

Prevention of COVID-19 in Endoscopy Suite

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We are currently living in the throes of the COVID-19 pandemic that imposes a significant stress on health care providers and facilities. As other countries of the world, Pakistan is also affected with an exponential increase in incident infections. The clinical manifestations of COVID-19 can be subtle, encompassing a broad spectrum from asymptomatic mild disease to severe respiratory illness with multi-organ failure and death. Infection prevention and control has been shown to be dramatically effective in assuring the safety of both Health Care Professionals (HCP) and patients.¹

Different Gastrointestinal societies of America, Europe and Asia have joined forces to provide guidance in order to assure the highest level of protection against COVID-19 for both patients and health care personnel. HCP in endoscopy units are at increased risk of infection by COVID-19 from inhalation of airborne droplets, conjunctival contact, and potential fecal-oral transmission.¹ Given the COVID-19 outbreak in Pakistan, a rational approach regarding limited resources is important. Shortages do not only apply to Personal Protective Equipment (PPE), but also to the availability of hospital infrastructure including HCP staff, availability of beds and medical equipment such as ventilators.

On the other hand, the need to protect the patient population, especially patients at high risk of COVID-19 morbidity, has forced Endoscopy Units to postpone a disproportionate number of

procedures, weighing case-by-case the benefit of endoscopy with the risk of COVID-19 infection. A clear and thoughtful policy regarding the timely rescheduling of these postponed endoscopy procedures will be required in near future.² These are some summary points, being advocated by different GI-Endoscopy societies while performing endoscopic procedures during COVID-19 pandemic.

1. Strategies to triage and assess the risk of patients with suspected or confirmed COVID-19 before endoscopy are essential.
2. Deferment of elective endoscopies should be considered until further notice during this COVID-19 outbreak.
3. Urgent endoscopies should be performed by strategically assigned staff to minimize concomitant exposure.
4. The staff should receive appropriate education and training on infection control measures, including hand hygiene and use of PPE.
5. HCP should receive adequate training on gowning and removal of PPE.
6. Extra precaution is recommended during colonoscopies as prolonged fecal shedding of SARS-CoV-2 can occur.
7. The standard protocol of disinfection and reprocessing of endoscopy instruments must be practiced.
8. Standard room disinfection should be conducted at the end of each session.
9. Stepwise resumption of elective endoscopy services should be guided by control of COVID-19 in the local community, availability of manpower and equipment supply.

In the wake of COVID-19 Medicine and Allied specialties are coming up with the recent protocols

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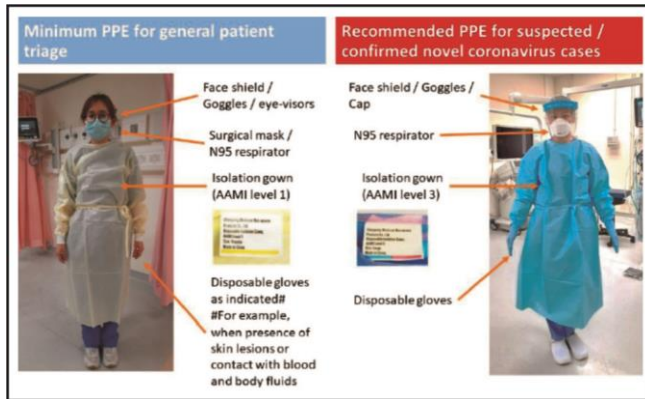


Fig.1: Recommended PPE for general patient triage and handling suspected COVID-19 cases. (AAMI: Association for the Advancement of Medical Instrumentation).³

not only to combat the recent pandemic but also to continue provision of health care facilities to the patients coming for outpatient departments and indoor admissions and procedures.

CONFLICT OF INTEREST

None to declare.

The author is a Fellow in Gastroenterology working currently as a Gastroenterologist and Hepatologist in Gujranwala Liver Foundation. He has a keen interest in interventional gastroenterology and transplant hepatology with a considerable interest in recent updates of emerging infectious diseases that has led to share the recent information with the readers.

FINANCIAL DISCLOSURE

None to disclose.

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