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Cancer surgery during the Covid-19 pandemic in Turkey

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ABSTRACT

The coronavirus disease (Covid-19), which has spread rapidly all over the world after its appearance in December 2019, soon became a pandemic. In many places struck by the epidemic, clinical branches have prepared new guidelines for approaching the management of the disease in their area during the pandemic. Surgeons have also delayed elective surgeries. The first case of Covid-19 in Turkey was detected on March 10, 2020. After this date, 39 patients with a diagnosis of cancer were operated on in our clinic. In this study, we wanted to reveal the results of the cancer surgeries that we have performed during this period.

The coronavirus disease (Covid-19) is characterized as a pandemic due to its global occurrence and rapid increase [1]. The high level of contagiousness of the disease, and the fact that there is no curative treatment at the time of writing this article, has led to changes in health practices wherever the disease has struck [2].

Clinic branches all over the world have had to adjust and create new guidelines for approaching diseases. Hospitals have delayed elective surgeries in many hospitals and clinics. However, it is obvious that delays in interventions required for this patient group will cause an increase in morbidity and mortality. It is suggested that the treatment procedures of patients with cancer should be directed by multidisciplinary boards during this period [3].

Although medical staff have to proceed with the operations and treatments of cancer patients, it has been revealed in some publications that surgery and oncological treatment for this patient group would result in increased morbidity and mortality if they caught Covid-19, since it would impair bodily homeostasis and immunity. Liang et al. analyzed 2007 Covid-19 patients, and cancer patients were found to have higher rates of hospitalization and mortality than others [4].

The first case of Covid-19 in Turkey was detected on March 10, 2020. Soon after this, our hospital was appointed as a 'pandemic hospital', and many clinics were converted to Covid-19 clinics. After this date, we delayed elective cases and only kept performing emergency and malignancy surgeries. We have also changed our operating room and postoperative follow-up procedures, updating them for pandemic conditions. In this study, we want to reveal the results of cancer surgeries that we performed during this period.

Between March 10, 2020, and April 16, 2020, 39 patients with a diagnosis of cancer were operated on in our clinic. Twenty-one (53.8%) of the patients were operated on for colon-rectum tumors, and 18 (46.2%) for breast tumors. Twenty-eight (71.8%) of the patients were female and 11 (28.2%) were male, and their mean age was 56.7 years (35–85 years).

None of the patients had Covid-19 symptoms (i.e. fever, cough or fatigue) preoperatively, and none of them received Covid-19 testing before surgery. Surgical masks were worn by all patients during the preoperative follow-ups, and our doctors and healthcare personnel wore surgical masks during visits and patient examinations and used disposable latex gloves. Since the distance between the inpatient beds in the wards is already 2 m, no changes were made regarding this. However, no more than two patients were hospitalized in our rooms (even though they have a patient capacity of four). No further precautions were taken in terms of isolation.

In the operating room and during surgery, no additional precautions were taken on room entry and exit, and our patients were transferred to the operating room wearing surgical masks. During the operation, all of the surgical team members wore protective glasses, waterproof sterile surgical gowns, N95 masks with one surgical mask on it, and the team performed the surgery using standard sterile surgical gloves.

In the postoperative follow-ups, none of the patients or healthcare personnel received prophylaxis treatment for Covid-19. In the patient follow-ups, general conditions, wound status, and symptoms of Covid-19 were examined. None of the patients had any symptoms of Covid-19 in their postoperative 15-day follow-ups. On the other hand, no symptoms of Covid-19 were detected in any of the health-care personnel that performed these surgeries.

Our follow-ups show that cancer patients can be safely operated on during this pandemic period, provided that adequate precautions are taken for both the surgical team and the patients. For alternative cancer treatments, such as chemotherapy and radiotherapy, the need for frequent hospital visits by the patient may increase the risk of infection of Covid-19 during this pandemic. In addition, the immunosuppressive effects of these treatments may cause the disease to have a more morbid and fatal course, should cancer patients contract Covid-19. In conclusion, performing the required surgery on the cancer patients who suitable for surgery without delay seems to be the most accurate treatment option for them.

Provenance and peer review

Not Commissioned, internally reviewed.

Data statement

The data used and/or analyzed during the current study are available from the corresponding author on reasonable request.

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Ethical approval

Ethical approval wasn't taken fot this study.

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Author contribution

Orhan Alimoglu – Corresponding author, study design, data analysis. Cem I Erol – Writing. Furkan Kilic – Literature Search. Hakan Baysal – Data collection.

Guarantor

Orhan Alimoglu.

Declaration of competing interest

There is no conflicts of interest.

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