



# Postponed Elective Surgeries, the Nightmare of Developing Nations' Health Care System During and After Covid-19 Pandemic

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## Introduction

The World Health Organization declared the novel Coronavirus disease 2019 (COVID-19) as a global pandemic with an international emergency on March 11, 2020 [1,2]. As of September 2020, COVID-19 has swept through 216 countries and infected over 27,887,806 people killing 904,644 around the globe. The rapidly spreading outbreak imposes an unprecedented burden on the effectiveness and sustainability of the healthcare system for poor nations like Ethiopia, which have broken system even to deliver regular services. After the first case of Covid19 was diagnosed in Ethiopia on March 12, 2020, Federal Ministry of Health (FMOH) has urged all hospitals in the nation to postpone all elective surgeries due to the concern that elective procedures may contribute to the spreading of the coronavirus within facilities and use up scarce medical resources needed to

manage a potential surge of coronavirus cases [3]. The number of patients visiting hospitals for regular services have also markedly decreased due to widespread perception in the community that hospitals are the main sources of infection. It is becoming routine to hear Health Care Workers (HCWs) being denied of public transport. Its great challenge to predict the time course of COVID-19 beyond a critical inflection point, showing patients may be deprived of access to timely surgical care for many months to come. Postponing elective surgeries without proper strategy may have a more dramatic and immeasurable impact on the health of communities like ours than the morbidity and mortality inflicted by the novel coronavirus disease. Even in the normal time access for elective surgical service is a great challenge where patients could die while waiting for the



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long admission waiting list. In developing communities where traditional healers are more accepted and people fear undergoing surgical procedures, some patients may never come back to hospitals. Due to lack of a strategic harmonious national approach from FMOH to address this issue facilities trying to initiate surgical services are ending up with an increased number of surgical patients & HCWs being infected. Most centers don't have a separate area to keep patients while waiting for their covid19 results before being admitted to surgical wards. Limiting the number of attendants is also another real challenge. Although surgeons are not frontline health workers for COVID-19, reports have shown that several series of infections emerged from operating theaters [4]. This underlines the importance of standardizing procedures for all major procedures.

### COVID 19 and elective surgery

Elective surgery does not mean optional surgery, rather it is a procedure that is not immediately indicated in response to a limb- or life-threatening emergency. A current estimate suggests that more than 50% of all elective surgical cases have the potential to inflict significant harm on patients if cancelled or delayed [5]. The physiologic condition of these patients may rapidly worsen in the absence of appropriate surgical care, and result decline in patients' health making them more vulnerable to a coronavirus infection [5]. These inherent risks of delaying surgeries have been reported in colorectal cancer patients in china [6] and patients were also exhausted with lack of surgical services, one woman with early cervical cancer whose surgery was canceled & postponed reported her condition as "carrying a time bomb in her body" [7]. Many elective non-urgent surgeries will become urgent at some point in time as no one right now predicts when will the pandemic ends, although experience from China demonstrates that with highly effective contact tracing and case isolation, outbreaks of COVID-19 can be brought under control within 3 months [8], which is far imagination for countries like Ethiopia. During 12 weeks of peak disruption due to the COVID-19 pandemic, about 28 million elective surgeries will be canceled across the globe & the backlog may take about 45 weeks to clear even with expanding the facilities capacity, and the number could be even worse if lockdowns continue for a longer time [10]. So, with all uncertainties it is crucial to design and implement clinically relevant, patient safety-driven and locally adaptable algorithms to guide the decision-making for appropriate surgical care based on scientific information and experiences from China, a country which successfully dealt with the virus outbreak [9]. Both postponing all elective surgical services until the pandemic pass or allowing all hospitals to conduct elective surgeries during the pandemic without a strategic approach is counter productive for the poor health care system. There should be a well organized strategic approach nationally that selects and dedicate certain hospitals for surgical services, taking the necessary precautions and prepare waiting areas for patients before being admitted to the hospitals. The hospitals should also develop clear prioritization protocols to deliver their service.

### Prioritization of elective surgical patients during the COVID-19 pandemic

Elective procedures can be stratified into "essential", where delaying surgical care for an undetermined period of time will have increased risk of adverse outcomes, versus "non-essential", which includes purely elective procedures that are not time-sensitive for medical reasons [11]. Taking the following parameters into consideration it is good to develop protocols to

stratify surgical patients seeking operation, to assure access to timely and appropriate surgical care to our patients:

- Urgency of surgical indications for surgery
- Preexisting comorbidities and patients preference
- Patients' age and living address
- Availability of surgical resources including PPE (Personal Protective Equipment)
- Spread pattern of COVID 19 pandemic in Ethiopia
- Perioperative utilization of critical resources (Blood products, Ventilators)
- Estimated postoperative stay in the hospital

Although the time intervals may vary based on facilities, considering the above-mentioned parameters surgical patients may be enrolled in to Emergent, urgent, urgent elective, essential elective and discretionary which is helpful to allocate appropriate resources. It is important that patients do not get lost in the system.

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