



Bariatric Surgery and Treatment in Time of COVID-19

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Editorial

Due to the higher incidence of hypertension, type 2 diabetes, cardiovascular disease, and respiratory disorders, bariatric patients are a special surgical population [1]. These obesity-related comorbidities make patients more prone to postoperative complications, and as such, normal practices of treatment presurgery require particular attention to the development of these comorbidities [2]. Actually, in an effort to combat this global pandemic, the spread of the latest Coronavirus Disease-2019 (COVID-19) has dramatically altered the way the health care industry operates, taking a defensive stance. It is suspected that COVID-19, caused by SARS-CoV-2 (Severe Acute Respiratory Syndrome, Coronavirus 2), spreads primarily by massive droplets in the air, with clinical manifestations varies from minor fever-like disease to pneumonia, respiratory failure, and death [3]. At present, treatment antivirals and containment vaccines do not exist, with preventive methods depending at best on supporting measures. As such, it is up to us as health care practitioners to recognize and defend our patients who are much more fragile. Therefore, it is important to differentiate between urgent interventions which, in spite of the risks during the pandemic, cannot be postponed and, on the other hand, strictly elective interventions which could be postponed in order to reduce the risks of transmission during the duration of infection surge and restricted access [4]. There is an intermediate role for semi-urgent bariatric procedures [4]. Due to the current COVID-19 pandemic, bariatric and metabolic surgery, the only viable alternative for patients with obesity with or without comorbidity has been temporarily halted [5]. In many countries, there has been a recent shift in the governmental strategy of dealing with this virus from 'Stay at Home' to 'Stay Alert' [5].

The surgery of obesity and its complications during the COVID-19 pandemic has been delayed in many areas of the world, comparable to the temporary suspension of many other human experiences and disease processes for non-urgent surgical treatment [6]. In addition to cosmetic plastic surgery, many have described bariatric and metabolic surgery as clear-cut indications of elective surgeries that must be delayed during COVID-19 [6].

When the epidemic diminishes, there will be a backlog of individuals pursuing these practices [7]. Surgical applicants are often faced with lengthy delays in beneficial treatment. Postponing surgery raises the risk of morbidity and mortality due to progressive nature of obesity and diabetes, thereby requiring strategies to minimize harm [7]. Nevertheless, the risk of harm varies between patients, depending on the form and severity of their comorbidity [7]. Therefore, a triage strategy is required. Cases based on real health needs are not preferred by conventional weight-centric patient-selection criteria [7].

So that at least the majority of those in the current scenario were potential COVID-19 infection rates, then urgent surgery was preferred and local infection rates had to reach 9 percent before surgery delay increased survival [8]. Until reopening bariatric surgery services, surgeons should identify individual disease incidence and patient comorbidities correlated with greater mortality [8].

In order to guarantee sustained weight loss or weight maintenance, patients in the queue for surgery should also be monitored closely, but virtually. Follow appropriate guidelines if emergent surgery or endoscopic treatment is necessary.

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