

Planned procedures and COVID-19 pandemic: Does recovery plan, a matter of urgency?

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The COVID-19 pandemic brought many challenges to each sector of life. The most affected is the health in general and elective services in specific. The postponement of planned surgical procedures is one of the elective services that not only increased the waiting time in the short-term but will strain the healthcare services in the long-run. The reason behind reducing elective activities not only to keep the patients safe from the peri-operative SARS-CoV-2 infection but to deploy the medical staff to support other critical areas of healthcare.

Globally there is pandemic-related cancellation of planned procedures. An expected twelve-week cancellation of planned operations worldwide: is over a 28 million in the peak period of the first wave. The high rate of cancelation is in Europe and central Asia while the least is in sub-Saharan Africa [1]. By such a large volume of backlog in a short period of two-month, one can imagine the extent of the burden of postponement when the period is too long than expected.

In a study conducted by Lucos [2], there was no record of postoperative infection in patients who were RT-PCR negative for SARS-CoV-2 on the day of surgery. In the study of A.F. Kamal [3], 35 patients who underwent elective orthopedic procedures, none of them developed features of SARS-CoV-2 infection.

Clearing the backlog of operations resulting from the disruption owing to COVID-19 is a challenging task for healthcare institutions. It may take a median of 45 weeks for the countries to clear the backlog of operations due to a twelve-week disruption of planned surgical procedures when the base-line surgical volume increase is 20% [1]. Healthcare institutions need to mitigate recovery plans and implementing strategies to restore surgical activities safely during and after the COVID-19 pandemic, based on their capacity. A recovery plan, to be based on recommendations that include but not limited to:

1. Manpower management

- i. Healthcare personnel needs to be distributed; according to the care need.
- ii. Redeploying; surgical teams to perform routine surgical activities and services as early as possible to avoid further delay.
- iii. Surgical staff; should have an overtime service that will increase the expenditure for an already strained healthcare and resource-limited healthcare systems.
- iv. Periodic; monitoring of health status of surgical team members.

2. Resource management

- i. Healthcare services should be divided into general and COVID-19 care.
- ii. A planned procedure should be performed in a non-COVID-19 or general services healthcare facility.
- iii. A negative pressure flow system needs to be installed in the main surgical-suites. The drawback is its cost which may not be an option in resource-limited countries.

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- iv. Planned procedures preferably be day-care services with each patient having a separated cubic in the day-care unit with strict attendant restriction.

3. Case prioritization

- i. Elective cases need to be prioritized based on the health and expected post-surgery complications and to be sorted out during the screening.
- ii. Selected individuals should have an RT-PCR for SARS-CoV-2 infection a day before the operation.
- iii. Planned patients in the queue need to be immunized for SARS-CoV-2 infection on a priority basis.
- iv. Objective priority scoring (e.g. Medically Necessary Time-Sensitive (MeNTS) instrument) [4]

4. SARS-CoV-2 current and prediction using prediction models

- i. Each regional healthcare should predict SARS-CoV-2 load for the region at least weekly.
- ii. Frequent monitoring of COVID-19 situation and planned accordingly.

5. Miscellaneous

- i. Adherence to the standard operating procedures (SOPs) must be maintained strictly.

- ii. Frequent sterilization of surgical-suite as per protocol.

Each Healthcare facility should initiate a recovery plan as early as possible as a further delay in planned procedures may increase a backlog volume to an extent that will take years to recover.

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