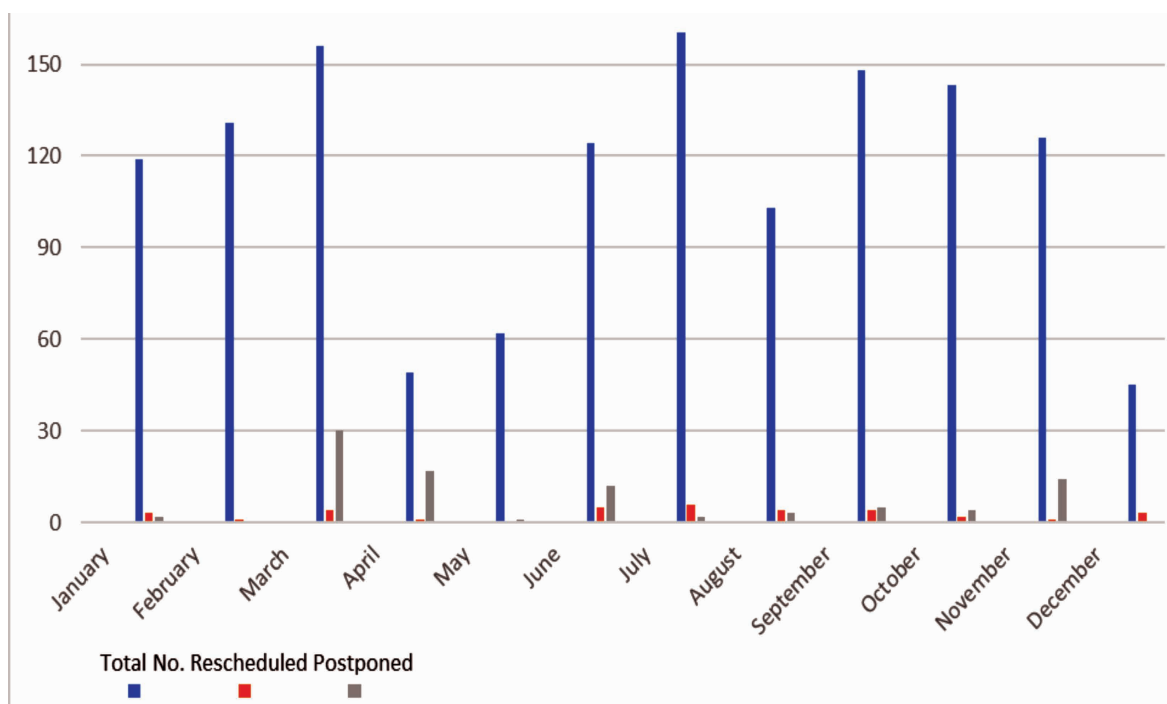


FIGURE 4. Evolution of rescheduled and postponed surgical procedures during COVID-19 pandemic

This data gives us an overview of the pandemic effects on the surgical activity in a non-COVID hospital. COVID-19 pandemic disrupted the normal surgical practices due to workforce shortages, high number of infections among population, as well as resource limitation [5]. This led to a tendency to adapt surgical and health strategies to face the SARS-CoV-2 pandemic, including a better preoperative screening, using dedicat-

ed Personal Protective Equipment (PPE) and temporary non-operative management in suitable cases [1,3]. With increasing relaxation measures taken worldwide, we must remain conscious of the threat that COVID-19 pandemic represented for surgical services, and maintain a preventive attitude, in order to keep carrying out our activity.

None declared

7

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