



COVID-19: Don't We Need to Think for Future

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Editorial

Recent COVID-19 outbreak changed a lot of things for everyone, including healthcare workers. According to various reports, effect of this pandemic will stay for at-least one or two years, unless a definitive cure or effective vaccine or herd immunity is developed. From a surgeon's perspective, performing an operative procedure in coming days will never be the same. Keeping future in mind, various questions arise in the mind. First, can we start practicing as before or we need to prioritize procedures, keeping in mind safety of self, family, colleagues and attending patients. Second, need to incorporate routine COVID-19 testing in all pre-operative cases. Third, what are the tests need to be incorporated. First, we need to prioritize according to case. The patients requiring emergency surgery or malignancy cases need to be given priority. Starting with only one or two cases per day and gradually increasing the number of cases operated per day may decrease burden on already burdened healthcare facility.

Second, a very pertinent question, do we need to test all patients posted for elective surgery for COVID-19. Various reports have shown that 70% to 80% patients or even more are asymptomatic and these asymptomatic carriers may pose as a great threat during surgery. Reports have shown that surgeons and anesthetists are at the greatest risk due to high viral load exposure during surgery due to fomite generation during the use of various energy sources and while intubating and extubating the patients. Aerosol generation with a positive pressure environment of operation theatre further helps this virus to cause more damage. All these conditions may expose surgeons, anesthetists and staff to the virus and can be detrimental. But performing test on every patient may have ethical, legal and financial implications. This should be balanced accordingly and may be a unified central guideline is needed. Third, what tests should be incorporated. Whether, Reverse Transcriptase-Polymerase Chain Reaction (RT-PCR) test or antibody testing or combination of both should be used. Antibody testing is cheap, rapid and less man-power consuming than PCR testing, but the results of these antibody tests specially, rapid tests are not reliable. RT-PCR is the gold standard. Most institutes are incorporating both tests before surgery. Again the frequency of the testing also needs to be made uniform across the country and all the specialties.

Patients planned for elective surgery can be admitted one or two days before surgery. Pre-operative assessment should be done for fever and respiratory symptoms. History of travel and contacts should be elicited. PCR test (with/without antibody test) should be performed on admission. Only one relative to the patient should be allowed, who should maintain an adequate social distance from the patient. Visitors should be minimized. If PCR test is positive, surgery should be postponed and he should be referred to CORONA ward for further treatment. Further, it is needless to say the each institution/department should prepare its own standard operating procedure.

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