

# Bariatric Surgical Practice during the Initial Phase of COVID-19 Outbreak

## Summary.

Prevailing advice from both governmental and professional authorities is to postpone routine bariatric surgery during this initial phase of COVID 19 pandemic. Based on the current knowledge, the median incubation period of COVID-19 is 4 days. The time from onset to dyspnoea is 5 days, 7 days to hospital admission, and 10 days to intensive care unit admission. So in the first 5 days the patient is an asymptomatic carrier.

RT PCR has a low sensitivity of 71% while CT has a sensitivity of 98 %.

Surgery increases mortality and morbidity rate in COVID positive patients. Even without surgery morbidly obese patients have multiple comorbidities which put them at high risk. In the general population 14% have severe disease.

This article reports 4 patients who developed COVID 19 after bariatric surgery. Common symptoms were fever, cough and dyspnoea. All were readmitted post discharge. 2 needed ICU care. None were intubated. 2 of them showed lymphopenia. CRP and ESR were raised. 3 underwent CT all had characteristic ground glass appearance. All were treated with HCQ and Anti Retrovirals, one received hemoperfusion and tocilizumab. All of them survived.

So for now temporary postponement of bariatric surgery is necessary as any complications in an bariatric surgical patient will be extremely resource demanding, the operative team has to make frequent visits if a bariatric surgery is done which is not advisable. Since any patient for bariatric surgery could be an asymptomatic carrier the hospital staff will be exposed to a high risk such a patient is operated.

Also differentiating deterioration due to complications like leak or pulmonary embolism from COVID may be difficult. The patient is also unnecessarily exposed to higher risk of morbidity and mortality. Presently there is only supportive care for COVID patients hence prevention would be the best practice.