

Perioperative COVID-19 Defense

Dear Editor,

Perioperative management during coronavirus disease (COVID-19) outbreak is an interesting issue.^[1] The perioperative COVID-19 defense is an important topic in clinical anesthesiology.^[2] Dexter *et al.* mentioned many interesting recommendations for the management of the patients in the operation room.^[2] Here, we would like to share ideas on a forgotten point. Although several recommendations are raised regarding patients, there are few specific concerns on the medical practitioners. Self-protection is a basic consideration. Nevertheless, it should not be forgotten that the medial personnel might also be the disease spreader of disease in the operation room. The operation is a small abdominal surgery in a provincial hospital. The spreader is a patient who also presented fever but gave no risk history. Since the patient disguises the history of risk contact, the disease transmission occurred, and the physician-developed illness 3 days after contact by contact with respiratory spillage of the first spreader. The confirmation of COVID-19 positive in the patient is after the physician already got the confirmation for COVID-19. Presumably, during the surgery, the surgeon was gowned, gloved, and masked; the contact that leads to disease transmission might be difficult. Nevertheless, the contact might be during preoperative, recovery room, or postoperative patient visits. There is also a chance for other personnel to get an infection during nursing and anesthetist contacts. "What should be taken to prevent the problem?" is an interesting question. One might consider routine preoperative testing of all surgical patients or cancellation of elective surgery is an option. Since neither the patient nor the surgeon was known to be COVID-19 positive, the anesthesia team and pre/intra-/post-op nurses would have an exposure as well to the patient and the surgeon. Indeed, the anesthesiologist might have a chance to interact with patients with COVID-19 in any units of the hospital.^[3] We should not forget about defending ourselves from possible hidden Troy wooden horse in our team!

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

Won Sriwijitalai, Viroj Wiwanitkit¹

*Private Academic Practice, Bangkok, Thailand, ¹Department of Community Medicine, Dr. DY Patil University, Pune, Maharashtra, India
Both authors have equal contribution*

Address for correspondence:

*Dr. Won Sriwijitalai,
Private Academic Practice, Bangkok, Thailand.
E-mail: wonsriwi@gmail.com*

Received: 14 Apr 20 **Accepted:** 08 May 20

Published: 09 Jul 20

References

1. Bajwa SJ, Sarna R, Bawa C, Mehdiratta L. Peri-operative and critical care concerns in coronavirus pandemic. *Indian J Anaesth* 2020;64:267-74.
2. Dexter F, Parra MC, Brown JR, Loftus RW. Perioperative COVID-19 defense: An evidence-based approach for optimization of infection control and operating room management. *Anesth Analg* 2020. doi: 10.1213/ANE.0000000000004829.
3. Malhotra N, Joshi M, Datta R, Bajwa SJ, Mehdiratta L. Indian society of anaesthesiologists (ISA national) advisory and position statement regarding COVID-19. *Indian J Anaesth* 2020;64:259-63.

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

Access this article online

Quick Response Code:



Website:

www.ijpvmjournal.net/www.ijpm.ir

DOI:

10.4103/ijpvm.IJPVM_191_20

How to cite this article: Sriwijitalai W, Wiwanitkit V. Perioperative COVID-19 defense. *Int J Prev Med* 2020;11:90.

© 2020 International Journal of Preventive Medicine | Published by Wolters Kluwer - Medknow