

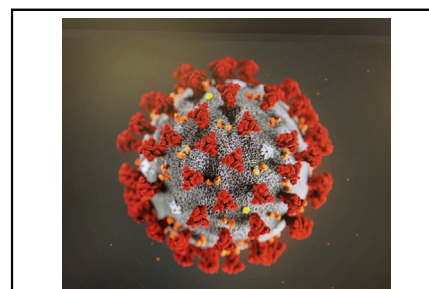
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Commentary: Primum non nocere

Scott J. Swanson, MD

Thoracic surgeons need to factor in a new enemy, an invisible virus that can be difficult to detect but wreaks havoc and death for our patients. Until we have a more complete ability to detect which of our surgical patients may be harboring the coronavirus disease 2019 (COVID-19) virus or have immunity, we should be extremely careful about proceeding with any nonemergent surgery of the chest. The article in the *Journal* by Huang and colleagues¹ from Wuhan demonstrates the insidious and devastating nature of the COVID-19 virus in otherwise-healthy patients who undergo a pulmonary lobectomy. Other issues for surgeons to consider are the fact that many patients in our hospitals in the near term will have this virus, making transmission to our postoperative patients a potential problem despite all conceivable precautions, and if our patients have a postoperative complication that requires a stay in the intensive care unit or reintubation, it is possible the hospital will not have the resources necessary to care for this patient. As the patient's doctor and surgeon, we must weigh the variables and make the best recommendation for the patient, since it is very difficult for a patient with cancer to put all of this into perspective. Most thoracic cancers that we operate on can be deferred for a month or so without significant



COVID-19 virus.

CENTRAL MESSAGE

Do not operate on elective thoracic patients until the COVID-19 pandemic subsides.

consequence. If the time period will be much longer, then consideration for alternative treatments to bide time until resection or in place of resection should be considered. Regardless, a low-risk patient dying of an overwhelming and currently untreatable infection with a relatively high prevalence will be hard for any of us to rationalize.

Reference

1. Huang J, Wang A, Kang G, Li D, Hu W. Clinical course of patients infected with severe acute respiratory syndrome coronavirus 2 soon after thoracoscopic lung surgery. *J Thorac Cardiovasc Surg.* 2020;160:e91-3.

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