Clinical Case Reports International

Editorial
Published: 04 Jul, 2022

HPB Elective Surgery Cancellations during COVID, a Single Centre Experience

Prathima G, Saiyara N, Islam F, Tomar N, Kerketta E, Nisar MM, Chung WY, Thorpe G, Isherwood J, Bhardwaj N, Malde D, Garcea G and Dennison AR*

Department of Hepatobiliary and Pancreatic Surgery, Leicester General Hospital, UK

Keywords

Hepato-Pancreato-Biliary Surgery; COVID; SARS-CoV-2

Editorial

The COVID pandemic has fundamentally changed healthcare systems around the world. One of the most easily quantifiable and consequently high profile issues has been the impact on surgical waiting lists. Efforts to ameliorate the impact on the throughput of the worst prognosis cancer patients were often at the expense of elective cases and the resulting increase in waiting times and numbers is dramatic reaching record levels in many cases. The emergence of Omicron, the latest SARS-CoV-2 variant has again stressed the NHS with further elective surgery cancellations anticipated [1]. We examined the elective HPB surgery cancellations during the 4 "surges' to identify the underlying causes. A single centre, retrospective analysis of booked cases in Leicester General Hospital was carried out for five, three month intervals, corresponding to the pre-pandemic period, and the 4 surges. There was an 84.6% increase in the number of HPB elective surgery cancellations during the 1st wave (March to May 2020) when compared with the period preceding the COVID outbreak (October to December 2019). There were less cancellations during the 2nd (October to December 2020) and 3rd waves (May to July 2021) with a 21.1% increase and 15.4% decrease compared with the pre-COVID period respectively. Notably however the most recent 4th Omicron wave (November to January 2021) again saw a marked increase again to first wave levels of 76.9% (Figure 1, 2). When stratified by the reason for cancellation, the largest contributing factor during the 1st wave was hospital infrastructure related issues (44 of the total 96 cancellations). This is consistent with findings at other centers across the UK during the same period, with hospitals unable to cope with the unprecedented demands [2]. In contrast, during the 4th surge the principal issue was the lack of crucial staff both numerically and of the appropriate skill-mix consistent with large number of NHS staff being infected with the highly transmissible new variant or in self-isolation [3]. Pandemic the 2nd and 3rd waves of the pandemic saw a return to cancellation rates similar to pre-levels. Possibly due to strategies implemented by the hospital to mitigate COVID infections during elective surgery intending to restore throughput albeit still at a reduced rate compared with the pre-pandemic period [4]. Also evident in the 1st and 4th waves were cancellations by patients, possibly reflecting their reluctance to attend hospitals due to strict lockdown measures during the first wave and the highly infective nature of the omicron strain during the 4th wave. This study demonstrates the effect of the COVID pandemic on elective surgery in an HPB surgical unit. It also demonstrates that Omicron, although less severe than previous variants has had a similar

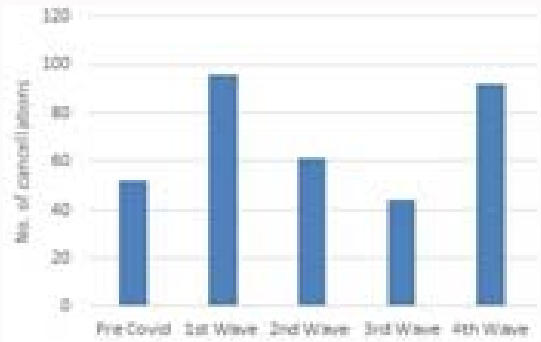

Figure 1: HPB elective surgery cancellations during the COVID pandemic surges.

Correspondence:
Prathima Gogineni, Department of Hepatobiliary and Pancreatic Surgery, Leicester General Hospital, UK, Tel: +44-7469321841;
E-mail: Prathimagogineni7@gmail.com

Received Date: *07 Jun 2022*
Accepted Date: *28 Jun 2022*
Published Date: *04 Jul 2022*

Citation:
Prathima G, Saiyara N, Islam F, Tomar N, Kerketta E, Nisar MM, et al. HPB Elective Surgery Cancellations during COVID, a Single Centre Experience. Clin Case Rep Int. 2022; 6: 1353.

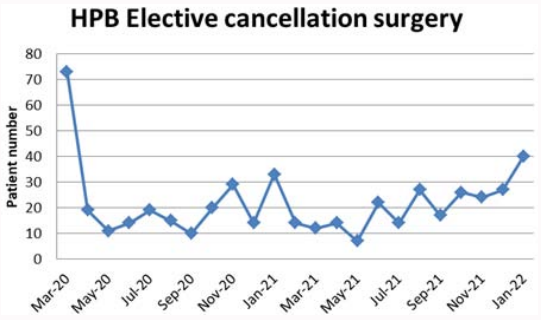

Figure 2: HPB elective cancellation surgery.

impact due to its increased transmissibility and effect on staff as well as patients. The consensus among the scientific community is that we should expect the emergence of further variants, the impact of which will be determined by their virulence and transmissibility [5]. This scenario mandates solutions and policies to prevent waiting lists spiraling out of control and cancer care deteriorating.

References

1. Collaborative CO. Projecting COVID-19 disruption to elective surgery. Lancet. 2022;399(10321):233-4.
2. Dobbs TD, Gibson JAG, Fowler AJ, Abbott TE, Shahid T, Torabi F, et al. Surgical activity in England and Wales during the COVID-19 pandemic: A nationwide observational cohort study. Br J Anaesth. 2021;127(2):196-204.
3. Iacobucci G. COVID-19: NHS trusts declare "critical incidents" because of staff shortages. BMJ. 2022;376:o3.
4. Alsaoudi T, Chung WY, Isherwood J, Bhardwaj N, Malde D, Dennison AR, et al. HPB surgery in the time of COVID. Br J Surg. 2020;107(12):e588-9.
5. Murray CJL. COVID-19 will continue but the end of the pandemic is near. Lancet. 2022;399(10323):417-9.