

U.S. surgery rates rebounded quickly after pandemic shutdowns

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(HealthDay)—U.S. operating rooms got busy once again soon after the

first round of pandemic shutdowns, according to a study that challenges the widely held belief that operations have been curtailed indefinitely during the age of COVID-19.

"It's an untold story," said senior study author Dr. Sherry Wren, a professor of general [surgery](#) at Stanford University School of Medicine, in California. "It's the opposite of what all the headlines say."

For the study, Wren and her colleagues compared 13 million surgical procedures performed in 49 states, comparing each week in 2019 to the matching week in 2020.

As expected, the investigators found a significant (48%) decline in surgeries during the seven weeks after mid-March 2020, when the U.S. Centers for Medicare and Medicaid Services (CMS) [recommended](#) that hospitals minimize, postpone or cancel elective surgeries, which are procedures that are medically necessary but can be put off for more than a few days.

"If you think back to that time, nobody was sure if they had enough [personal protective equipment](#) [PPE], and doing operations clearly burns through your [PPE](#). There was also the fear of not having adequate hospital beds and ICU beds and ventilators," Wren explained in a university news release.

But 35 days after issuing its initial proclamation to curtail elective surgeries, the CMS issued safe resumption guidelines that focused on adequate facilities, pre-procedure COVID-19 testing and supplies of PPE, the study authors noted.

"If you could manage those things, you could operate," Wren said.

By July 2020, U.S. surgery rates began to return to, or even surpass,

2019 levels. By the end of 2020, the overall total volume of surgeries was only 10% below the 2019 volume, according to the study published online Dec. 8 in [JAMA Network Open](#).

The study focused on 11 major surgical categories. By July 2020, all except one category had returned to pre-pandemic levels. The only exception was ear, nose and throat surgeries, which maintained a persistent decrease of about 30%.

The overall quick rebound in surgeries was likely due to a number of reasons, including [COVID-19 testing](#) and the fact that the majority of surgeries can be performed on an outpatient basis, according to Wren.

Even when there was a second COVID-19 surge during the fall and winter of 2020, surgeries continued at normal or even elevated rates, the researchers said.

The investigators also found that more COVID-19 cases correlated with fewer surgeries during the initial shutdown, but not during the surge period, when there was an eightfold increase in COVID-19 cases.

"This tells us that we learned something, institutionally and nationally, about how to provide care during a time of crisis," said study co-author Dr. Arden Morris, a professor of surgery at Stanford.

"Even as supply lines were compromised; as we were trying to preserve PPE; and, most importantly, as we limited transmission of this highly transmissible virus, we managed to provide care at essentially the same rates as usual," Morris noted.

"We know a new COVID surge will be associated with the upcoming winter holidays, especially now that there's a highly contagious new variant," she said. "But this research makes me hopeful that we'll be able

to maintain high-quality care during the next surge because of everything we've learned."

More information: For more on COVID-19 and surgery, go to the [American College of Surgeons](#).

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