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How Brazil is dealing with COVID-19 pandemic arrival regarding elective gynecological surgeries

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Brazil, a continental country with 210 million people, is starting to have an increase of infected cases and mortality due to COVID-19 that has started on February (1). Whereas the pandemic has spread worldwide, and our curve is weeks behind other epicenters such as United States, Italy and Spain, our main ObGyn Society (Brazilian Federation of Associations of Gynecology and Obstetrics - FEBRASGO) and several affiliated societies (eg. UROGINAP, SBE) have been preparing to counsel our members.

Several nonpharmaceutical interventions were oriented nationally (2) and discussions between healthcare providers and decision-makers have helped several hospitals (3) prior to the explosion of cases. Obstetrical and oncology services had a smaller reduction of cases than services who are mainly referred for elective surgeries. We have prepared documents in FAQ-format for counseling gynecological surgeons to reschedule elective surgeries for benign diseases; (4) discussed to implement telemedicine in many outpatient clinics and analyzed to reorganize surgical scenarios for gynecologic oncology patients and/or emergency surgeries. However, we are still facing many regional barriers such as: lack of massive testing for patients, either asymptomatic or symptomatic, disparities between the number of COVID-19 patients interned in public intensive care units (ICUs) versus private ICUs (and also number of available ICUs throughout the country), possible undernotification of a central national data for several reasons and most importantly, not all facilities have sufficient personal protective equipment (PPE).

Our guidelines are aligned with the joint statement previously published in AAGL with several societies (5): elective surgeries should be postponed or rescheduled, and this should be a joint decision between surgeon and patient; risk factors for COVID-19 should be checked with patient, and the absence of COVID-19 symptoms should exhaustively be confirmed in case she needs a surgery to undergo.

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Testing should be massively encouraged prior to surgery. Within the operating room, N-95 masks should be guaranteed for the surgical team (as well as the rest of accessories – shoe covers, gown, protective head covering, gloves and eye protection), number of personnel should be restricted inside the operating room (OR), and prior conversation with the anesthesia team should be done prior to each procedure.

For vaginal and abdominal surgeries, use of N-95 masks plus face shields should be present and smoke dispersion should be avoided as much as possible. Regarding laparoscopic procedures, it can be performed after informed consent about the subject, if the entire OR team has access to necessary PPE and extreme care is taken to reduce pneumoperitoneum escape (6). It is important to remember that to this moment, no data are available proving that COVID-19 viral particles were identified in surgical smoke. Finally, most urogynecological disorders can be treated conservatively.

We are still uncertain whether we are flattening the curve, and discussions about reopening elective surgeries are still controversial; however, we believe we are ready to fight this battle and we are extensively advising patients to seek hospitals if their symptoms are increasing during the quarantine.

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