

## LETTER TO THE EDITOR

## Cancellation of elective surgery during the COVID-19 pandemic

**To the editor:**

As the COVID-19 pandemic has swiftly spread across the world, major changes have affected all sectors of life. The many steps taken to combat COVID-19, including social distancing, have hugely impacted the health sectors of all nations, including the brave healthcare workers on the front lines. COVID-19 has also greatly impacted the practice of surgery, with many countries recommending the cancellation or postponement of elective procedures.<sup>[1],[2]</sup> These elective surgery cancellations, as unavoidable and crucial as they are, have implications for patients, surgical departments, and surgeons. Cancellations of scheduled operations, particularly in resource-limited countries, will compound the global burden of surgical disease. By creating indefinite waiting times, we will further increase the burden on healthcare systems, especially in low-income countries. In Zimbabwe, the healthcare sector is facing dire challenges resulting from a long doctors' strike<sup>[3]</sup> and the recent withdrawal of services by senior surgical consultants at the country's leading medical school.<sup>[4]</sup> The COVID-19 pandemic will stress the already fragile healthcare system, and although surgical expertise will not be directly beneficial to the majority of patients infected by SARS-CoV-2, we must not underestimate the impact that the pandemic will have on surgical departments in our region and globally. COVID-19 is potentially stressful for surgical departments because surgery is a high-risk discipline, and both patients and staff require maximum protection from infectious agents even in the absence of an infectious disease outbreak. As there is still much to be discovered about COVID-19, the risk of infection by the virus is high in such a setting. COVID-19 prevention guidelines necessarily interfere with the protocols routinely followed by surgical practitioners and staff, with directives enacted to minimize close contact including reducing the number of staff allowed in the operating theatre during a procedure and the aforementioned cancellations of elective operations, which are potentially harmful to patients and could cause backlogs and associated difficulties in the future. Furthermore, in neighbouring Mozambique, for example, 60% of all admissions to referral hospitals are for surgical conditions<sup>[5]</sup>; the increased patient load that would be caused by a COVID-19 outbreak in the country would, therefore, cause particular strain on surgical service capacity.

Although elective surgery cancellations are necessary for COVID-19 prevention and management considerations, it is worth exploring the measures needed to recover normal function and structure within surgical departments when the COVID-19 burden lifts. What can a pandemic such as

this teach us with respect to elective surgery and its organization and ongoing requirements? How will low-income countries' surgical departments adjust in the aftermath of COVID-19 to clear backlogs and augment capacities? And, perhaps most importantly, how has the pandemic affected surgical capacity?

Thank you very much,

**Caroline V. Gona**

Zimbabwean Medical Student  
China Medical University (PRC), Shenyang, China  
[caroline.nash.gona6@gmail.com](mailto:caroline.nash.gona6@gmail.com)

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