

# Journal Pre-proof

The lessons to learn with regards to hospital admissions during the COVID-19 pandemic, a Commentary on “acute care surgery during the COVID-19 pandemic in Spain: Changes in volume, causes and complications. A multicentre retrospective cohort study”

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THE LESSONS TO LEARN WITH REGARDS TO HOSPITAL  
ADMISSIONS DURING THE COVID-19 PANDEMIC, A  
COMMENTARY ON “ACUTE CARE SURGERY DURING THE  
COVID-19 PANDEMIC IN SPAIN: CHANGES IN VOLUME,  
CAUSES AND COMPLICATIONS. A MULTICENTRE  
RETROSPECTIVE COHORT STUDY”

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Dear Editor,

We read with great interest the study by Cano-Valderrama et al [1] which compared the number of acute care surgery procedures during the COVID-19 pandemic with a control period. It reported a significant reduction in acute care surgeries during the pandemic. Furthermore, it highlighted an increased period of time between symptom onset and presentation to the emergency department. One of the driving factors of this delay in presentation could be due to fears of contracting COVID-19. Many patients believe hospitals to be a key source of infection and perhaps decide that their health complaint is not severe enough to warrant the risk of becoming ill with COVID-19 [2]. We consider in this letter how a delay in presentation may affect patients in the future and how it could be avoided.

Undoubtedly, a delayed presentation leads to increased morbidity and mortality. Delayed presentations during the COVID-19 pandemic have contributed to death in major conditions such as diabetic ketoacidosis, sepsis and appendicitis in children [3]. Furthermore, patients with cancer have also presented later during the pandemic, which has contributed to a more aggressive disease burden that is increasingly difficult to manage. It is estimated that there will be a significant increase in avoidable cancer deaths, in part due to a delay in presentation. [4].

Given the negative impact a delayed presentation can have on the prognosis of various conditions, it is important to consider how patient's fears regarding seeking hospital care may be alleviated. University College Hospital at Westmoreland Street has demonstrated that cancer surgery can successfully continue in the current pandemic [5]. This was managed by creating a COVID-19 free surgical site. Emergency admissions were directed to an alternative site, ensuring strict infection control measures were in place at the surgical site. This model may reassure patients that their treatment can be completed safely, alleviating fear to those experiencing acute surgical or medical emergencies. Additionally, sensationalist articles in the media can lead patients to believe hospitals are best avoided because they are

potential ‘hotspots’ for the virus and that there are not enough resources to treat them. Providing information directly from the hospital to their patients can enforce what precautions are in place to mitigate the risk of COVID-19, as well as reinforce what ‘red flag’ symptoms require attendance to the emergency department [2]. This could help to avoid unnecessary delays in presentation.

In summary, the risk of a second wave of COVID-19 presents a very unpredictable future for hospital admissions as a whole. As the public becomes more accustomed to life during a pandemic, they may access healthcare sooner in an emergency due to a better understanding of how to reduce transmission. However, if the fear of being infected with SARS-CoV-2 remains at the current level, delay in presentation of medical and surgical emergencies will continue during the second peak of the pandemic. Therefore, a key lesson to be learnt in the event of a second wave, is to reduce patient fear. This can be done by increasing testing capacity, creating COVID-19 free zones where possible, and enforcing public health campaigns confirming that health services are open for all emergencies and that patient safety is an utmost priority.

### **Provenance and peer review -**

Commentary, internally reviewed

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None to declare

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No sources of funding required

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Ethical approval was not required

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Please specify the contribution of each author to the paper, e.g. study design, data collections, data analysis, writing. Others, who have contributed in other ways should be listed as contributors.

KD Dungar and KL Sooriah both co-authored this work

**Guarantor**

The Guarantor is the one or more people who accept full responsibility for the work and/or the conduct of the study, had access to the data, and controlled the decision to publish. Please note that providing a guarantor is compulsory.

KD Dungar and KL Sooriah both accept full responsibility for this work