EFFECTIVE GYNAECOLOGICAL CANCER SURGICAL CARE DELIVERY DURING COVID 19 PANDEMIC IN SWANSEA GYNAECOLOGICAL ONCOLOGY CENTRE

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Introduction

Gynaecological cancer service provision with COVID-19 pandemic changed significantly. Although there was a general strategy to look at the Independent sector for delivery of surgical services during the COVID-19 pandemic, the Gynae-Oncology services at Swansea Bay University Health Board(SBUHB) maintained and delivered a COVID lite pathway within the Singleton and Morriston sites. Our study compared peri-operative outcomes with standard data and assess safety of elective gynaecological cancer patients within this pathway.

Methods

Clinical audit to assess perioperative outcomes of Gynaecological cancer surgery at Swansea Gynaecological Oncology Centre (SGOC) during COVID-19 pandemic

Audit Standard - Standardized reported UK gynaecological oncology surgical outcomes and complications (UKGOSOC) 2015

Study Period -18/03/2020 – 31/12/2020 (9 months)

Study Sample – 129 Gynaecological cancer patients

Data Collection - Retrospective analyses of prospectively collected databases of patients having surgery at SGOC. Review of electronic patient records for readmissions, morbidity & mortality data, Post-operative complications were graded (I-V) based on the Clavien-Dindo classification. Surgical Complexity Scores calculated based on standardized UKGOSOC method.

Results and Discussion

The study included 129 patients with median age 66 years (range 18-90). Study population includes 52(40.3%) endometrial/uterine cancers, 46(35.6%) ovarian/tubal/peritoneal cancers, 13(10%) cervical cancers, 13(10%) vulval cancers and 3(2.3%) vaginal cancers. Open, laparoscopic, laparoscopy conversions to laparotomy and valval/vaginal procedures accounted for 58.1%, 29.5%, 2.3% and 10.1% respectively. Study population had BMI ≥ 30 in 49%, ASA ≥3 in 31% and more than three medical comorbidities in 19.4%, comparable data from UKGOSOC was 35%, 20.4% and 4.3% respectively. Surgical complexity data was also similar with the reported UKGOSOC data (Complexity group 1 & 2 > 80%, 4 & 5 was 5% both our study and UKGOSOC data).

Despite these marked differences in demographic data, there was no statistically significant difference in intraoperative complication rates, return to theatre and length of stay. Reported post-operative complication rates for Clavien-Dindo II–V (24.8% vs 30.9%), unscheduled critical care admission rates and readmissions were less than half of UKGOSOC data without statistical significance.

All patients were screened negative for Covid-19 and underwent surgery in COVID free pathway based on SBUHB guidelines. Although none of our patients had COVID-19 within 30 days of surgery, four of them had uncomplicated COVID-19 infections after 30days (3.1%) without the need of hospital admissions.

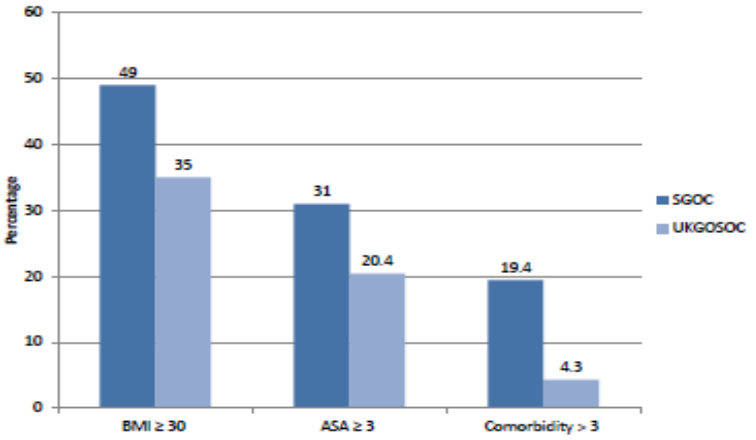

Chart 1. Comparison of Demographic data between SGOC and UKGOSOC.

Table 1: Comparison of Peri-Operative outcomes of SGOC with UKGOSOC

	SGOC (n,%)	UKGOSOC (n,%)	Chi square test
Intra-op Complications	5/129 (3.9)	143/2948 (4.9)	NS
Unscheduled Critical care admissions	1/129 (0.7)	*10 (2.2)*	NS
Return to Theatre	2/129 (1.5)	34/1462 (2.3)	NS
Post-op Complications (Clavien-Dindo,Grade II–V)	32/129 (24.8)	452/1462 (30.9)	NS
Readmissions	2/129 (1.5)	48/1462 (3.6%)	NS

Conclusions

Surgical care provided at the SGOC using Swansea Bay University protocols during the COVID-19 pandemic is safe and comparable to published UKGOSOC data from pre-COVID era.

Present data helps in counselling and reassuring the patient during COVID-19 pandemic about safety and effectiveness of surgical care delivery at SGOC.

References

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