



Decrease in surgical activity in the COVID-19 pandemic: an economic crisis

Editor

The economic impact of the COVID-19 pandemic on hospitals and healthcare systems in Europe and around the world has been like nothing we have experienced before¹. In particular, in surgery, a drastic reduction in activity has been reported to counter the important influx of COVID-19 patients^{2–4}. We compared our surgical activity during a 4-week period before the pandemic with a 4-week period after the start of the pandemic to assess the fall in activity (Table 1). We observed an important fall in all surgical activity and noted a decrease of around 80 per cent or more in each specialty. The surgical specialty that was the most affected was otolaryngology and maxillofacial surgery. All over Europe, measures of confinement are lifting gradually and surgical activity is restarting slowly. The challenge is to find a balance between a sustainable resumption of elective procedures and ensuring the safety of patients and surgical staff, while keeping in mind that a

second wave is around the corner^{5,6} and we need to be prepared⁷. Returning to normalcy will be difficult and slow but we must work together.

Y. Farid , M. Schettino, A. K. Kapila, M. Hamdi, N. Cuylits, P. Wauthy and S. Ortiz

Department of Plastic and Reconstructive Surgery, CHU Brugmann, Brussels, Belgium ( @chubrugmann),

DOI: 10.1002/bjs.11738

- 1 O'Connor CM, Anoushiravani AA, DiCaprio MR, Healy WL, Iorio R. Economic recovery after the COVID-19 pandemic: resuming elective orthopedic surgery and total joint arthroplasty. *J Arthroplasty* 2020; <https://doi.org/10.1016/j.arth.2020.04.038> [Epub ahead of print].
- 2 COVIDSurg Collaborative. Global guidance for surgical care during the COVID-19 pandemic. *Br J Surg* 2020; <https://doi.org/10.1002/bjs.11646> [Epub ahead of print].
- 3 Spinelli A, Pellino G. COVID-19 pandemic: perspectives on an unfolding crisis. *Br J Surg* 2020; <https://doi.org/10.1002/bjs.11627> [Epub ahead of print].
- 4 Ives J, Huxtable R. Surgical ethics during a pandemic: moving into the unknown? *Br J Surg* 2020; <https://doi.org/10.1002/bjs.11638> [Epub ahead of print].
- 5 Søreide K, Hallet J, Matthews JB, Schnitzbauer AA, Line PD, Lai PBS *et al.* Immediate and long-term impact of the COVID-19 pandemic on delivery of surgical services. *Br J Surg* 2020; <https://doi.org/10.1002/bjs.11670> [Epub ahead of print].
- 6 Mayol J, Fernandez PC. Elective surgery after the pandemic: waves beyond the horizon. *Br J Surg* 2020; <https://doi.org/10.1002/bjs.11688> [Epub ahead of print].
- 7 Farid Y, Kapila A, Schettino M, Ortiz S, Vermeylen O, Wauthy P, Hamdi M. Assessing the skillset of surgeons facing the COVID-19 pandemic. *Br J Surg* 2020; <https://doi.org/10.1002/bjs.11723> [Epub ahead of print].

Table 1 Change in surgical activity over the course of pandemic

	No. of procedures 4 weeks before the start of the pandemic	No. of procedures 4 weeks after the start of the pandemic	Percentage decrease
Global surgical activity	696	96	86.3
General surgery (vascular and digestive surgery)	230	27	88.3
Orthopaedic surgery	178	21	87.7
Gynaecology	84	12	85.6
Otolaryngology/maxillofacial surgery	69	14	79.7
Plastic surgery and hand surgery	58	12	79.3
Urology	43	6	86.1