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When preserving life becomes imperative, quality of life is eclipsed! COVID-19 outbreak impacting patients with pelvic floor disorders undergoing pelvic floor rehabilitation



Editor

During the COVID-19 pandemic, suspension of outpatient clinics¹ might have left many patients without care, likely impacting their quality of life. Patients affected by faecal incontinence, functional constipation and pain used to attend our division weekly to receive pelvic floor rehabilitation. Even though not life-threatening, these conditions cause great discomfort, which is relieved by rehabilitation.

We anticipated that the required close contact with the physiotherapist would have prevented patients from attending the clinic due to fear of infection, even before more stringent measures were taken by the government. Surprisingly, patients continued to attend rehabilitative sessions with great motivation.

Rather, they were concerned that discontinuation of treatment could have affected their quality of life. Because a national shortage of personal protective equipment soon occurred, those willing to continue their treatment were invited to attend wearing their own masks and gloves². We registered the usual number of appointments until the lockdown was enforced, cancelling non-emergency outpatient activities¹. Patients on pelvic floor rehabilitation programmes were informed and, even if realizing the magnitude of the pandemic and the need to delay their treatment, still showed hopes of resuming rehabilitation soon, once again confirming how quality of life is tightly connected to such treatment.

COVID-19 has led to dramatic re-adjustment of social habits and health systems. Patients affected by pelvic floor disorders demonstrated a strong will to continue their rehabilitation, regardless of the possibility of contagion upon attending hospital. There might be times when quality of life is eclipsed by other urgent matters (like preserving life itself)³, but it is crucial to protect and reassure patients needing such treatments, and to start working on how rehabilitation can benefit from telemedicine and remote consultation⁴.

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- 1 Spinelli A, Pellino G. COVID-19 pandemic: perspectives on an unfolding crisis. *Br J Surg* 2020; <https://doi.org/10.1002/bjs.11627> [Epub ahead of print].
- 2 Gackowski A, Lipczyńska M, Lipiec P, Szymański P. Expert opinion of the Working Group on Echocardiography of the Polish Cardiac Society on performing echocardiographic examinations during COVID-19 pandemic. *Kardiol Pol* 2020; <https://doi.org/10.33963/KP.15265> [Epub ahead of print].
- 3 Ives J, Huxtable R. Surgical ethics during a pandemic: moving into the unknown? *Br J Surg* 2020; <https://doi.org/10.1002/bjs.11638> [Epub ahead of print].
- 4 Augestad KM, Sneve AM, Lindsetmo RO. Telemedicine in postoperative follow-up of STOMa PATients: a randomized clinical trial (the STOMPA trial). *Br J Surg* 2020; **107**: 509–518.