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## **Letter to the Editor**

Regarding "Understanding the 'Scope' of the Problem: Why Laparoscopy Is Considered Safe during the COVID-19 Pandemic"

## To the Editor:

First of all, thanks to the authors for this nice and clear paper. Whether laparoscopic surgery is safe during the coronavirus 2019 pandemic is a matter of actual debate [1], and it is important for the surgical community to share solid information regarding operating room technology.

We will just briefly comment on the use of high-efficiency particulate arrestance (HEPA) and ultralow particulate arrestance filters because many papers report the wrong assumption that HEPA filters can only filter particles of 0.3  $\mu$ m or above in diameter. This is an important issue because solid or liquid particulate matter in the air, especially below 2.5  $\mu$ m in diameter, is able to enter the bloodstream and can affect our health.

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) particles range in size from 0.06  $\mu$ m to 0.125  $\mu$ m, falling squarely within the particle size range that HEPA filters capture with extraordinary efficiency: 0.01  $\mu$ m and above [2]. It is incorrect to state that HEPA filters are not able to catch particles below 0.3  $\mu$ m, such as those of SARS-CoV-2.

This belief is based on a misunderstanding of how HEPA filters work. The particle size of 0.3  $\mu$ m is used as a standard to measure the effectiveness of HEPA filters, but this does not mean that they are not able to catch smaller particles. A paper from the National Aeronautics and Space Administration [3] explains well that HEPA filters are

highly effective in capturing a very high proportion, up to 100%, of nanoparticulate contaminants, ranging in size from 0.1  $\mu$ m to 0.001  $\mu$ m (diffusion regime), because they do not fly in a straight line but collide with other fast-moving molecules and move around in random pathways. This is known as Brownian movement. When they strike the filter fibers they remain stuck in them. The intersecting regime has just a small drop in efficiency that affects particles of approximately 0.3  $\mu$ m, defined as the most penetrating particle size. This value for a typical HEPA filter varies from 0.2  $\mu$ m to 0.3  $\mu$ m, depending on the flow rate, and when the flow speed is lowered, a simple HEPA filter will perform as an ultralow particulate arrestance filter.

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## References

- 1. Morris SN, Fader AN, Milad MP, Dionisi HJ. Understanding the "Scope" of the problem: why laparoscopy is considered safe during the COVID-19 pandemic. *J Minim Invasive Gynecol.* 2020 Apr 3. [Epub ahead of print].
- 2. First MW. HEPA filters. Appl Biosaf. 1998;3(1):33-42.
- Perry JL, Agui JH, Vijayakumar R. Submicron and nanoparticulate matter removal by HEPA-rated media filters and packed beds of granular materials. Available at: https://ntrs.nasa.gov/archive/nasa/casi.ntrs. nasa.gov/20170005166.pdf. Accessed April 6, 2020.

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