

Variations in surgery amidst the Covid-19 outbreak

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The Covid-19 was declared a pandemic by the World Health Organization on March 11, 2020, after previously being classified as an epidemic. The impact of the Covid pandemic on the healthcare system has been unprecedented in decades, putting a significant strain on healthcare systems around the world. Since then, the healthcare system and government officials have taken new steps to combat the infection. During the Covid-19 pandemic, health care providers and affected patients were concerned about their safety, thus strict precautions were implemented.

Due to the current environment brought on by Covid-19, healthcare priorities are shifting. It has caused functional procedures to be postponed, but it has also made emergency surgeries more vital to perform and tight rules for laparoscopic surgeries to be followed. Because of the necessity of cancer surgery, it is carefully administered, since a delay may cause the tumour cell to double in size over time. The oncology team has had a difficult time dealing with cancer patients during these times, because some cancer surgeries, when performed beyond the scheduled time limit, can cause long-term or permanent damage to the patient, while others can be delayed for months or even years without causing significant harm.

During Covid-19's difficult times, all significant surgeries in the field of plastic surgery are halted, with the exception of tumour excision reconstructive procedures. Patients with Acute Ischemic Stroke (AIS) have been shown to have a greater risk of Covid-19 infection, thus they should be treated with caution.

During the Covid-19 epidemic, perioperative preparations were recommended in one of eight types, as listed below:

- Surgical techniques that are commonly recommended
- Emergency surgery for COVID-19 positive or suspected patients who are critically unwell
- Operation room setup
- Getting patients to the operating room (OR)

- Surgical personnel preparation
- Anaesthesia Consideration
- Surgical method
- Finishing the case

The board of the European Society of Emergency Surgery supported these eight categories of suggestions as well. This Covid pandemic has led medical administrations to reduce surgical procedures in order to reduce viral transmission in the hospital area and to maintain personal and human protective equipment, as well as other essentials required for treating Covid-19 affected persons. Elective operations have been banned or significantly decreased in many medical departments. The stress of dealing with the Covid-19 outbreak has hampered the ability to treat patients with lung cancers. Due to an increase in the number of persons impacted by Covid-19 and a reduction in hospital resources, surgeons are being obliged to prioritise cancer-related surgery. As a result, leaders from scientific, surgical, and cancer organisations have stepped forward to provide urgent guidance to individuals suffering from thoracic diseases. Prioritizing treatment is influenced by the danger of delay, resource constraints, such as facilities and physicians, which can affect surgical procedures, as well as keeping the number of visitors under control and preserving social distance. As a result, the SARS-COV-2 outbreak has wreaked havoc on the global health-care system, causing administrative procedures to move to a whole new level. In the domain of medical surgeries, there has also been a significant movement. This paradigm shift resulted in the introduction of new technologies to the medical sector, as well as a stronger bond between us.