

EAES Recommendations for surgeons during the COVID19 Pandemic - our commitment as global organization

April 22nd 2020, Livestream Public Questions

Public V. 2020-04-22 17:00:52 GMT

Indeed shared decision making is most important and we should keep on doing this after the Crisis

No doubt - many lesson-learned form this crisis and this is one very important

Public V. 2020-04-22 17:00:27 GMT

Thank you, very interesting

Thank you. We are happy to hear the webinar was interesting

Public V. 2020-04-22 16:56:42 GMT

thanks to eaes for making possible such a wonderful discussion
dr.florescu vasile
bucharest

Thank you. We are happy to hear the webinar was interesting

Public V. 2020-04-22 16:54:39 GMT

Do you think robotic surgery could improve the confidence in doing MIS surgery?
Due to better control of the incision point, instruments movements, etc..
In case, I would privilege the Senhance VS da Vinci system, due to the reduced diameter of instruments and the tactile feedback.
Thanks,
Stefano from Italy

Any system that reduce the possibility during MIS surgery would be welcome, but we have to remember that even when the surgeon performing the procedure will be at the console, the assistant and the scrub nurse will be at the surgical filed exposed to aerosols

Public V. 2020-04-22 16:53:45 GMT

and what about how to establish pnemuperitoneum. Anything different?

No, but take care of open access since there is more chances to have leaks when stablishing the pnemoperitoneum unless you have a trocar with a balloom at the tip.

Public V. 2020-04-22 16:52:40 GMT

we are facing re-positive patients, another back door. What do to in the near future: re-test every one ? And what about the cost: I do understand this is mainly a political issue and cost, but as a surgeons and Scientific Societies we have to prioritize.

I consider that professional health care workers should be tested, the question is how (which test) and how often. I think financial issues should not be the reason to avoid testing since it will be worthy for the control of the disease.

Public V. 2020-04-22 16:50:56 GMT

Both laparoscopic and open Surgery in a higher extent course immunosuppression so beter to postpone surgery then

Sorry, but I do nit understand your comments, but of course we should continue performing surgery

Public V. 2020-04-22 16:50:18 GMT

What about screening The surgical team and nurses.
Should be mandatory to allow only negative staff to be involved in patients care?

Any Advise from The society?

I consider that professional health care workers should be teed, the question is how (which test) and how often. How to prroceed when a test Is negative ahs still to be analyzed since experts are tlking about re-infection and we have to evaluate this and precautions should be taken.

Public V. 2020-04-22 16:49:24 GMT

Would continuing routine surgery in Alert Level I & II hospitals expose them to high patient traffic, and therefore increase the risk that they will also quickly become Alert Level IV or V?

You have to analyze the situation of your hospital and describe in which phase you are and also analyze If numbers of cases are increasing or decreasing and depending on that decide. It Is also Interesting to make decision base on the possibilities you have to test patients.

Public V. 2020-04-22 16:47:09 GMT

Do you consider differentiation of Covi + vs Covid - areas/pathways (including theatres) in Hospital? How this would integrate in your ghidelines? Do you think could make it easier or on the contrary even complicate the protocols as proposed?

Thanks
Edoardo

I consider that you should have in your hospital COVID and non-COVID pathways. It is very important for the safety of our patients and professional health workers.

Public V. 2020-04-22 16:44:16 GMT

maybe it would be better to perform surgery instead of chemotherapy due to high imunosupression after chemo?

Each case should be evaluated individually in a Multidisciplinary committeee and the decision should be taken based on the level of alert that your hospital is.

Public V. 2020-04-22 16:41:06 GMT

Great talk Salva, Could you please comment on high-pressure aerosolisation in the process of inserting and removing instruments and the ports, please? It seems that this is the main concern in the institutions which do not allow laparoscopic procedures at this moment.

Pedja Andrejevic- Malta

The only advise I can give in this sense is to use low pressure pneumoperitoneum and tight trocars to the skin to avoid leaks. Also use trocars with balloon at the tip In case you have them. Use filters and carefully deflate the abdomen by aspirating the pneumoperitoneum

Public V. 2020-04-22 16:38:27 GMT

How safe is to perform laparoscopic surgery at this time?

Any extra safe measures (PPE) for surgeons to suggest?

SERGIO ROJAS

HOSPITAL ANGELES PUEBLA

MEXICO

How many surgeons got infected with SARS CoV2 at your hospital, any at the ICU??

SERGIO ROJAS

MEXICO

It seems to be safe and in fact we keep performing laparoscopic surgery but follow the recommendations describe during the webinar

Public V. 2020-04-22 16:13:24 GMT

We need urgent advice now. We are already well informed on the recent history of covid. Only 30 mins to share a lot!!

Public V. 2020-04-22 16:10:06 GMT

Role of Emergency Laparoscopic surgery during Pandemic.

Safety considerations of Laparoscopic Surgery during the pandemic.

Regards

It seems to be safe and in fact we keep performing laparoscopic surgery but follow the recommendations describe during the webinar

Public V. 2020-04-22 14:51:41 GMT

When should we do the elective surgery during covid pandemi?

During Phase I, II and III based on the scale described during the webinar