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of transmission during intubation, extubation, and during the operative procedure.

We also recognize that a significant proportion of patients with coronavirus disease 2019 will have viral RNA detectable in different types of clinical specimens (stool, blood, and urine), but to date we have not found a report demonstrating that these viral particles are infectious. In our manuscript, we reviewed ways to decrease any theoretical risk of transmission through laparoscopy.

There are many proven benefits of laparoscopy, both for patients and with regard to the use of hospital resources. We agree that the risks and benefits of the surgical approach and choice of anesthesia should be considered on an individual basis before any surgery. We believe that the benefits of laparoscopy, in most cases, outweigh the risks when appropriate protective measures and equipment are used.

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<https://doi.org/10.1016/j.jmig.2020.04.032>

Regarding “Understanding the ‘Scope’ of the Problem: Why Laparoscopy Is Considered Safe during the COVID-19 Pandemic”



To the Editor:

First of all, thanks to the authors for this nice and clear paper. Whether laparoscopic surgery is safe during the coronavirus 2019 pandemic is a matter of actual debate [1], and it is important for the surgical community to share solid information regarding operating room technology.

We will just briefly comment on the use of high-efficiency particulate arrestance (HEPA) and ultralow particulate arrestance filters because many papers report the wrong assumption that HEPA filters can only filter particles of 0.3 μm or above in diameter. This is an important issue because solid or liquid particulate matter in the air, especially below 2.5 μm in diameter, is able to enter the bloodstream and can affect our health.

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) particles range in size from 0.06 μm to 0.125 μm , falling squarely within the particle size range that HEPA filters capture with extraordinary efficiency: 0.01 μm and above [2]. It is incorrect to state that HEPA

filters are not able to catch particles below 0.3 μm , such as those of SARS-CoV-2.

This belief is based on a misunderstanding of how HEPA filters work. The particle size of 0.3 μm is used as a standard to measure the effectiveness of HEPA filters, but this does not mean that they are not able to catch smaller particles. A paper from the National Aeronautics and Space Administration [3] explains well that HEPA filters are highly effective in capturing a very high proportion, up to 100%, of nanoparticulate contaminants, ranging in size from 0.1 μm to 0.001 μm (diffusion regime), because they do not fly in a straight line but collide with other fast-moving molecules and move around in random pathways. This is known as Brownian movement. When they strike the filter fibers they remain stuck in them. The intersecting regime has just a small drop in efficiency that affects particles of approximately 0.3 μm , defined as the most penetrating particle size. This value for a typical HEPA filter varies from 0.2 μm to 0.3 μm , depending on the flow rate, and when the flow speed is lowered, a simple HEPA filter will perform as an ultralow particulate arrestance filter.

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References

1. Morris SN, Fader AN, Milad MP, Dionisi HJ. Understanding the “Scope” of the problem: why laparoscopy is considered safe during the COVID-19 pandemic. *J Minim Invasive Gynecol.* 2020;27:789–791.
2. First MW. HEPA filters. *Appl Biosaf.* 1998;3:33–42.
3. Perry JL, Agui JH, Vijayakumar R. Submicron and nanoparticulate matter removal by HEPA-rated media filters and packed beds of granular materials. Available at: <https://ntrs.nasa.gov/archive/nasa/casi.ntrs.nasa.gov/20170005166.pdf>. Accessed April 6, 2020.

<https://doi.org/10.1016/j.jmig.2020.04.027>

Authors’ Reply

To the Editor:

Thank you for your interest in our manuscript and for your thoughtful comments [1]. We briefly reviewed the rating of Ultralow Particulate Air and High Efficiency Particulate Air filters in our paper. We based our perspectives on the US Environmental Protection Agency definition that High Efficiency Particulate Air filters “can theoretically remove at least 99.97% of dust, pollen, mold, bacteria, and any airborne particles with a size of 0.3 microns or more in diameter,” whereas Ultralow Particulate Air filters “remove 99.9% of particulates 0.12 microns or more in diameter [2].” Thank you for the detailed clarification regarding filter efficacies.

