Keep calm and carry on during COVID-19 pandemic

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This the second editorial letter in a series we started in the last issue looking at the long-term and short-term effects of the SARS-CoV-2/COVID-19 pandemic on surgery.

The pandemic COVID-19 caused by SARS-CoV-2 has continued, and it is here to stay for longer. It has already resulted in 41 570 883 confirmed cases of COVID-19, including 1 134 940 deaths, as reported by the WHO and the Center for Systems and Engineering (CSSE) at Johns Hopkins University (JHU). The numbers are rising and increasing rapidly according to both organizations. https://covid19.who.int; https://coronavirus.jhu.edu/map.html

The global effect on all health care service provider disciplines and practice has been severe and immense, and they have been strongly hit hard. This crisis has led to redirection of surgical resources of all types, including surgeons, anesthetists, trainees, nurses, equipment, operating theaters, and recovery rooms [1–3].

The Royal College of Surgeons of England (RCSEng) launched the SARS-CoV-2/COVID-19 pandemic research group to study that. They started different cohort studies investigating the outcomes of the SARS-CoV-2/COVID-19 infected patients who undergo surgery, the assessment of safety of surgery for all types of cancer during the SARS-CoV-2/COVID-19 pandemic, and the effect of the pandemic in cancer delay and treatment pathways. https://www.rcseng.ac.uk/coronavirus/rcs-covid-research-group/

Ultimately, the effect of this shift has been immensely hard on patients waiting for elective operations and sometimes on emergency surgical patients as well. It is estimated that two million people in the United Kingdom (NHS UK) are waiting more than a year for routine appointment or a date for elective operations.

In USA, a recent survey among of health care system leaders and hospital executives anticipate struggle to address such a huge backlog given the workforce availability and capacity. The survey concluded forecasting and managing health service facilities capacity including surgery according to the pressure of patient need and demand in real time.

https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/cutting-through-the-covid-19-surgical-backlog#

Preparations need to be in place to resume elective surgical activities during this long pandemic, with the increasing threat of another surge (second wave) on the horizon addressed by the WHO in the recent weeks. https://www.theguardian.com/world/2020/oct/21/warning-of-tens-of-thousands-of-deaths-in-england-from-covid-19-second-wave

Recovery of surgical practice will also need increase of experienced manpower of medics and paramedics and

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the allocation of supportive service to 'the SARS-CoV-2/COVID-19 pandemic' operating facilities.

Of particular interest and importance is the robustness of oncology service, both diagnostic and therapeutic, to cope with expected increasing demand as patient's confidence will increase to seek advice with time, even in the presence of second wave or surge in the SARS-CoV-2/COVID-19 pandemic cases.

The recovery of elective surgery depends on local capacity and availability of clinical and other services necessary for the delivery of surgery. The recovery plans have been outlined by various communities, academic, and health care authorities [4], https://www.jointcommission.org/-/media/tjc/documents/covid19/joint-statement-roadmap-for-resuming-elective-surgery-after-covid-19-pandemic.pdf

Recently this year, in anticipation, the Royal College of Surgeons of England (RCSEng) published their recovery plan, highlighting the short-term and long-term plans. The strategic road map was lunched by the RCSEng based on preparedness before starting any service. The goals and objectives are summarized in leadership and workforce management, including surgical training, continuous sustainable transparent communication, assessing surgical workload, and ensuring adequate hospital capacity, as well as reconfiguring services aiming to minimize the risk to patients and surgical teams of contracting COVID-19.

https://www.rcseng.ac.uk/coronavirus/recovery-of-surgical-services/; https://www.rcseng.ac.uk/coronavirus/surgical-prioritisation-guidance/

The SARS-CoV-2/COVID-19 pandemic has changed and is continually changing aspects of human lives, and our surgical practice will face more major effect, including its victims. The surgical communities around the world, regardless of their abilities, resources, or cultural barriers, need to adapt and adopt the notion of 'Keep calm and carry on,' however, with robust plan in place to 'First, Do No Harm.'

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Conflicts of interest
There are no conflicts of interest.

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