Letter to the Editor

COMMENT ON “Minimally invasive surgery and the novel coronavirus outbreak: lessons learned in China and Italy.”

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We read with interest the paper from Zheng et al published ahead of print on Annals of Surgery (1). Since the first appearance at the end of 2019 of a novel coronavirus, named severe acute respiratory syndrome coronavirus 2 (SARS-

CoV-2, the Coronavirus disease (COVID 19) has become pandemic. Italy has been hardly hit with more than 100000 people infected and 10000 dead so far. The Italian National Health System is struggling to handle the infection and most of the Italian hospitals have been turned, in whole or in part, to COVID 19 hospitals. Life of the surgeons and patients has radically changed. According to the indications of the Italian Health Minister, all elective surgical operations have been post-poned but oncological and non-oncological emergencies (i.e, colon cancer, cholecystitis, and appendicitis, ...) requiring surgery, either open or laparoscopic, are being admitted on a daily base. SAGES recommendations regarding surgical response to COVID-19 crisis highlight the risk of viral contamination during laparoscopy and the need of adequate patient selection (2). Unlike Gabriel Garcia Marquez's character suggesting that "Wisdom comes to us when it can no longer do any good" (3), we do believe that we have nowadays enough technological "wisdom" to guarantee adequate protection both to health care professionals and patients. Zheng's paper has highlighted some of the key points in order to perform safe laparoscopic surgery in the time of Coronavirus. In particular, we would like to point out the need to use the new insufflation systems, like AirSeal® iFS (CONMED, USA), which offers continuous smoke evacuations through an Ultra Low Penetrating Air (ULPA) Filter allowing the capturing of particles $>0.01 \mu\text{m}$ (CoV-2 virus has a 0.06-0.14 size) (4,5). Moreover, this new type of 3 way insufflators keep the abdominal pressure low and has an integrated active smoke evacuation mode which prevents the risk of aerosol SARS-CoV2 transmission. This is only one of the ways to take care of the protection issue during minimally invasive surgery that still has a role in determining a lower impact on patients immune system.

We totally agree with authors' conclusion that COVID 19 outbreak should teach us to pay attention of the professionals health and safety in our operating rooms, not only during the current time but also in the future.

References

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