

## ***Pandemic inflicts unkindest cut on patients needing surgery***

*Dave Chambers: Times Select, 30 July 2020*

Hospitals' "drastic" cancellation of surgeries during the Covid-19 lockdown will add to SA's excess deaths as a result of the pandemic and increase inequality in healthcare. This is the conclusion of surgeons at four leading medical schools, who have conducted one of the world's first surveys of changes in hospital surgical practice during lockdown. Revealing the findings in the SA Medical Journal, lead author Kathryn Chu, professor of global surgery at Stellenbosch University, said the first 12 weeks of lockdown had left a backlog of more than 150 000 surgical cases. She said pre-Covid-19 surgical services in the public and rural private sectors were already limited, and these increased barriers will lead to an excess in morbidity and mortality. That some private hospitals had resumed elective surgeries in May and June was a sign of the inequitable state of healthcare and emphasised the need for public and private sectors to work together in a co-ordinated system. Chu said a single surgical backlog list of the most medically time sensitive surgical conditions, shared between the public and private sectors, could be one solution to mitigate excess morbidity and mortality from cancelled operations. Chu and colleagues from Johannesburg's Wits, Cape Town and KwaZulu-Natal universities conducted an online survey among 130 surgeons at 85 hospitals over two weeks in April. From the answers to the 14 questions posed, they found that all but one hospital had cancelled or reduced non-cancer elective operations. Sixty-one hospitals continued cancer ops, 21 only went ahead with symptomatic cancer surgeries and three cancelled all cancer surgery. Seventy-four hospitals cancelled or reduced new outpatient visits, 64 reallocated surgical beds to Covid-19 patients, 48 reduced the hours of surgical staff and two stopped all emergency operations. The authors said non-emergency operations and clinic visits were drastically reduced or cancelled, surgical wards and operating theatres were reconfigured, and surgical staff were deployed to other hospital services or told to stay at home. The short- and long-term effects of the disruption to surgical services will be detrimental to the health of South Africans. The authors concluded that surgical care treats a significant proportion of the burden of disease in SA and these drastic reductions in access could have long-term consequences.