Surgeon's COVID-19 Traumatic Stress Disorder

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Dear Editor in Chief,

Ever since the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) appeared in early December 2019, with atypical viral pneumonia outbreak in Wuhan, with reports of high risk in closed operation theatre settings, surgeons have been stressed along with the anaesthesiologists as they must continue to perform surgery knowing fully well the risk of self-infection, in spite taking full precautions with Personal Protective Equipment (PPE).

The degree of anxiety and depression of the surgical staff during the COVID-19 outbreak is significantly higher than any previous recorded time [1].

Therefore, the governments and healthcare authorities should proactively implement appropriate measures, such as providing psychological counselling services, to prevent, alleviate or treat increased anxiety among surgical staff, especially in the worst affected areas, during the COVID-19 pandemic [2].

Investigations for COVID-19 like RT-PCR are still not readily available, and results take a long time and emergency surgeries cannot be delayed until then.

CT scan thorax has not been deemed adequate to serve as a screening tool too. In fact, some authors also recommend considering all patients admitted to the hospital as suspected SARS-CoV-2 cases [3].

Surgeons are also stressed during surgery due to the findings of a retrospective cohort study of 34 operative patients with confirmed COVID-19; 44.1% of patients required ICU care in the post-operative period and the mortality rate was 20.5% [4]. The very act of donning PPE with an N95 mask and face shield, operating in conditions where the surgeon

feels hot, suffocated and dehydrated, with fogged inadequate vision, always with a niggles that such uncomfortable circumstances may lead to a major surgical error, all add to the extreme stress that a surgeon faces in these times.

Finally, there is stress also due to poor earning or deduction in salary due to the almost complete stop of elective surgeries, lack of PPE and basic infrastructure in the work place, increased pressure from the corporate hospital management to perform, and changing guidelines about COVID-19 awareness from the regulatory authorities every day. Day in and day out, hearing the news in the print media and social media that fellow doctors are infected or dead is equally frightening and depressing.

Therefore, the psychological scars which COVID-19 is imparting to surgeons need to be closely monitored and evaluated as this traumatic stress disorder is going to probably stay with us for a much longer time than the pandemic itself.

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