

Oncologia in Toscana: immaginiamo il futuro

Chirurgia oncologica e pandemia

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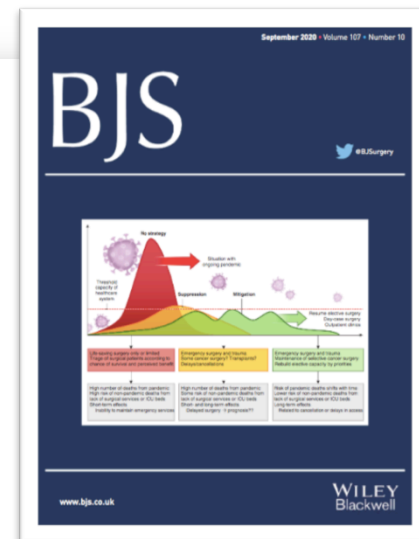
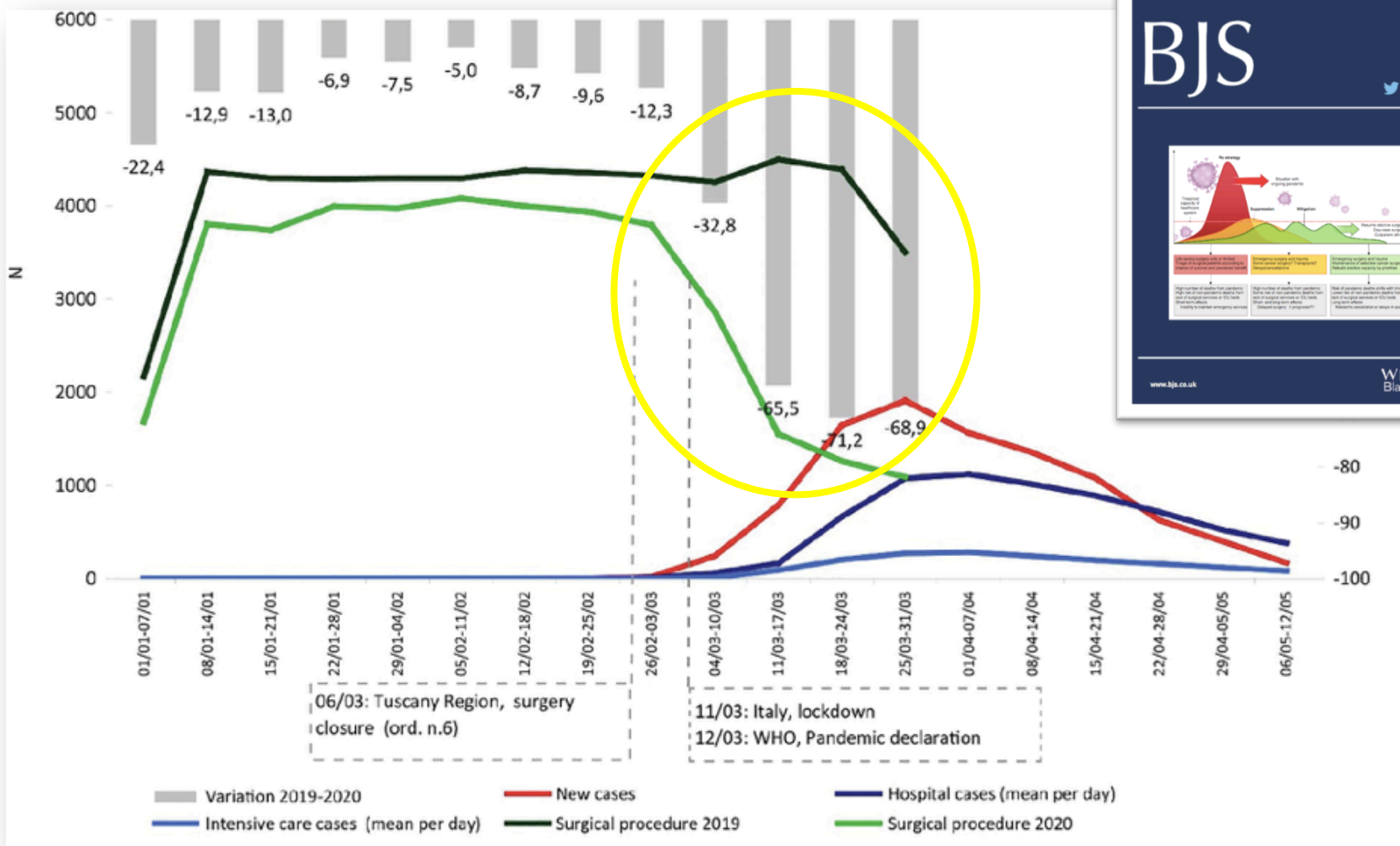


GRC
Centro Regionale
Gestione Rischio Clinico
e Sicurezza del Paziente



ARS TOSCANA
agenzia regionale di sanità

Surgery in Tuscany



Di Marzo, F., Gemmi, F., Cennamo, R., Forni, S., Bachini, L., Collini, F. and Cardì, M. (2020), Impact of SARS-CoV-2 on elective surgical volume in Tuscany: effects on local planning and resource prioritization. *Br J Surg*, 107: e391-e392. doi:[10.1002/bjs.11832](https://doi.org/10.1002/bjs.11832)

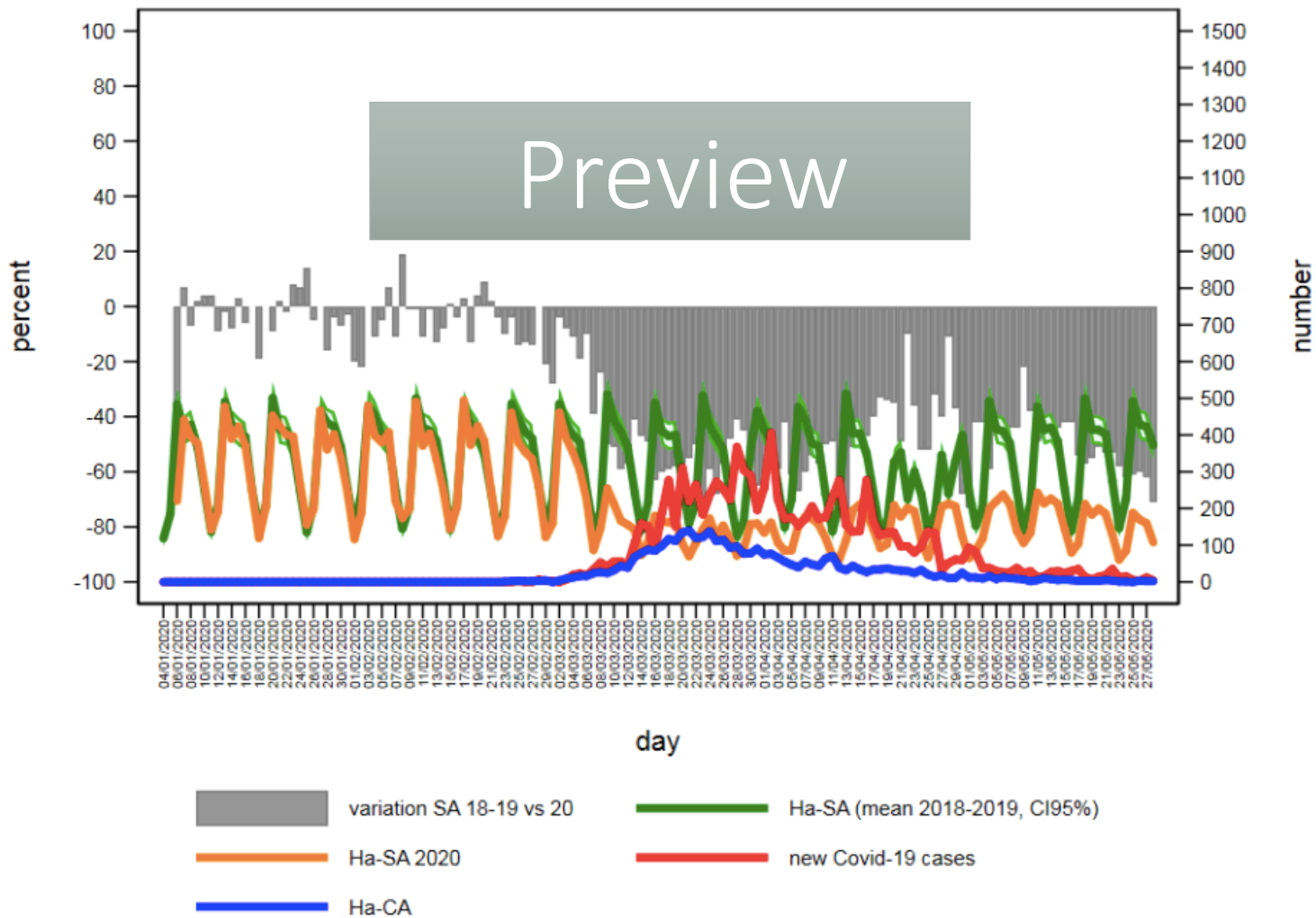
- 14798 → 4774
- - 68%
- Older pts
- Higher CCI



- 75% elective
- 30% urg/emerg



- Op time / OR time
- Postop morbidity

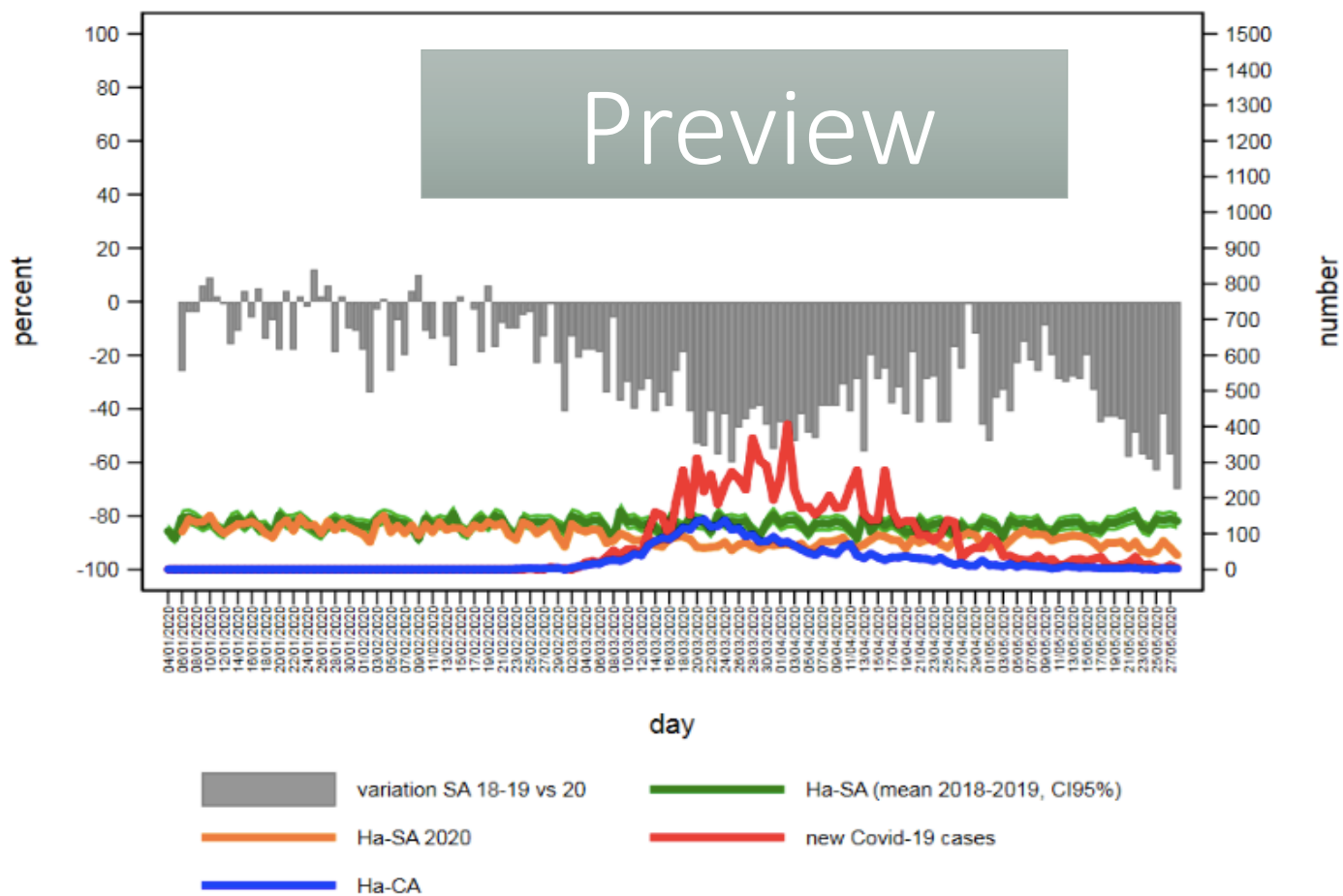


12 weeks backlog recover (?)

- 20% increase → 45 weeks
- 30% increase → 30 weeks
- 10% increase → 90 weeks

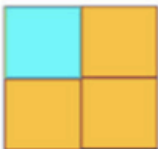



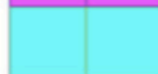


(2020), Elective surgery cancellations due to the COVID-19 pandemic: global predictive modelling to inform surgical recovery plans. Br J Surg. doi:

[10.1002/bjs.11746](https://doi.org/10.1002/bjs.11746)



- Elective surg reduction
- ICU beds increase
- Different paths for +/- pts
- **COLD Hospital**
- Staff/stuff/OR environment adjustment



Cancer status	Risk for age and co-morbidity	Degree of priority
<ul style="list-style-type: none"> Tumor-related emergencies without non-operative or endoscopic alternatives (e.g. bleeding, occlusion, perforation, absence of alternatives for correction of complications) 	<p>> 80yy ≤ 80yy</p> <p>ASA 3-4 </p> <p>ASA 1-2 </p>	<p>≤ 2 weeks</p> 
<ul style="list-style-type: none"> Tumors potentially curable through surgery, but without pharmacological, endoscopic and radiotherapy alternatives 	<p>> 80yy ≤ 80yy</p> <p>ASA 3-4 </p> <p>ASA 1-2 </p>	<p>≤ 2 months</p> 
<ul style="list-style-type: none"> Tumors with pharmacological, endoscopic, radiotherapy alternatives <ul style="list-style-type: none"> Tumors at an early stage or with low biological aggressiveness 		<p>> 2 months</p> 

ORIGINAL ARTICLE

Surgical management of oncologic patient during and after the COVID-19 outbreak: practical recommendations from the Italian society of Surgical Oncology

Davide Cavaliere¹ · Dario Parini² · Luigi Marano³ · Federica Cipriani⁴ · Francesco Di Marzo⁵ · Antonio Macrì⁶ · Domenico D'Ugo⁷ · Franco Roviello¹ · Alessandro Gronchi⁸ on behalf of SICO (Italian Society of Surgical Oncology)

Cavaliere D, Parini D, Marano L, Cipriani F, Di Marzo F, Macrì A, D'Ugo D, Roviello F, Gronchi A (SICO) Surgical management of oncologic patient during and after the COVID-19 outbreak: practical recommendations from SICO. UPIS, 2020

- We are patients
- From 3 to 5 IPC phases
- Hygiene (HCWs and pts)
- Screening & Cohorting pts
- Architecture and tech



Toccafondi G, Di Marzo F, Sartelli M, Sujan M, Smyth M, Bowie P, Cardi Mar, Cardi Mau
Will the COVID-19 pandemic transform infection prevention and control in surgery?
Seeking leverage points for organisational learning

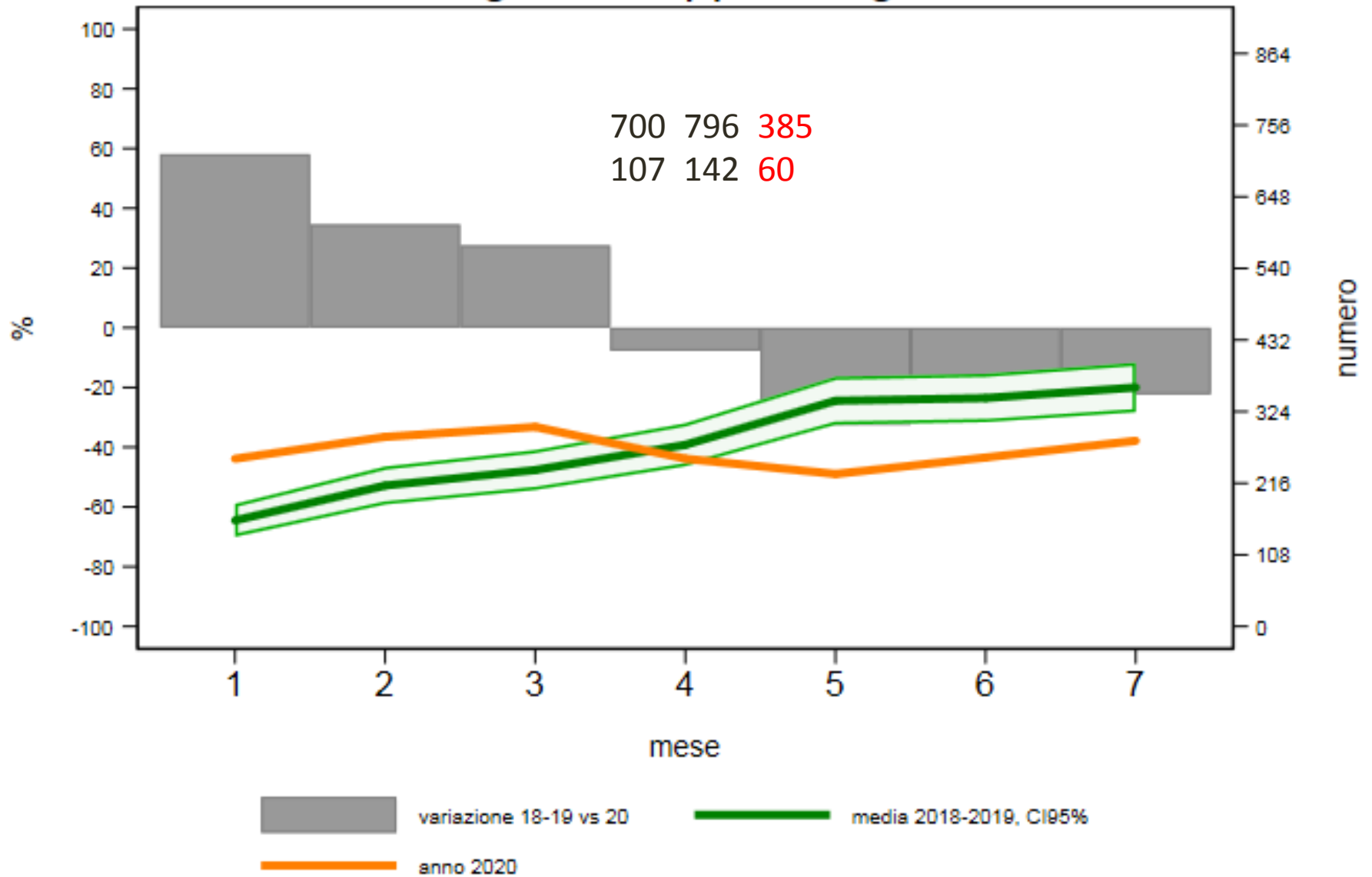
OR Architecture

- Pressure cascade design (Neg vs Pos press)
- contain airflows within a defined number of rooms
- re-balancing air volume in both supply and extract mode and the sealing of doors

Vlap surgery

- lower intra-abdominal CO₂ pressure
- closed smoke suction system with ultralow particulate arrestance filter (ULPA)
- performing minimal incisions for trocars placementevacuation of all smoke before specimen extraction.

Interventi chirurgici TM apparato gastrointestinale



Don't miss it

