



Covid-19: The impact on Acute Surgical Cases in University Hospital Wishaw, Scotland

Alan Kennedy (Obstetrics and Gynaecology ST5; University Hospital Wishaw); Louise Kellison (Consultant Gynaecologist; University Hospital Wishaw)

Objectives:

The Covid-19 Pandemic has led to a significant disruption of elective services across all specialties. Changes to operating guidance resulted in a joint RCOG/ BSGE statement advising conservative management where possible and any operation carrying risk of bowel involvement should be performed by laparotomy. Operations with no risk of bowel involvement could be carried out laparoscopically with additional PPE measures.

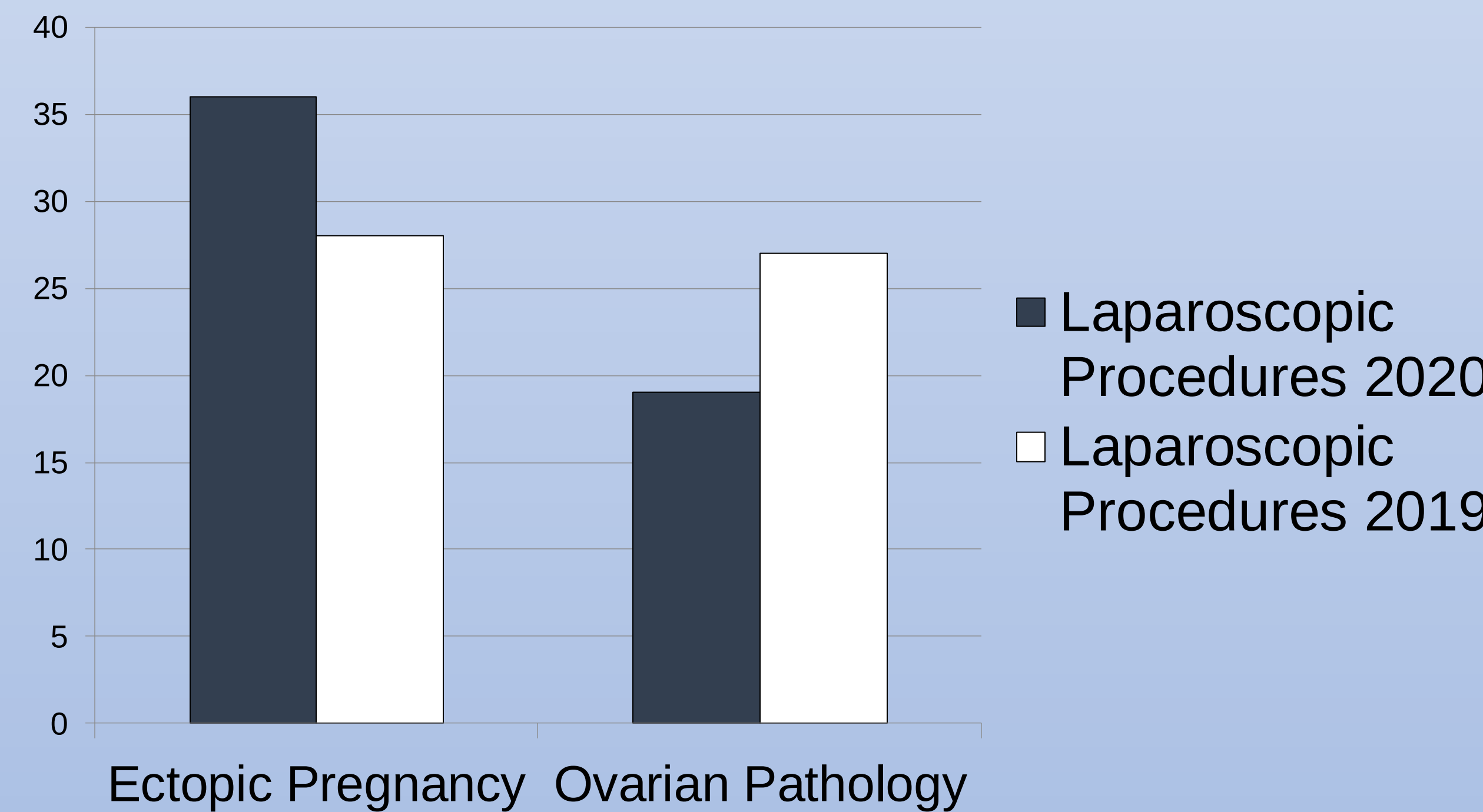
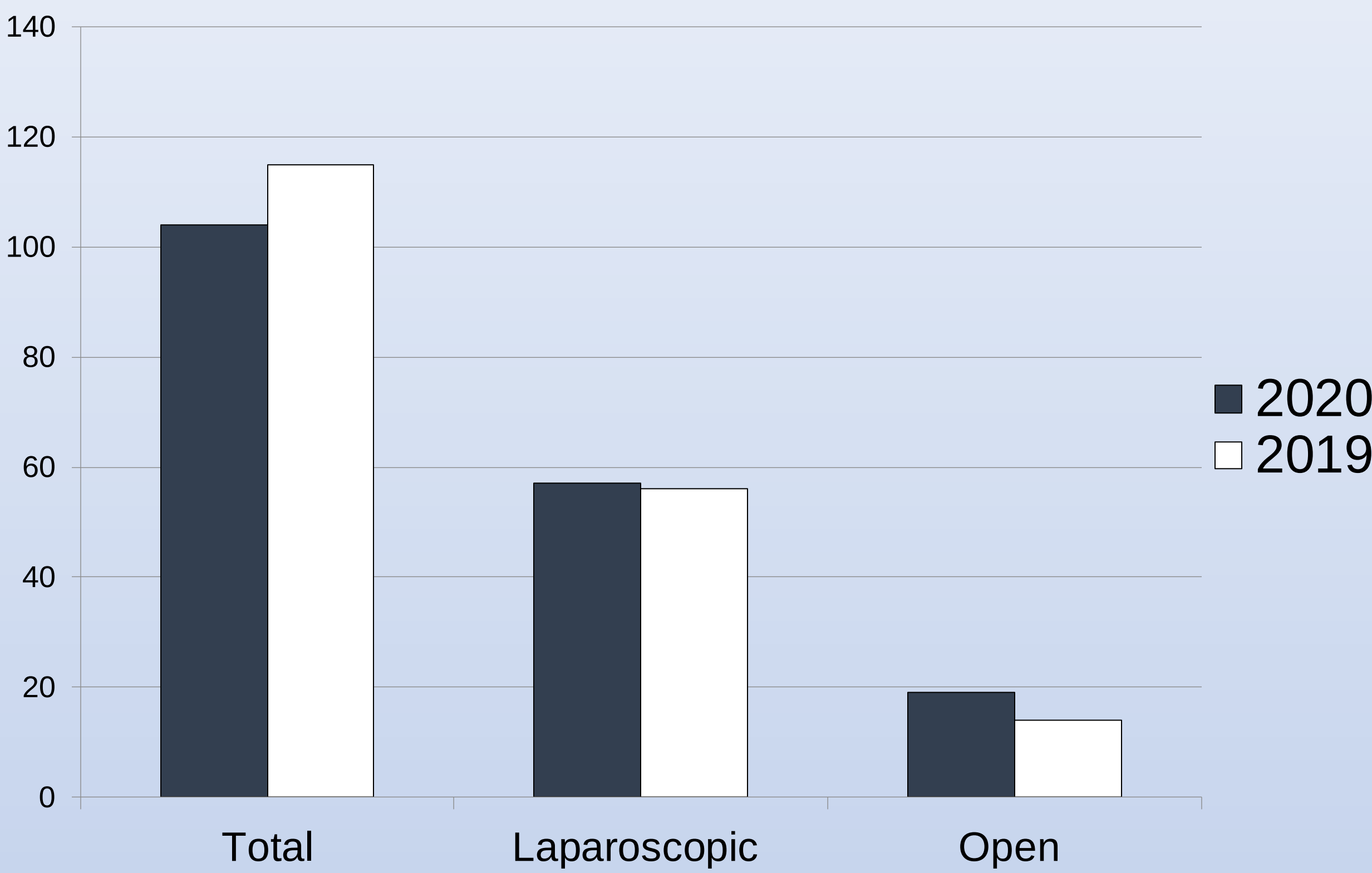
Our objective was to assess the impact of the Covid-19 pandemic on acute gynaecological presentations requiring surgery, and compare this to pre-pandemic patterns.

Design:

A retrospective audit of all patients undergoing emergency gynaecology surgery between March and August 2020. Comparison was made with patients presenting pre-pandemic between March and August 2019.

Methods:

OPERA surgical database was used to identify all patients undergoing emergency gynaecology surgery during the dates being studied. Parameters included were: operation performed, entry technique and urgency of CEPOD category (A <45mins, B <2hrs, C <4hrs, D <8hrs, E <24hrs, F <48hrs).



Results:

A total of 104 emergency cases were booked in in 2020, and 115 in 2019.

Laparoscopic procedures were the most common entry technique and type of procedure, accounting for 57/104 (55%) diagnostic laparoscopies in 2020, and 56/115 (49%) in 2019. Most common pathology included; treatment of ectopic pregnancy 36/104 (35%): 28/115 (24%), and ovarian pathology, 19/104 (18%): 27/115 (23%)

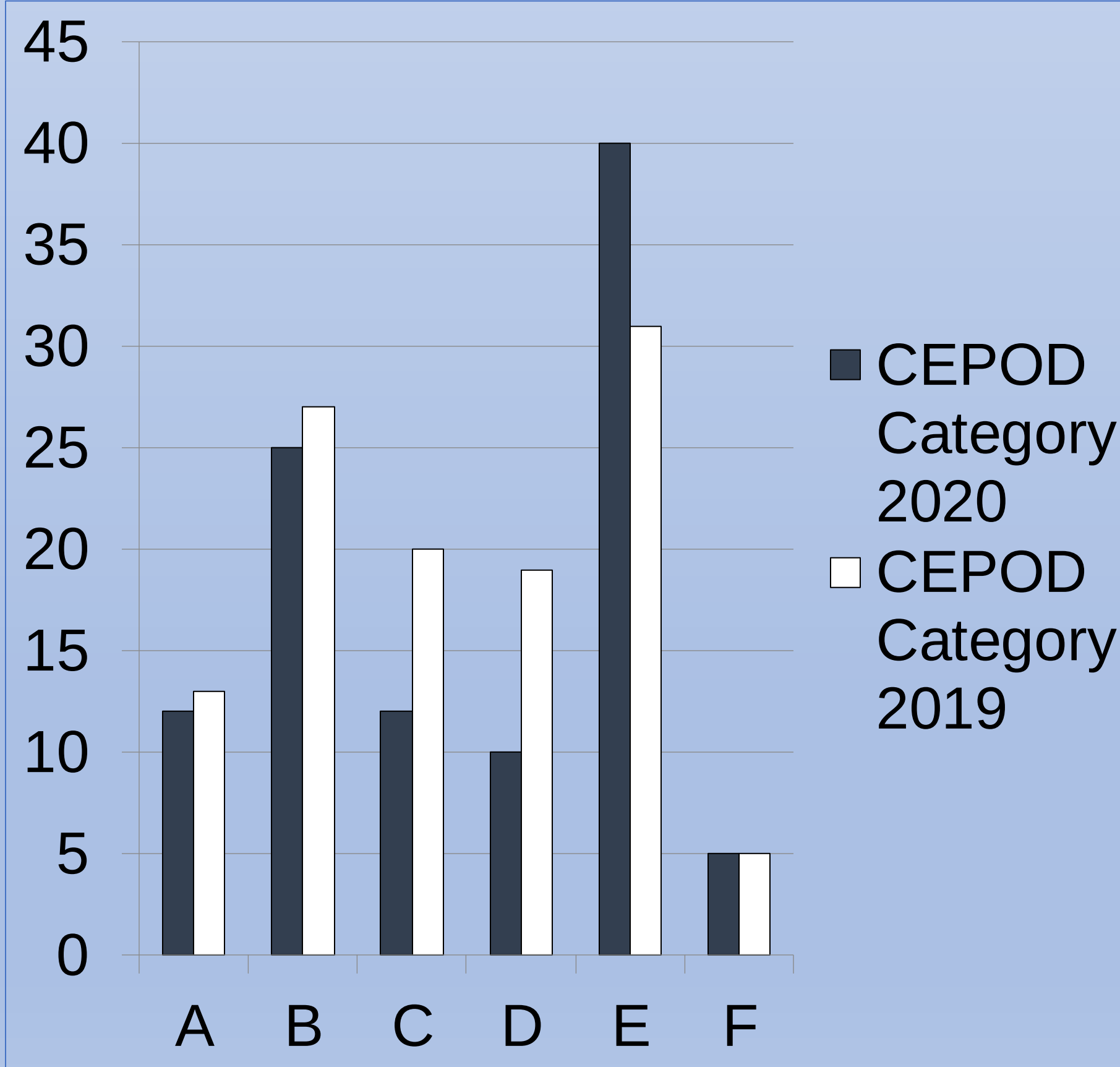
Open surgery accounted for 19/104 (18%) procedures in 2020 and 14/115 (12%) in 2019 (n=19vs14)

Other operations included hysterectomy 4/104 (3.8%): 4/115 (3.4%) (n=4vs4) and examination under anaesthetic/ hysteroscopy 24/104 (23%) @ 23/115 (20%) (n=24vs23).

In the most acute CEPOD categories 95%: 96% number were performed < 24 hours from presentation and 5%: 4% number > than 24 hours.

Breakdown of Cases

	2020	2019
Surgical Evacuation	20	28
Ectopic (Lap.)	36	28
Ectopic (Open)	0	2
Ovarian Pathology (Lap.)	19	27
Ovarian Pathology (Open)	1	3
Hysterectomy	4	4
Other (e.g. EUA)	24	23



Conclusions:

Concern about increasing caseload of acute pathology as a result of delayed presentation does not appear to have been demonstrated within our department, with no significant difference in number of or variety of emergency gynaecology operations (p=0.5). There was no significant difference in the urgency of cases booked (p=0.25).

NHS Lanarkshire has been able to maintain its standards in offering emergency gynaecology surgery within national timeframe targets. Similar rates in laparoscopic approach were seen (p=0.12), refuting concern about an increased open approach to surgery. No operating surgeons had contracted Covid- 19 during this audit

Contact:

Alan.Kennedy5@scot.nhs