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Reduction in emergency surgery activity during COVID-19 pandemic in three Spanish hospitals

Editor

In their recent paper, Spinelli and Pellino talked about emergency surgery during the COVID-19 pandemic¹. However, they did not mention the decrease in emergency surgery that we have observed. Therefore, we compared emergency surgery activity in three Spanish hospitals during a control period (11–26 March 2019) and during the pandemic (16–31 March 2020).

The study included 127 patients during the control period and 44 during the pandemic period. A 65.4 per cent decrease in emergency surgery activity was observed; the mean number of patients who underwent emergency surgery daily in each hospital decreased from 2.6 during the control period to 0.9 during pandemic period ($P < 0.001$). The delay in patients presenting in the Emergency Department (time from onset of symptoms to arrival in the Emergency Department) increased from 42.1 to 70.8 h ($P = 0.051$). During the

pandemic period there was a decrease in patients undergoing surgery for acute cholecystitis (15.8 versus 5.0 per cent) and acute appendicitis (32.3 versus 25.0 per cent), and an increase in patients who underwent surgery for bowel obstruction (8.7 versus 14.0 per cent) and incarcerated hernia (5.5 versus 14.0 per cent) ($P = 0.179$).

Considering these results, those regions where the COVID-19 pandemic is now developing should assume that emergency surgery activity will decrease to one-third of normal. Therefore, some of the resources usually assigned to emergency surgery could be released and used to attend patients with COVID-19.

Several factors could explain this situation. First, patients delaying visits to the Emergency Department to avoid being infected. This could result in more advanced disorders, such as complicated appendicitis. Second, changes in lifestyle during confinement (a low-fat diet, for example) could explain the lower incidence of some diseases (acute cholecystitis). Also, more patients could be being treated without surgery (for example, patients with acute appendicitis treated with antibiotics). This might explain why disorders without alternative treatments, such as incarcerated hernia or bowel obstruction, were more frequent during the pandemic period. Finally, elective procedures are being postponed, resulting in fewer patients requiring

surgical revision because of surgical complications.

In summary, during the COVID-19 pandemic, surgical activity was reduced to one-third of the expected level. Countries facing this pandemic should consider this information and adjust their resources to the new situation. A delay in patients presenting to the Emergency Department could be an important factor in this decrease.

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