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Editorial

# Anesthesia and COVID-19

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"COVID-19" is the official name announced by World Health Organization on February 11, 2020 for the disease associated with the current novel coronavirus outbreak. Co and Vi are derived from "coronavirus" D stands for disease, and 19 is for 2019, the year the first cases were discovered in China. It is inevitable that some patients with COVID-19 will require surgical procedures. Isolation centers and hospitals dealing with such patients have to be ready by modifying workflows, training their staff, and conducting drills to ensure safe provision of anesthesia.

COVID-19 patients have higher perioperative morbidity and mortality [1-3]. Unexpected progression to acute respiratory distress syndrome, cardiac injury, kidney failure and even deaths has been observed in such patients who have undergone surgical procedures [1,4]. Additionally, aerosolizing procedures place operating room staff at greater risk of being infected with SARS-CoV-2 which is the pathogen responsible for the disease. A robust screening and testing program to detect SARS-CoV-2 is essential for the safety of patients, health care workers and the general public. The decision on whether a patient is suspected of COVID-19 infection should be made individually based on clinical, history and testing criteria where possible. The suspicion of asymptomatic COVID-19 infection should be considered in areas with community spread. Ideally, anesthesiologists and all the healthcare team should wear N95 masks for caring of all patients whether symptomatic or not with an adequate supply and maintenance. Current UK guidelines on airway management for patients with suspected or confirmed COVID-19 compiled by the Royal College of Anaesthetists and Intensive Care Society state that PPE for airborne precautions is effective and must be worn at all times during intubation and all other aerosol generating procedures [5].

All major medical societies including American Society of Anesthesiologists (ASA) and the American College of Surgeons (ACS) as well as federal agencies recommend deferring elective/non-time sensitive cases, regardless of patient age. However, On April 17, 2020, the ASA, ACS, the Association of perioperative Registered Nurses (AORN) and American Hospital Association (AHA) released a Joint Statement: Roadmap for Resuming Elective Surgery after COVID-19 Pandemic. The document contains a list of principles and considerations to guide physicians, nurses and local facilities in their resumption of care in operating rooms and all procedural areas.

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