

## Letter to the Editor

## In Case of COVID-19 Pandemic, Treat Every Patient Referred to Operating Room as a COVID-19 One

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**Please cite this article as:** Aminnejad R, Shafiee H, Hormati A. In Case of a COVID-19 Pandemic, Treat Every Patient Referred to Operating Room as a COVID-19 One. *J Cell Mol Anesth.* 2020;5(3):211.

### Dear Editor

Coronavirus Disease 2019 (COVID-19) is now a global public health concern (1). Zhoukun et al. claimed that clinical symptoms and radiological findings are not essential to diagnose the presence of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection (2). Although elective surgeries have been postponed for a few months in many countries like our country, Iran, serving urgent cases is inevitable. Airway management, which is essential for anesthetizing patients, is one of the procedures that can lead to further spread of the virus in the operating room by generating aerosols. Airway management in the operating room is the historical responsibility of anesthesiologists (3). Since asymptomatic COVID-19 patients are suspected of infection transmission, it is not uncommon for operating room staff to encounter asymptomatic infectious patients of COVID-19 who need emergency surgery for another reason (4). Because health care workers are the most valuable resources of any country, the safety of them must be ensured (5). Medical personnel is at greater risk of infection during the current pandemic (4) and this risk is significant in operating rooms. It is, therefore, reasonable to warn anesthesiologists to consider the highest standard precautions during airway management (or any other aerosol-generating medical procedures), as we do

today. Other operating room medical personnel should also be warned to consider that the patient can be a potential virus transmitter, even if he or she has no symptoms in favor of the COVID-19.

Another aspect of this approach is to take into account the considerations that COVID-19 makes them necessary. In other words, during the pandemic, it is recommended that anesthesia and other treatment considerations of patients referred to the operating room be the same as if the disease had been proven. This strict approach may be closer to patient safety.

### Conflicts of Interest

The authors declare that there are no conflicts of interest.

### References

1. Pourhossein B, Dabbagh A, Fazeli M. Insights into the SARS-CoV-2 Outbreak; the Great Global Challenge: A Mini Review. *J Cell Mol Anesth.* 2020;5(1):23-6.
2. Ling Z, Xu X, Gan Q, Zhang L, Luo L, Tang X, et al. Asymptomatic SARS-CoV-2 infected patients with persistent negative CT findings. *Eur J Radiol.* 2020;126:108956.
3. Matic AA. An Anesthesiologist's Perspective on the History of Basic Airway Management: The "Modern" Era, 1960 to Present. *Anesthesiology.* 2019;130(5):686-711.
4. Lee IK, Wang CC, Lin MC, Kung CT, Lan KC, Lee CT. Effective strategies to prevent coronavirus disease-2019 (COVID-19) outbreak in hospital. *J Hosp Infect.* 2020;105(1):102-103.
5. O'Sullivan ED. PPE guidance for covid-19: be honest about resource shortages. *BMJ.* 2020;369:m1507.