CIRUGÍA ESPAÑOLA

www.elsevier.es/cirugia

Letter to the Editor

Comment on: "Consensus of the major outpatient surgery section of the Spanish Association of Surgeons on the role of major outpatient surgery in the SARS-CoV-2 pandemic"☆

Comentario «Consenso de la sección de cirugía mayor ambulatoria de la Asociación Española de Cirujanos sobre el papel de la cirugía mayor ambulatoria en la pandemia SARS-CoV-2»

Dear Editor:

We have read with great interest the article recently published by Morales-García et al.[1], on "Consensus of the major ambulatory surgery section of the Spanish Association of Surgeons on the role of major ambulatory surgery in the SARS-CoV-2 pandemic", where they demonstrate the great importance of major ambulatory surgery, which was strongly affected by the SARS-CoV-2 pandemic. They also provide detailed guidance on how these procedures should be restarted and managed in times of pandemic. For this reason, we would like to add a few comments on the current situation regarding this type of procedure in Latin American countries, and more specifically in Colombia.

Annually, 234 million major surgical procedures are performed worldwide, which is equivalent to one procedure for every 25 people. Acute abdominal diseases are the most frequent, reportedly accounting for approximately 10% of emergency department consultations and the highest number of admissions and surgical interventions.[2]

According to the World Health Organisation (WHO), cancer causes 10 million deaths a year. About 70% of cancer deaths occur in low- and middle-income countries. The total cost attributable to the disease in 2010 amounted to 1.16 trillion US dollars.[3]

In Colombia, neoplasms are one of the three leading causes of death. Between 2005 and 2013, malignant tumours of the digestive organs and peritoneum, except stomach and colon, accounted for 15.08% of all deaths. The incidence of cancer in the period 2007–2011 was approximately 62,818 cases.[4]

Given the above context, we are aware of the need and importance of performing major surgical procedures. However, nationally no guidance that focuses on the problem and dictates generalised parameters is available. Although each health institution at a national level has developed consensus and management guides, a guideline issued by the scientific associations of each speciality is always important.[5]

In addition, we consider it extremely important to implement strategies such as the "Single Act Consultation", which was used in times of pandemic to reduce exposure to possible COVID-19 infection, but could be a strategy that will remain in place over time, as it is able to offer comprehensive, agile and comfortable management for the patient.

Finally, we would like to thank the authors for these management of major ambulatory surgery guidelines, and consider the need to replicate these guidelines nationally in order to optimise the scheduling of patients requiring such procedures, which, when performed, will have an effect on decreasing morbidity and mortality rates.

REFERENCES

1. Morales-García D, Docobo-Durantez F, Capitán Vallvey JM, Suarez-Grau JM, Campo-Cimarras ME, González-Vinagre S,

☆ Please cite this article as: Pinzón Bernal CY, Puche Annicchiarico JA, Trigos García JA, Domínguez-Alvarado GA. Comentario «Consenso de la sección de cirugía mayor ambulatoria de la Asociación Española de Cirujanos sobre el papel de la cirugía mayor ambulatoria en la pandemia SARS-CoV-2». Cir Esp. 2021. https://doi.org/10.1016/j.ciresp.2021.11.002

et al. Consensus of the ambulatory surgery commite section of the Spanish Association of Surgeons on the role of ambulatory surgery in the SARS-CoV-2 pandemic. Cir Esp. 2021;1–10.
2. Weiser TG, Regenbogen SE, Thompson KD, Haynes AB, Lipsitz SR, Berry WR, et al. An estimation of the global volume of surgery: a modelling strategy based on available data. Lancet. 2008;372:139–44.
3. Cáncer [Accessed 27 October 2021]. Available in: https://www.who.int/es/news-room/fact-sheets/detail/cancer.
4. Minisiterio de Salud y Protección Social. Observatorio Nacional de Cáncer. ONC Colomb; 2018;1–59.
5. Recomendaciones para enfrentar la situación actual de la pandemia del COVID-19 [Accessed 27 October 2021]. Available in: https://www.ascolcirugia.org/component/k2/item/112-covid-19.html#guías.

Carla Yaneth Pinzón Bernal[a],
Juan Andrés Puche Annicchiarico[b],
Johan Abulgahamid Trigos García[a],
Gonzalo Andrés Domínguez-Alvarado[c,*]

[a]*Universidad Cooperativa de Colombia, Medellín, Antioquia, Colombia*
[b]*Universidad de Antioquia, Medellín, Antioquia, Colombia*
[c]*Universidad Autónoma de Bucaramanga, Grupo de innovación e investigación Quirúrgica (GIIQ), Floridablanca, Santander, Colombia*

**Corresponding author.*
E-mail addresses: gdominguez@unab.edu.co (G.A. Domínguez-Alvarado).

http://dx.doi.org/10.1016/j.ciresp.2021.11.002

28 October 2021

Reply to Letter to the Editor☆,☆☆

Respuesta a Carta al Director

Dear Editor:

Firstly, we appreciate the interest expressed by Díaz-Vallejo et al.[1] in our study[2] which aimed to show the results obtained with external drainage of the duct of Wirsung after performing a cephalic duodenopancreatectomy (CDP) in patients with pancreatic or periampullary tumours, above all assessing postoperative complications and mortality. In the introduction to our paper, we commented on the results obtained in three important comparative series between pancreaticojejunostomy and pancreaticogastrostomy, the aim was to analyse the incidence of pancreatic fistulas (PF) or overall morbidity, and we reached the conclusion that no significant differences were found between the two procedures in the three studies.[3–5] We provide the authors of this letter with details about the significance and number of patients in these series: 151 in the series of Bassi et al.[3], 445 patients from randomised controlled studies out of a total of 2150 in the series of Wente et al.[4], and 5316 in the series of Ecker et al.[5]. The authors of this letter refer us to a study by Ibrahim et al.[6], which is a low quality study, very summarised and without any specified statistical analysis, which reviews six comparative, randomised controlled series, and the authors of the review conclude that pancreaticojejunostomy has a higher PF rate than pancreaticogastrostomy. However, Cheng et al.[7] (Cochrane Library) conducted a review study, with exhaustive statistical analysis, in which 1629 patients undergoing CDP from 10 randomised controlled series were analysed, and concluded that neither of the two pancreatic duct bypasses mentioned is superior to the other in terms of morbidity and mortality, and that international studies with a larger number of patients are needed to demonstrate the superiority of one of the two procedures over the other. Interestingly, five of the six series reviewed by Ibrahim et al.[6] are included in this study, and therefore we disagree with the conclusions of this summary study, with fewer cases and no statistical analysis.

We believe that in addition to the technique of pancreatic duct diversion, CDP outcomes are related to multiple variables (surgeon experience, number of cases performed, use of tutors, patient age and comorbidity, degree of tumour invasion, consistency of the pancreas, calibre of the duct of Wirsung, blood transfusion, postoperative care, etc.). It is therefore difficult to attribute the incidence of fistulae to any one variable alone, including the type of post-CDP pancreatic diversion. Currently, mortality associated with CDP is below 5% in hospitals with experience in pancreatic surgery; however, morbidity (PF, infection, haemorrhage, delayed gastric emptying, etc.) remains between 31%–53%.[2]

To be more precise and in line with your last comment, there are eponyms in the medical literature which can be used because they are widespread. Thus, the main pancreatic duct,

☆ Please cite this article as: Jiménez Romero C, Marcacuzco Quinto A, Caso Maestro Ó, Justo Alonso I. Respuesta a Carta al Director. Cir Esp. 2021. https://doi.org/10.1016/j.ciresp.2021.10.020

☆☆ In response to "A commentary on 'Cephalic duodenopancreatectomy and external tutoring of the Wirsung duct. Results of a series of 80 consecutive cases'".