

WEBINAR  
GRATUITO

# Gli outcome delle cure ospedaliere nel primo anno della pandemia

MERCOLEDÌ 30 GIUGNO 2021  
ORE 14:00 - 18:00

CREDITI ECM N. 4



Ondate pandemiche e flussi operatori: volumi e  
esiti delle attività di chirurgia generale

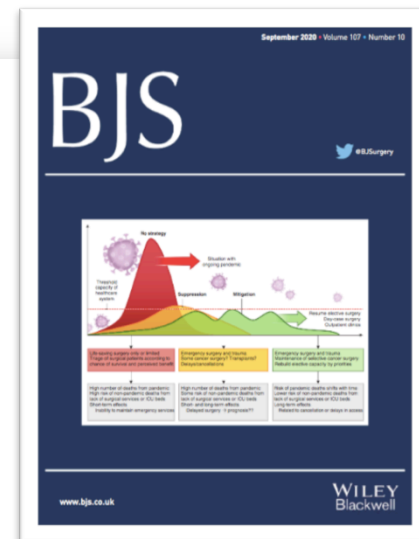
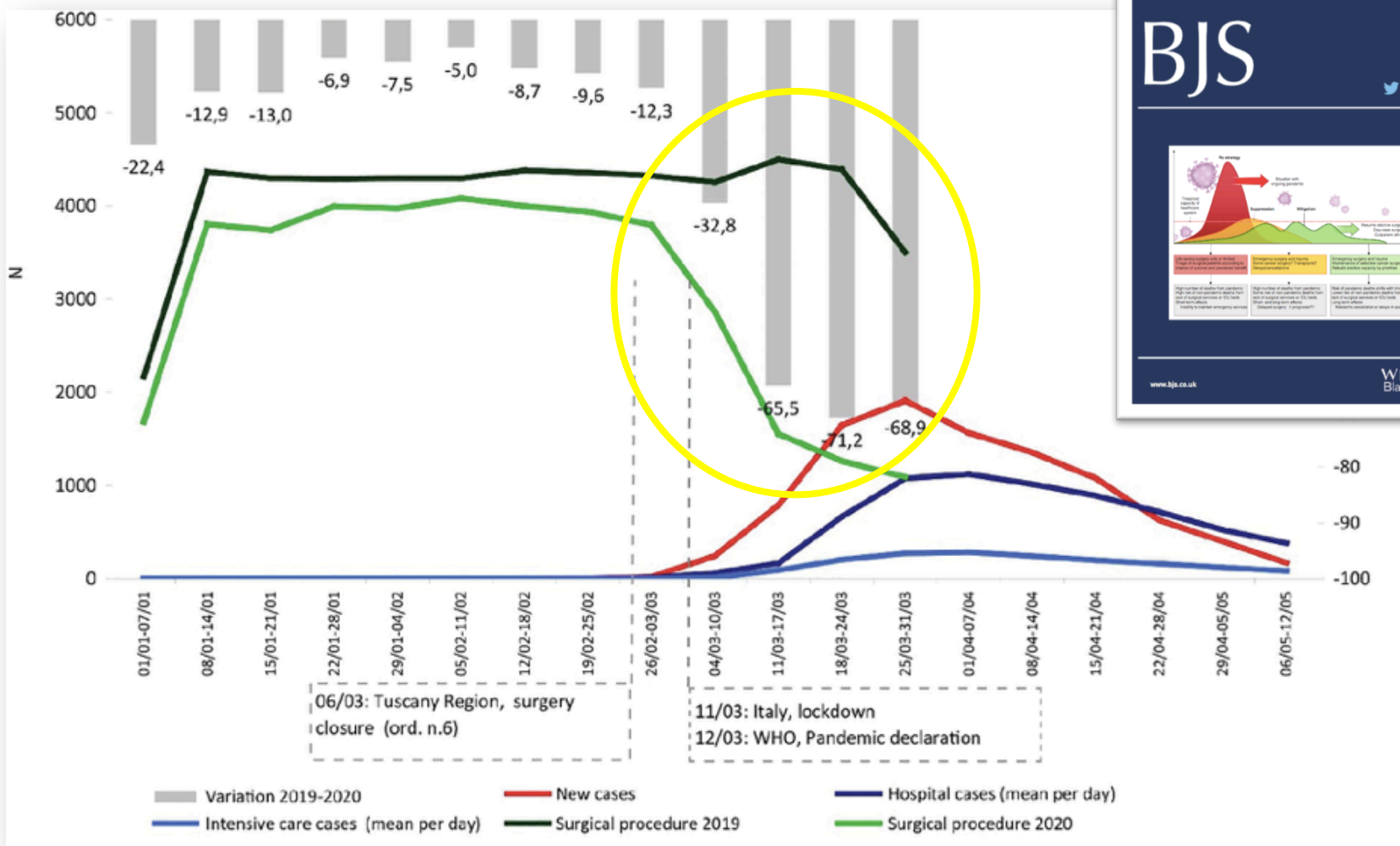
**Francesco Di Marzo**

Direttore UOC Chirurgia Generale

Valtiberina – Sansepolcro

Az. UsI Toscana Sudest

# Surgery in Tuscany



Di Marzo, F., Gemmi, F., Cennamo, R., Forni, S., Bachini, L., Collini, F. and Cardi, M. (2020), Impact of SARS-CoV-2 on elective surgical volume in Tuscany: effects on local planning and resource prioritization. *Br J Surg*, 107: e391-e392. doi:[10.1002/bjs.11832](https://doi.org/10.1002/bjs.11832)

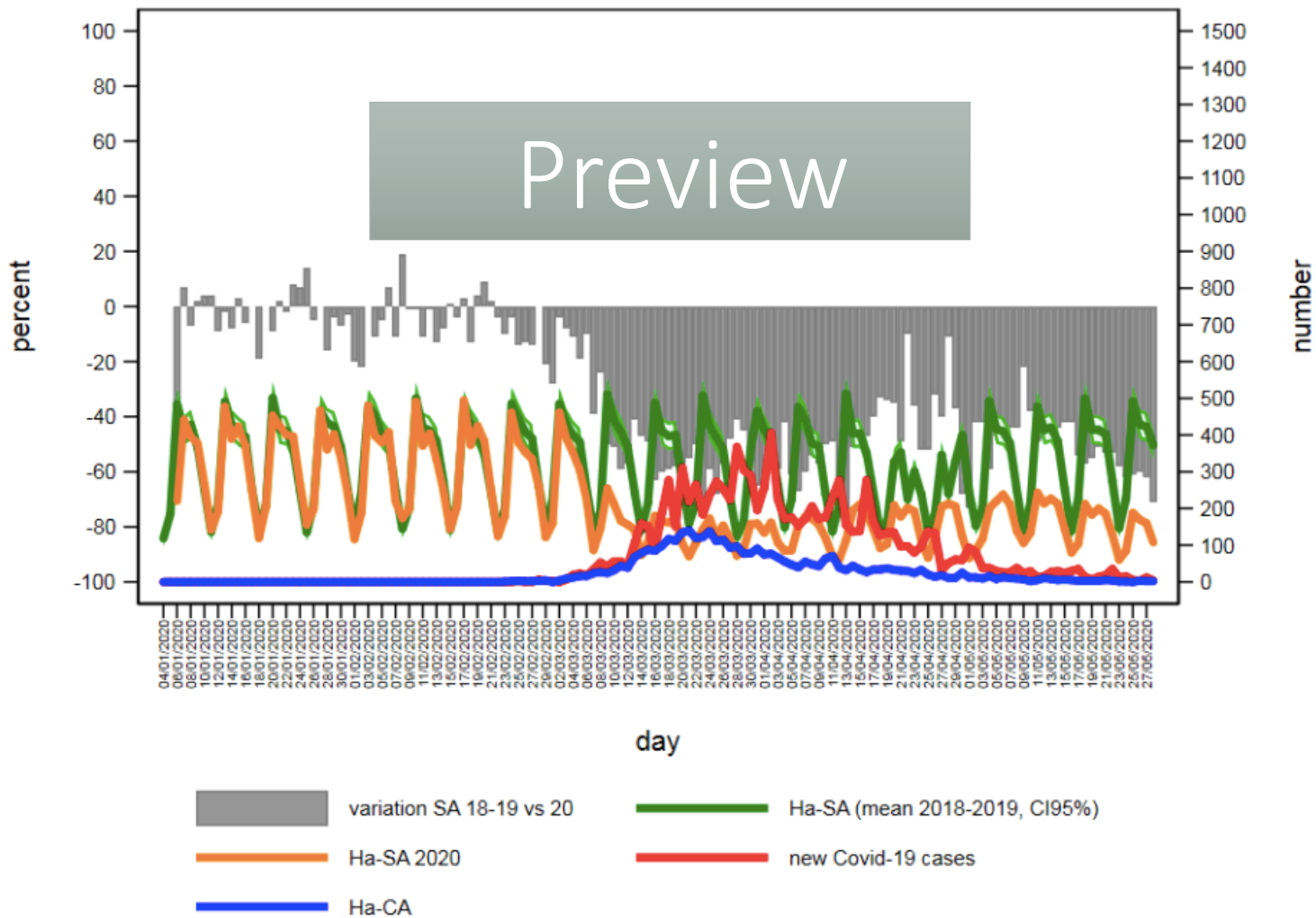
- 14798 → 4774
- - 68%
- Older pts
- Higher CCI

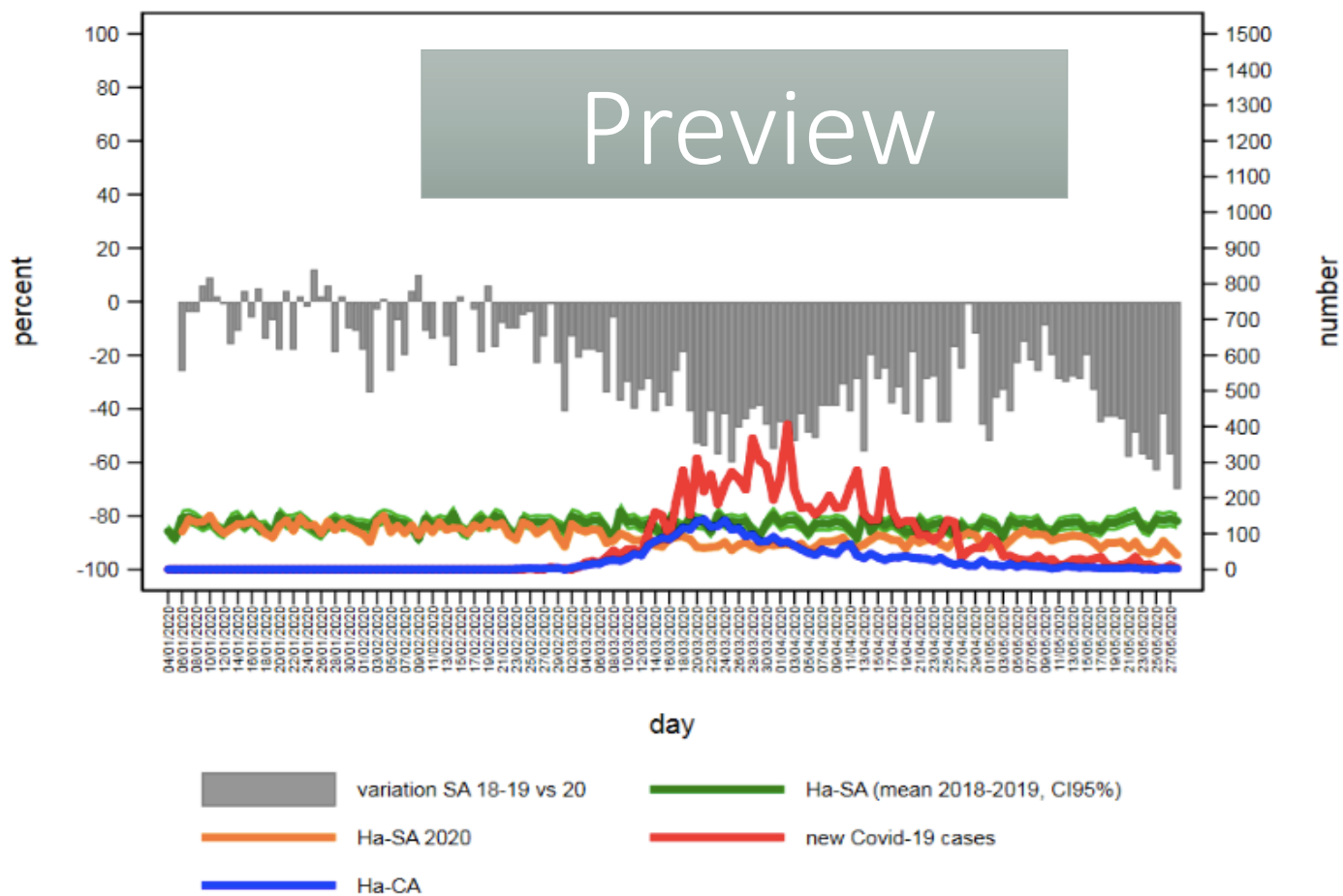


- 75% elective
- 30% urg/emerg



- Op time / OR time
- Postop morbidity





## 12 weeks backlog recover (?)

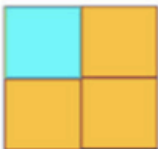



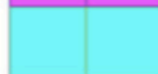


- 20% increase → 45 weeks
- 30% increase → 30 weeks
- 10% increase → 90 weeks

(2020), Elective surgery cancellations due to the COVID-19 pandemic: global predictive modelling to inform surgical recovery plans. Br J Surg. doi:

[10.1002/bjs.11746](https://doi.org/10.1002/bjs.11746)

- Elective surg reduction
- ICU beds increase
- Different paths for +/- pts
- **COLD Hospital**
- Staff/stuff/OR environment adjustment



Cancer status	Risk for age and co-morbidity	Degree of priority
<ul style="list-style-type: none"> <li>Tumor-related emergencies without non-operative or endoscopic alternatives (e.g. bleeding, occlusion, perforation, absence of alternatives for correction of complications)</li> </ul>	<p>&gt; 80yy    ≤ 80yy</p> <p>ASA 3-4    </p> <p>ASA 1-2    </p>	<p>≤ 2 weeks</p> 
<ul style="list-style-type: none"> <li>Tumors potentially curable through surgery, but without pharmacological, endoscopic and radiotherapy alternatives</li> </ul>	<p>&gt; 80yy    ≤ 80yy</p> <p>ASA 3-4    </p> <p>ASA 1-2    </p>	<p>≤ 2 months</p> 
<ul style="list-style-type: none"> <li>Tumors with pharmacological, endoscopic, radiotherapy alternatives                             <ul style="list-style-type: none"> <li>Tumors at an early stage or with low biological aggressiveness</li> </ul> </li> </ul>		<p>&gt; 2 months</p> 

Surgical management of oncologic patient during and after the COVID-19 outbreak: practical recommendations from the Italian society of Surgical Oncology

Davide Cavaliere<sup>1</sup> · Dario Parini<sup>2</sup> · Luigi Marano<sup>3</sup> · Federica Cipriani<sup>4</sup> · Francesco Di Marzo<sup>5</sup> · Antonio Macrì<sup>6</sup> · Domenico D'Ugo<sup>7</sup> · Franco Roviello<sup>3</sup> · Alessandro Gronchi<sup>8</sup> on behalf of SICO (Italian Society of Surgical Oncology)



- We, ALL, are patients
- From 3 to 5 IPC phases
- Hygiene (HCWs and pts)
- Screening & Cohorting pts
- Architecture and tech
- **Stop reacting → start anticipating**



Toccafondi G, Di Marzo F, Sartelli M, Sujan M, Smyth M, Bowie P, Cardi Mar, Cardi Mau  
Will the COVID-19 pandemic transform infection prevention and control in surgery?  
Seeking leverage points for organisational learning

## OR Architecture

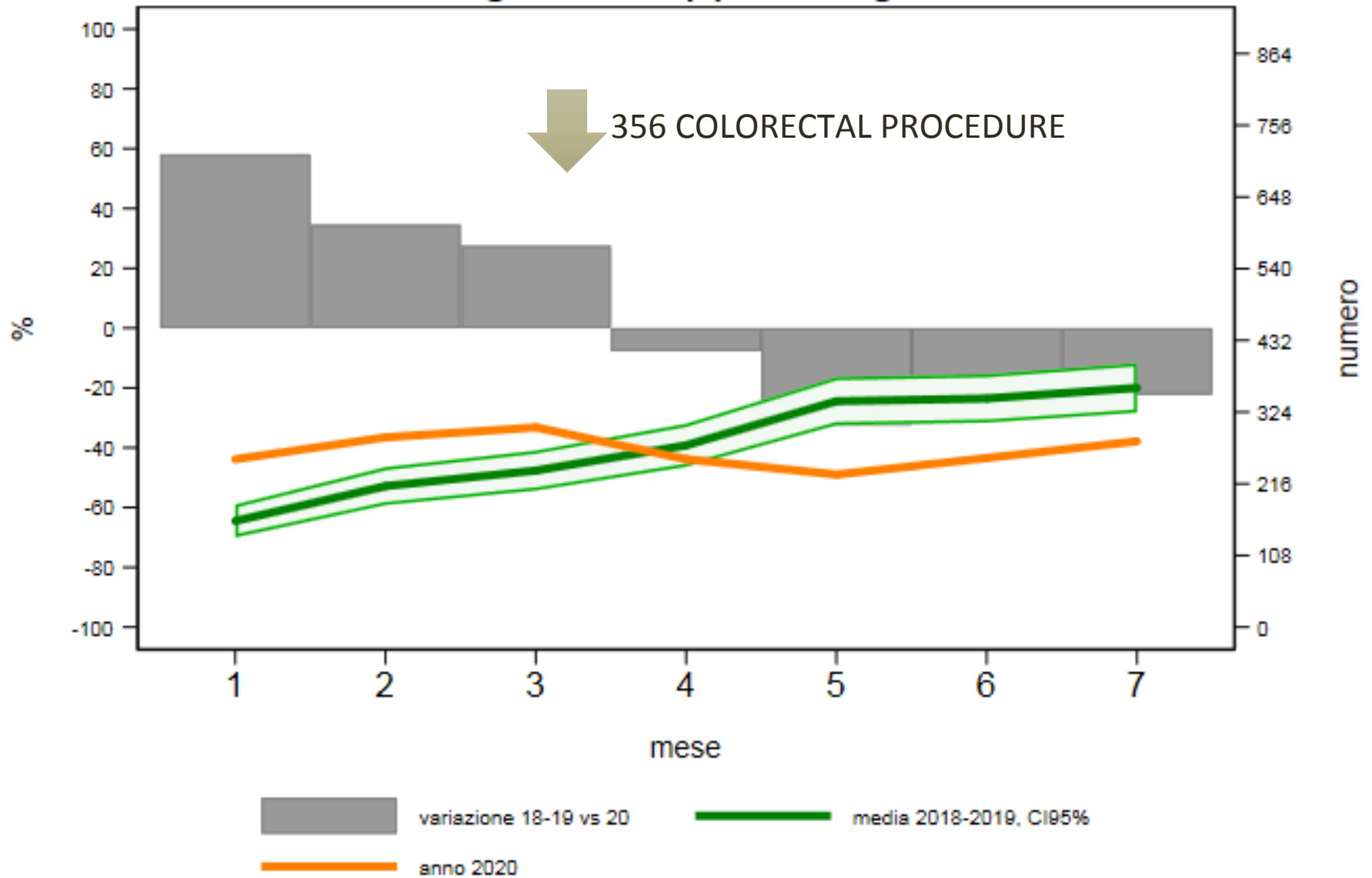
- Pressure cascade design (Neg vs Pos press)
- contain airflows within a defined number of rooms
- re-balancing air volume in both supply and extract mode and the sealing of doors

## Vlap surgery

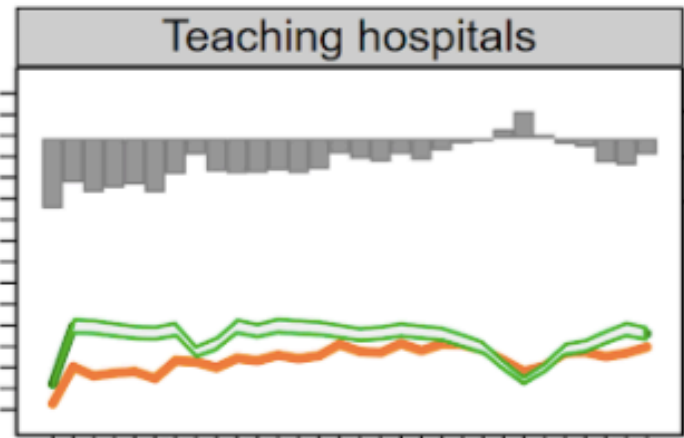
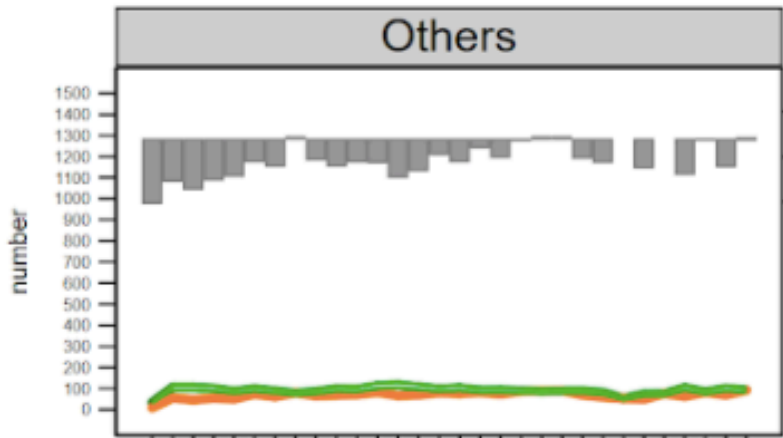
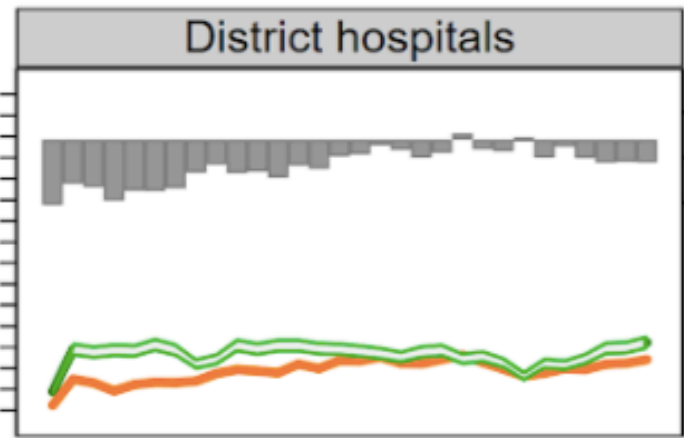
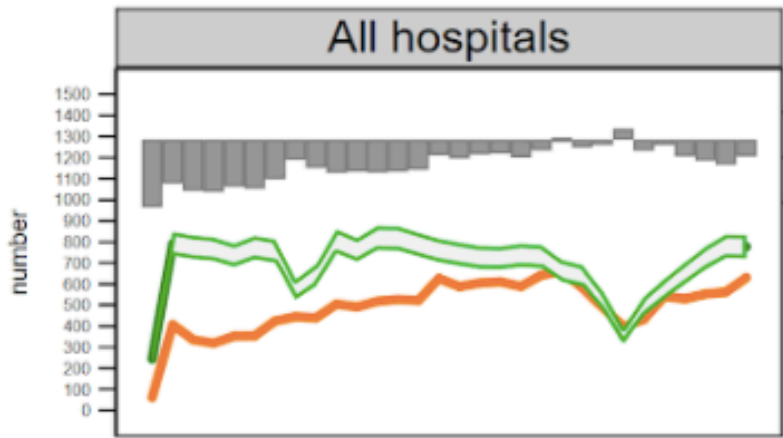
- lower intra-abdominal CO<sub>2</sub> pressure
- closed smoke suction system with ultralow particulate arrestance filter (ULPA)
- performing minimal incisions for trocars placement, evacuation of all smoke before specimen extraction



# Interventi chirurgici TM apparato gastrointestinale



Hub



Teach

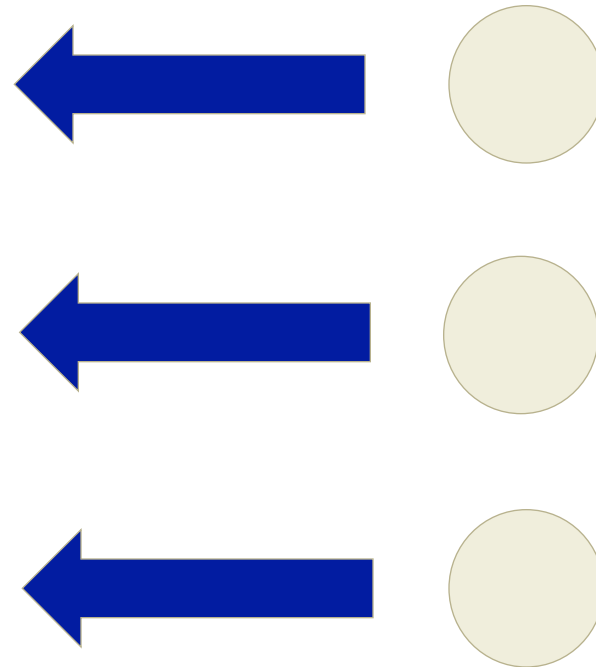
Spoke

week

— SA (CI95% of mean 2018-2019)  
 variation SA 18-19 vs 20

— SA 2020

- - 61,6%
- - 26,7%



- Spoke 37,8  $\rightarrow$  15,7%
- Hub 13  $\rightarrow$  35,1%
- Teach =
- Case mix 1,99  $\rightarrow$  2,23

- >2 adm x surgery

2,9 vs 1,8%

6,8 vs 4,3%



OR

- Adj Ele 2,12
- >75 2,3
- Teach (urg) 1,88
- CCI 0/1 (urg) 1,62



- In-hosp mortality (2,2 → 3,6%)
- Clavien-Dindo 3b (7 days) 4,5 → 7,1%

- Regional DATA Reporting to national level
- Stratification before centralizing surgical activities
- Staff moving

# Don't miss it

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Everything that can be counted does not necessarily count; everything that counts cannot necessarily be counted.

Thank you