

# Surgical intervention during the Covid-19 crisis

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Erica Bronen\*

Editorial Office, Clinical Investigation,  
London, UK

\*Author for correspondence:  
bronener@hotmail.com

## Introduction

The biggest hit of the twenty-first century, Covid-19 (Coronavirus illness 2019) forced numerous commodities, businesses, and charity organisations to shut down. One example is in the field of surgery, where several operating rooms, Personal Protective Equipment (PPE), ventilators, and Intensive Care Unit (ICU) beds are used to treat SARS Cov-2 patients. As a result, only a few procedures are performed.

Many operating rooms were converted to Intensive Care Units (ICU) during the peak of the Covid cases, leaving only a few ORs to handle crucial surgeries such as trauma, symptomatic, and growing aneurysm. During this pandemic, the Society of Surgical Oncology (SSO) has asked the chairman and vice chairman to submit recommendations, taking in mind the delay in procedures.

The following are some suggestions:

- Treatment decisions must be determined on a case-by-case basis
- Taking into account the surgeon's knowledge and understanding of biology (cancer)
- Thinking about different therapy alternatives
- Adherence to Covid-19 policies

The COVID-19 pandemic has put a significant strain on the workforce and finances of most healthcare systems around the world. In these trying times, various guidelines for dealing with this framework have been proposed. For example, spine surgery in, related to cervical or thoracic, acute spine trauma, oncology are forwarded in hospital with surgical intervention, and acute or sub-acute lumbar

disc problems with specific time periods are forwarded at surgical centres or proceed at the hospital only when the Covid-19 graph is low.

The Rothman Institute issued these guidelines for spine surgery during the Covid-19 crisis. A triage approach was devised, in which clinical urgency was considered and the degree of urgency was determined by the amount of time a procedure could be postponed without causing harm to the patient.

- If the surgery must be finished within 24 hours, it is considered an emergency
- If the procedure must be conducted in the next (1-2) days, it is considered urgent
- If the surgery must be finished in three to seven days, it is considered semi-urgent

This method was created for New York's Columbia University Medical Centre. The Centres for Medicare and Medicaid Services (CMS) has given doctors and medical administrators advice on whether to conduct or postpone surgery. All surgical treatments, non-essential medical procedures, elective surgeries, and dental procedures have to be postponed, according to the statement. Other major reasons to halt non-emergency surgeries include resource conservation and the use of Personal Protection Equipment (PPE). Hospital administration, such as leaders and surgeons, are involved in developing and implementing the best recommendations. These leaders established teams to obtain real-time information as well as recommendations

from locals; however, the recommendations from locals are considered while keeping in mind national priorities.

As a result, surgeries during Covid are addressed, permitting

some but restricting others for the sake of society's well-being. These types of approaches must be increased at larger levels at every given period or scenario to meet the impending problems.

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