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Management of cholelithiasis in times of COVID-19: A challenge for the system☆

Gestión de la colelitiasis en tiempos de COVID-19. Un reto para el sistema

To the Editor:

Since the declaration of the SARS-CoV-2 pandemic on March 11, 2020, by the WHO[1], COVID-19 has shaken the Spanish healthcare system and negatively impacted the availability of health resources, which we have described in our article[2].

While living with the virus for more than a year, we have adopted several measures to reduce the risk of perioperative infection, such as systematic preoperative PCR testing, the creation of selective patient circuits, the correct use of personal protection equipment, technical modifications for safe laparoscopic procedures, and the determination of the optimal moment for elective surgery after SARS-CoV-2 infection[3,4].

Unfortunately, throughout this year many hospitals have had persistently high bed occupancy rates due to COVID-19, although without reaching complete saturation like at the beginning of the pandemic. This situation has meant that only certain surgical activities have been maintained, mostly for oncological and urgent disease as well as some preferential benign conditions that do not require hospitalization.

Consequently, the waiting lists have increased significantly[5,6] for non-urgent benign diseases like symptomatic cholelithiasis, as previously announced in our publication[2].

A long delay before definitive surgical care can aggravate the clinical situation of patients with cholelithiasis, who have an increased risk of experiencing episodes of cholecystitis or acute pancreatitis and may require more complex cholecystectomies with a higher risk of intraoperative complications[7].

This situation makes it necessary for us to demand that national healthcare authorities immediately develop a strategy aimed at reducing waiting times for elective cholecystectomy, while guaranteeing equal access to surgical treatment across the national territory[8].

Effective measures should be implemented in the short and long term. We recommend: promoting cholecystectomy programs in outpatient surgery (a practice that was only common in 37.9% of the centers surveyed in our study[2]); developing programs to 'crush' the waiting list by scheduling surgeries in the evenings or on weekends, with extra pay for hospital staff or by hiring specific staff; reaching patient referral agreements with other public or private hospitals that

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have a greater availability of beds and operating rooms; and promoting cholecystectomies during hospitalization for mild pancreatitis or uncomplicated acute cholecystitis by assigning specific operating rooms.

Likewise, it is essential to develop a clinical monitoring program in order to prioritize patients on the cholecystectomy waiting list[9,10], which would enable us to speed up the intervention in more symptomatic patients or those at a greater risk of complications.

The surgical waiting list for elective cholecystectomy is currently a significant problem in Spanish hospitals. All of us—politicians, healthcare administrators and surgeons—must make it our priority to get involved.

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