



COVID-19 Infected Surgery Patients: Measures that Must be Taken in Operating Rooms

Ethem Unal*

Department of General Surgery, Health Sciences University, Turkey

***Corresponding author:** Ethem Unal, Associate Professor of Surgery and Surgical Oncology, Health Sciences University, Turkey, Tel: +90 532 258 4917; Email: drethemunal@gmail.com

Editorial

Volume 5 Issue 1

Received Date: April 10, 2020

Published Date: April 30, 2020

DOI: 10.23880/accmj-16000172

Editorial

Coronavirus disease 2019 (COVID-19) pandemic affecting the whole World has loaded exceptional work on the health care systems of all countries, and the risk of viral transmission to the health professionals increases day by day. Even most of the elective operations are cancelled or postponed to later dates, precautionary measures must be employed immediately for emergency cases in operating rooms (OR). All emergent cases should have a thoracic computerized tomography (CT) and be tested for COVID-19. Then, the following measures should be undertaken immediately:

- Personal protective equipment (PPE) including N95 mask, cap, face protective transparent barrier, glasses, aprons and shoe covers is a must and should be worn properly by all OR staff.
- Do not hurry up in the evaluation of patients, be calm, be protected with PPE, and stay healthy to help more.
- Personal belongings such as watch, wallet, bag, necklace etc. should be left outside.
- Reduce the hospital staff traffic both in OR and in intensive care units (ICU).
- An isolated large OR with sufficient space and the same anesthesia devices should be used in the operations

of COVID-19 infected patients, disposable airway equipments should be used.

- All cannulations, catheterizations, local anaesthesia procedures, intubation and extubations should be done with caution, but with fewest number of staff.
- A power-induced respirator with an air filter/purification feature must be worn during induction by all staff in OR within two meters of the patient.
- Be protected against patient's blood and digestive tract discharges and respiratory tract aerosols.
- A quick definitive surgery should be chosen with minimum number of staff in a short time and laparoscopy should not be preferred since the aerosol effect of gases used may risk the OR personal.
- Standard practices are enough in disposal of intraoperative and postoperative wastes of the patient and used surgical materials.
- Staff leaving the OR should throw their used gowns and gloves and re-new hand hygiene at regular intervals.
- Consult specialists from the departments of Infectious Diseases and Respiratory Diseases for extra-precautions, if necessary.
- Keep your own immunity and morale up, rest, and be ready for a hard battle against COVID-19.

