

An invited commentary on “Impact of the Coronavirus (COVID-19) pandemic on surgical practice-part 1”. Impact of the Coronavirus (COVID-19) pandemic on surgical practice: Time to embrace telehealth in surgery

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The COVID-19 pandemic caused by the novel coronavirus, SARS-CoV-2, is disrupting global health and the economy to a degree unparalleled in modern history. In addition to the reduction in visits for routine and preventative health care and decline in emergency room visits, hospital systems are suffering from the collateral damage of near-universal cancellation of elective surgeries. The mobilization of surgical resources for emergencies, use of operating rooms as intensive care units and anesthesia machines as ventilators, redeployment of operating room personnel for patient and provider safety have compromised the delivery of necessary surgery.

Al Jabir et al. [1] describe institutional guidelines to ensure safety and continue to provide needed patient care recommended by surgical bodies, such as the Royal College of Surgeons of England and the American College of Surgeons [2,3]. This includes changes to case prioritizations, changes in operative techniques, postponement of elective and non-urgent surgeries, and the consideration of non-surgical management. Also, they describe the disruption of surgical education and research.

The COVID-19 pandemic has accelerated the way care must be delivered to keep patients and providers safe while simultaneously managing limited resources. Utilizing telemedicine for continuity of care, while maintaining social distancing and quarantine practices during this pandemic, is indispensable. There are three primary forms of telehealth, including video, telephone calls, and instant messaging. The integration of telehealth into electronic health records is mandatory. While surgery may not seem like it would lend itself to telehealth practices, multiple studies have shown it can be a viable modality for safe and effective surgical care as an alternative to in-office visits in pre- and post-operative periods [4,5].

While the lack of physical exam limits telehealth, this can be overcome by using video conferencing for consults. Telehealth evaluations provide the unique advantage of allowing a local primary care physician or mid-level to consult the surgeon remotely and perform a supervised physical exam. All preoperative telehealth evaluations should undergo an in-person evaluation by the operative surgeon on the morning of the surgery.

The ability to perform preoperative COVID-19 testing of surgical patients within 48 hours of surgery is mandatory before ramping up surgical services delivery following COVID-19 peaks. While the initial implementation of telehealth practices may be unexpected and rocky, this pandemic could evolve telehealth into a mainstay of many fields of medicine, in particular, surgical pre- and post-operative care. It is time for surgeons to embrace telehealth.

Provenance and peer review

Invited Commentary, internally reviewed.

Data statement

Laura N Purcell: Preparation, creation specifically writing the initial draft.

Anthony G Charles: critical review and revision.

References

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