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## Correspondence

**Sars-cov-2 hurricane impacting proctology outpatient clinics and proctologic emergencies. On the verge of phase 2, learning from phase 1. correspondence**


Dear Sir,

The recent COVID-19 pandemic caused healthcare system organization *twisting* in all Countries of the world. In such times, the demand for health care opposed to the difficulties of satisfying it, led to a definitely unique scenario. All procrastinable non COVID-19 care requests had to be rescheduled. Some proctology disorders though, were cause of severe discomfort to patients, and managing them beyond the risk of contagion during visits, was rather distressing. Throughout the first weeks of March, the number of COVID-19 patients in South Italy was still contained, and proctology outpatient clinic was allowed. Only when visiting patients showing respiratory symptoms, physicians were recommended to wear personal protective equipment (PPE) as medical masks, gloves, gowns and googles/face shield. Conversely, no PPE were indicated if patients weren't showing respiratory symptoms [1]. The latter guidelines were appropriate for non suspected COVID-19, nevertheless left a slight sense of unprotection considering the huge quote of asymptomatic or mild symptomatic sick patients that could spread the infection. Subsequently, with the pandemic worsening, outpatient clinics were suspended and implementation of telemedicine into everyday practice become the best solution. Moreover, sharing our experience with proctologic emergencies in times of pandemic, might be useful. During the month of March 2020 (lockdown imposed in Campania march the 9th), 27 patients were remotely diagnosed of acute ano-rectal pain, and any attempt of conservative treatment was made. For 10 patients a medical evaluation became unprocrastinable, after a phone-call triage to deny any flu-like symptoms or contact with positive subjects in the previous two weeks, the patients were finally admitted to be cured. Seven subjects underwent drainage of perineal abscesses, three required excision of thrombosed external hemorrhoid. For all of them, outpatient procedures and local anesthesia was performed, as recommended for proctologic procedures during pandemic [2]. Three of these patients subsequently tested by their general doctors for flu and cough occurrence, resulted positive for COVID-19. We were informed at our weekly follow-up phone call. Unfortunately, we were exposed at a high contagion risk with undetected COVID-19 patients, as guidelines did not recommend wearing particular PPE when dealing with asymptomatic subjects. Nevertheless, facing the next phase of the pandemic when visits and surgeries will be gradually reactivated, patients pre-admitting testing appears crucial. Testing all patients is advised, though considering tests sensitivity/specificity [3], and the international tests shortage due to the worldwide massive request, that could affect their availability.

On the verge of phase 2, it is advisable to keep the telemedicine habit when possible, to avoid physical attendance of hospitals and contain contagion; as to reduce healthcare costs, skipping admissions and re-admissions, after the emergency will end [4,5]. Moreover, if tests are not available or in any acute condition necessitating a close

contact with patients, given our past experience, we strongly advice to consider every patient as a COVID-19 subject, regardless the presence of symptoms, and to adopt all the possible precautions taken in COVID-19 wards, because providing healthcare personnel protection and reducing contagion will still be imperative in the next weeks.

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#### Data statement

The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request.

#### Declaration of competing interest

The authors declare that they have no conflict of interest.

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