

Plastic Surgeons in the Middle of the Coronavirus Disease 2019 Pandemic Storm in Italy

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Sir,

Almost 8 weeks have elapsed since the outbreak of coronavirus disease 2019 (COVID-19) in Northern Italy, which caused 17,669 official deaths so far. The Central Government has progressively increased social distancing, as well as closing all nonessential activities, with the purpose of flattening the epidemic curve.

We work at the University Hospital of Modena and Reggio Emilia, a state-of-the-art facility with 45 intensive care beds. Emilia-Romagna is the second most affected region of the epidemic following Lombardy, listing 17,825 cases at this moment.

Emilia-Romagna is one of the wealthiest regions in Europe, renowned for the high standard of the healthcare system, and now is one of the most severely affected regions by the COVID-19 pandemic. The Johns Hopkins University Coronavirus Resource Center reported 1,300,000 confirmed cases worldwide on April 7, with 139,000 of them in Italy.

Our hospital, like most of the hospitals in Northern Italy, was forced to quickly rearrange its services to deal with the overwhelming number of critically ill patients in need of ventilatory support. Nurses, doctors of all medical subspecialties, and hospital personnel were recruited, and all possible hospital spaces were rapidly converted in a way that could not even be thought of. Most of the operating rooms turned into makeshift intensive care units. Traditional wards became sub-intensive care divisions with patients receiving noninvasive ventilation. Surgical wards became medical wards for suspected COVID-19 patients. Even attempting to create isolated COVID-19 spaces, it has been difficult to protect other patients from exposure. As you may be aware, the Italian government has issued an order directing surgeons to suspend all nonessential elective surgical procedures.

Elective surgical procedures, including our own in plastic surgery, were cancelled, semielective procedures were postponed, and all urgent procedures, both diagnostic and therapeutic, were shifted to outpatient settings, whenever feasible. Only urgent oncologic and traumatic procedures were allowed to be performed.

Everything changed around us so quickly; we also changed quickly and, with that, our way of thinking changed. Our practice, instead, changed dramatically. Although we are not offering nonessential surgical procedures, we continue to perform our follow-up consultation for postoperative cases and virtually by videoconference for all other nonurgent matters.

As plastic surgeons, we had to start focusing only on the true essence of our medical mission: the ill patient. We have faced uncertainty and the fear of the unknown. We face the fact that resources, including medical supplies and personal protective equipment, are limited. We have started dealing with tracheotomies for long-standing mechanical ventilation, with ventilator facial pressure sores, due to several hours spent in the prone position and then with misdiagnosed COVID-19-infected patients referred to us as postsurgical complications. Eventually, we had to deal with lonely deaths. Our new target patient is now the fragile elderly fighting for life, and we no longer see what we used to. Our residents are also involved in supporting the emergency, and as instructors, it is our priority to keep their work safe.

Plastic surgery grew as a specialty after World War I and II due to many traumatic and disfigured individuals of these wars. COVID-19 is a new war with an invisible enemy, and we all need to play our part in this new type of fight.

To close with some numbers: at least 7210 hospital operators were infected, and among them, 90 doctors died in the whole country, and this is only the tip of the iceberg. The hard part of the storm is yet to come.

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DISCLOSURE

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