

## **Bariatric Surgical Practice and Patient Care during the COVID-19 Pandemic**

### **INTRODUCTION**

- Systematic review and meta-analysis of 46,448 patients demonstrated that hypertension, diabetes, cardiovascular and respiratory system disease was the most prevalent co-morbidities in COVID-19-positive hospitalized patients
  - This study demonstrated the presence of the following independent factors predicted more severe COVID-19 disease :
    - Hypertension (odds ratio [OR] 2.36; 95% confidence interval [CI] 1.46–3.83)
    - Respiratory system disease (OR 2.46; 95% CI 1.76–3.44)
    - Cardiovascular disease (OR 3.42; 95% CI 1.88–6.22)
- ***Recommendations and Best Practices***
- Postpone all elective bariatric surgeries, it would help the health care system in following ways:
    - Keeping patients out of the hospital and at home is a key strategy to flatten the pandemic curve
    - Given the lag in response to this crisis, the need for ventilators will outpace supply if it has not already
- **Continue to communicate with your patients**
- Utilizing telemedicine is one way to follow patients postoperatively and also keep those whose surgeries were postponed engaged in their health
  - Patients should be triaged such that only immediate postoperative patients and those experiencing complications related to surgery (e.g., dysphagia, poor oral intake, epigastric pain) should be scheduled for a face-to-face visit
  - The use of telemedicine, either through video or phone calls, will maintain a line of communication while minimizing exposure for both patients and health care workers
- ***Protect your clinic staff***

- The key to restarting after the COVID-19 pandemic is over is to have your staff fully functional and healthy
- It is recommended to reduce the staff to a minimal number to reduce exposure risk

■ ***Emergent and semi-emergent bariatric procedures***

If the situation arises that a bariatric patient needs to be taken for an emergent surgical or endoscopic procedure (the patient has tested positive/or suspect COVID-19 disease) certain additional precautions should be implemented:

- All members in the OR should wear N-95 masks
- During laparoscopic cases an ultrafiltration (smoke evacuation system) should be used
- During desufflation, all escaping CO<sub>2</sub> gas should be captured with the ultra-filtration system or if available desufflation mode should be used.
- Specimen removal, if needed should be done after all CO<sub>2</sub> gas is filtered out of the abdomen
- The surgical procedure or endoscopy should be done in a properly ventilated room
- Intubation and extubation should be carried out in a negative pressure room

***TAKE HOME MESSAGE***

- Bariatric patients with their associated co-morbidities are at a higher risk for complications associated with COVID-19. Hence, all measures to reduce their exposure to hospital/ hotspots should be taken
- All elective procedures to be postponed and communication to be maintained via telehealth services with the patients
- The health care staff should be minimized to least number as possible, to ensure that adequate personnel are available once normal services resume

- In case of emergency or a situation where it is mandatory to perform a procedure or face to face interview is required, all the guidelines and recommendations of protective care need to be followed