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### Delayed benign surgery during the COVID-19 pandemic: the other side of the coin

#### Editor

A universal agreement exists that elective surgery and outpatient clinics should be delayed during the COVID-19 pandemic to reallocate in-hospital resources, expand the number of ICU beds, and reduce personal protective equipment consumption<sup>1,2</sup>. Telemedicine and remote consults have been proposed to support patients without attending hospital<sup>3</sup>. Although some have highlighted the risks of delayed cancer surgery with possible worsening of the oncological outcomes<sup>4</sup>, few authors have focused on the risks associated with delayed surgery for benign diseases<sup>5</sup>. A salutary tale is described below.

A 70-year-old man was admitted with a 3-week history of severe anal pain,

rectal bleeding and anaemia. Because of the pandemic and related restrictions, the patient had self-medicated for weeks but could no longer bear the irreducible, necrotic haemorrhoidal prolapse. An emergency haemorrhoidectomy was performed to reduce the risk of local sepsis. Serious complications of benign diseases like this add a further burden to the already stretched health system. In addition to telemedicine<sup>6</sup>, there is a need to triage for urgent diseases by general practitioners and surgeons. Without physical examination there may be a false sense of security, treatment delay, and higher risks from a lack of access to general surgical departments<sup>7</sup>.

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