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APPROACH TO SURGICAL INTERVENTIONS DURING COVID-19 PANDEMIC IN TURKEY

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Synopsis: We should postpone all elective and endoscopic procedures to a more convenient time, taking into account the fact that there is a pandemic in the world.

COVID-19, a new subtype of coronavirus, emerging in China creates a public health threat for the whole world (1) and is closely monitored by our Ministry.

Guidelines on elective surgery

In this period, minimizing the density in health institutions and reducing the burden on health personnel is of great importance. In this context, our ministry of health has issued regulations on the need to plan non-urgent elective surgical procedures as much as possible.

Guidelines on the use of Personal Protective Equipment (PPE) during surgery

Equipment (2);

1. A liquid impervious apron,
2. Surgical mask over the N95 or FFP group,
3. Face protective transparent barrier,
4. Glove (double layer),
5. Non-perforated shoes or rubber boots

If the hands and feet are exposed to air, it is necessary to fix them with adhesive tapes against the risk of contamination.

The personnel leaving the operating room throw their aprons and gloves used in the entrance room and renew their hand hygiene without leaving the entrance room. All PPE are taken out of the entrance room.

Guidelines on choice of laparoscopy versus laparotomy

We perform many of the benign gynecological events (such as ovarian torsion, ectopic pregnancy) occurring in COVID-19 positive or unknown patients with minilaparotomy. Although the surgical procedure to be applied to these patients is still controversial, if the entire operating room team has the necessary PPE and pneumoperitoneum leakage can be prevented in the operating room, laparoscopy can be performed. However, long-term laparoscopic operations are avoided. Gynecological operations that carry the risk of intestinal involvement are preferred to be performed by laparotomy (3).

Specific recommendations on surgical technique to minimize risk

Electrosurgery is used little or not at all. If an electrosurgical or ultrasonic device will be used during the operation, the exposure of the surgical team is reduced by using a smoke evacuation system. Smoke production is minimized by using electrosurgical and ultrasonic devices at low power settings and for a short time.

The laparoscopic procedures are undertaken by the most experienced surgeon available to ensure full knowledge of safe laparoscopic procedures are followed and to ensure that the procedure is performed in the shortest time possible.

Constant pressure insufflators are used to reduce the aerosol effect of insufflation and central aspirator systems are used to evacuate smoke. CO₂ filters are used in laparoscopic procedures.

Care is taken to prevent the dispersion of body fluids during insertion / removal of trocars and sampling to prevent aerosol dispersion. Device replacement is minimized to minimize leakage.

Guidelines for vaginal and hysteroscopic surgery

Hysteroscopy, which is generally performed due to benign pathologies, is delayed in COVID-19 patients. In case of incomplete abortion and uncontrolled bleeding, vaginal surgical procedures are required.

As a conclusion, due to limited data, we should not allow blind attachment to be the primary factor determining the surgical route. Each patient is evaluated within his / her own conditions and the decision is made considering the surgical experience.

The priority at this stage is the need to postpone all elective and endoscopic procedures to a more convenient time, taking into account the fact that there is a pandemic in the world. This approach is recommended by all organizations that prepare guidance, as it will minimize potential risk and ensure efficient use of resources.

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