



Impact of Delayed Elective Surgery During the COVID-19 Pandemic: Big Problems Require Big Solutions

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During the development of the COVID-19 pandemic, surgical sciences were one of the most affected fields in biomedicine globally. The fear of infection, the collapse of health care systems, the redistribution of resources, the increase in costs, the depletion of supplies, and confinement, among other aspects, caused a delay in the management of patients with surgical pathologies requiring immediate or elective care.

Studies conducted in high-income countries showed an average increase of 7 - 9 hours in the management of elective surgeries, and a decrease in the scheduling of elective surgeries of 20% [1]. However, these variations were quickly corrected and patient flow and timely care were restored. When evaluating the patients' perception of this situation, a study carried out in the USA with patients undergoing elective cardiovascular surgery [2] found that these people reported that they would prefer to die of a heart attack rather than from COVID-19, and there was evidence of repercussions on the physical and emotional health of these people, but

beliefs played a fundamental role [2]. However, the problem lies not only in the organizational changes made by the institutions that provide health services, but also in the beliefs of the general population and political decisions in the public domain.

Evidence suggests that there were no significant adverse events with respect to these delays, mainly associated with mortality [3]. But in low- and middle-income countries, the picture is different. Corruption, lack of investment, inaccessibility and distance between rural areas and high complexity hospitals, insufficient infrastructure, lack of highly trained personnel, lack of advanced technology, among other reasons, do not allow the impact to be similar to that reported in first world countries [4,5]. In these cases, participation in the development of innovative ideas and quality public policies is fundamental [5]. However, this big problem needs a big solution. Although one of the objectives of global surgery is to increase access to basic surgical services globally, it is noted that privatization and the personal interests of some may hinder the success of these plans.

Despite the above, the authors point out that this period constitutes a learning period and serves as a starting point to reinforce the objectives of global health and health systems in the countries with the greatest number of inequities. The burden of disease that may be generated by these diseases in the future may be very large and unsustainable for some countries, causing a humanitarian crisis [6]. It is necessary to create specialized surgical centers by subspecialties that guarantee early diagnosis and timely access to definitive treatment. Although the consequences may not be seen in the short-term, they may appear in the medium- and long-term, with the advent of new global public health crisis, such as new pandemics.

One of the surgical specialties with greater representation in this pandemic was neurosurgery, taking into account that neurosurgical diseases seriously compromise the functional capacity and life of the individual. In central Europe, the behavior of these diseases was dynamic and favorable in some subgroups, for example, the number of cases of traumatic brain injury or spinal trauma was drastically reduced by the quarantine [7]. On the other hand, cerebrovascular disorders do not stop, but there was no significant increase in incidence and mortality, therefore, it is presumed that the environmental factor is essential in the pathophysiology and triggering mechanism of the event itself. In this order of ideas, these surgeries are not elective, but a decrease in incidence and mortality was also found [7]. Probably, due to limitations in transport and authorization, the management of these diseases was more complex, but a favorable resolution rate is reported [8].

This does not mean that there is no need to continue advancing in scientific productivity, high quality training and purchase and development of high quality technologies, to promote robotic surgery and other types of cost-effective interventions that facilitate the management of surgical diseases in times of crisis, decrease mortality [9], guarantee the functional capacity of the individual and generate confidence among the general community. This would be a great solution to a great problem.

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