

# WEBINAR

Chirurgia Bariatrica e  
Metabolica in epoca di  
pandemia da COVID-19



## **LA CHIRURGIA D'URGENZA E D'EMERGENZA IN EPOCA COVID 19. QUALE RUOLO IN URGENZA ED EMERGENZA PER LA BARIATRICA E METABOLICA**

**Dott. Antonio Vitiello**

**Dottorando in Scienze Biomorfologiche e Chirurgiche**

**Università Studi di Napoli Federico II**

**Brief Clinical Report**

**COVID-19 Outbreak and Surgical Practice: Unexpected Fatality in Perioperative Period**

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**Brief Title:** COVID-19 Outbreak and Surgical Practice

ANNALS OF SURGERY, Publish Ahead of Print

DOI: 10.1097/SLA.0000000000003961

Brief Clinical Report

**Emergency surgery in suspected COVID-19 patients with acute abdomen:  
case series and perspectives**

**Authors:** Yunhe Gao, MD; Hongqing Xi, MD, PhD; Lin Chen, MD, PhD.

**Affiliation:** Department of General Surgery, Chinese PLA General Hospital, Beijing, China

Current Medical Science  
DOI <https://doi.org/10.1007/s11596-020-2176-2> 40(2):1-6,2020

1

**Clinical and Transmission Characteristics of Covid-19 – A Retrospective Study of 25 Cases from a Single Thoracic Surgery Department**

Yang-kai LI, Shu PENG, Le-qun LI, Qi WANG, Wei PING, Ni ZHANG, Xiang-ning FU<sup>†</sup>  
*Department of Thoracic Surgery, Tongji Hospital, Tongji Medical College, Huazhong University of Science and Technology, Wuhan 430030, China*



## Bariatric Surgical Practice During the Initial Phase of COVID-19 Outbreak

Ali Aminian<sup>1</sup> · Mohammad Kermansaravi<sup>2</sup> · Shahriar Azizi<sup>3</sup> · Peyman Alibeigi<sup>4</sup> · Sina Safamanesh<sup>5</sup> · Ali Mousavimaleki<sup>2</sup> · Mohammad Taghi Rezaei<sup>4</sup> · Maziar Faridi<sup>5</sup> · Somayeh Mokhber<sup>2</sup> · Abdolreza Pazouki<sup>2</sup> · Saeed Safari<sup>6</sup>

Sex	Female	Female	Female	Male
Age (year)	63	43	35	41
BMI (kg/m <sup>2</sup> )	51	50	50	44
Comorbidities	Prediabetes, GERD, OSA, DJD, PE (in past)	GERD	GERD	None
Summary	RYGB	RYGB	RYGB	SAGB
Date of surgery	2/24/2020	2/26/2020	2/27/2020	3/4/2020
Date of symptoms	2/25/2020	3/11/2020	3/2/2020	3/6/2020 <sup>1</sup>
Presentation	Fever, dyspnea, passing out	Cough, fatigue, anorexia	Fever, cough, dyspnea, fatigue	Fever, cough, dyspnea
RT-PCR <sup>2</sup>	Positive	Positive	Positive	Not done
Chest CT	Involvement of lower lobe of left lung	Not done	Fig. 1a	Fig. 1b
White blood cell count (per $\mu$ L)	12,000	12,100	11,000	Normal
Lymphopenia <sup>3</sup>	Absent	Present	Present	Absent
CRP	Elevated	Elevated	Elevated	Elevated
ESR	Elevated	Elevated	Elevated	Not done
Liver function tests	Normal	Normal	Normal	Normal
Length of hospital stay (days)	11	4	10	0 <sup>4</sup>
Length of ICU stay (days)	1	0	3	0
Treatment <sup>5</sup>	Hydroxychloroquine, Kaletra	Hydroxychloroquine	Hydroxychloroquine, Kaletra, tocilizumab, hemoperfusion	Hydroxychloroquine, amoxicillin, clavulanate
Outcome	Survived	Survived	Survived	Survived



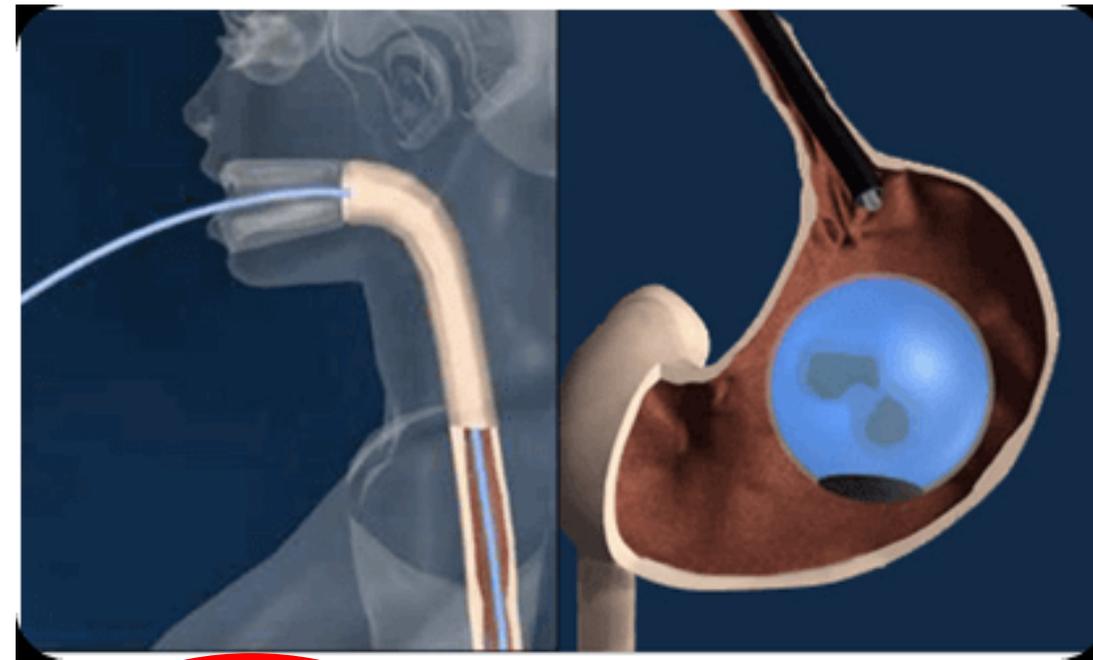
- All elective surgical and endoscopic cases should be postponed at the current time (SAGES/EAES)



- Acute patients are our priority.
- Consider laparoscopy only in selected individual cases where clinical benefit to the patient substantially exceeds the risk of potential viral transmission to surgical and theatre teams in that particular situation (Intercollegiate guidelines)



- Eseguire solo manovre endoscopiche urgenti in questa fase di pandemia. (ACOI)



Category 1	Category 2	Category 3
<i>Urgent</i>	<i>Semi-urgent</i>	<i>Non-urgent</i>
!	🕒	⌚?
<b>Examples:</b> Heart valve replacement, limb amputation	<b>Examples:</b> Prostate removal, hip replacement	<b>Examples:</b> Varicose vein removal, tonsil removal
<b>Deadline:</b> Within 30 days	<b>Deadline:</b> Within 3 months	<b>Deadline:</b> within 1 year

**QUALE RUOLO IN URGENZA ED EMERGENZA PER LA BARIATRICA E METABOLICA ???**

## Emergency surgery during the COVID-19 pandemic: what you need to know for practice

B De Simone<sup>1</sup>, E Chouillard<sup>1</sup>, S Di Saverio<sup>2</sup>, L Pagani<sup>3</sup>, M Sartelli<sup>4</sup>, WL Biffi<sup>5</sup>, F Coccolini<sup>6</sup>, A Pieri<sup>5</sup>, M Khan<sup>7</sup>, G Borzellino<sup>8</sup>, FC Campanile<sup>9</sup>, L Ansaloni<sup>10</sup>, F Catena<sup>11</sup>

- *During the COVID-19 pandemic, all efforts should be deployed in order to evaluate the feasibility of postponing surgery until the patient is no longer considered potentially infectious or at risk of perioperative complications.*
- *If surgery is deemed necessary, the emergency surgeon must minimise the risk of exposure to the virus by involving a minimal number of healthcare staff and shortening the occupation of the operating theatre.*
- *In case of a lack of security measures to enable safe laparoscopy, open surgery should be considered.*

**NO MENTION OF BARIATRIC SURGERY...**

COMMENTARY

Open Access

## Surgery in COVID-19 patients: operational directives



Federico Coccolini<sup>1,20\*</sup>, Gennaro Perrone<sup>2</sup>, Massimo Chiarugi<sup>1</sup>, Francesco Di Marzo<sup>3</sup>, Luca Ansaloni<sup>4</sup>, Ildo Scandroglio<sup>5</sup>, Pierluigi Marini<sup>6</sup>, Mauro Zago<sup>7</sup>, Paolo De Paolis<sup>8</sup>, Francesco Forfori<sup>9</sup>, Ferdinando Agresta<sup>10</sup>, Alessandro Puzziello<sup>11</sup>, Domenico D'Ugo<sup>12</sup>, Elena Bignami<sup>13</sup>, Valentina Bellini<sup>13</sup>, Pietro Vitali<sup>14</sup>, Flavia Petrini<sup>15</sup>, Barbara Pifferi<sup>13</sup>, Francesco Corradi<sup>9</sup>, Antonio Tarasconi<sup>2</sup>, Vittoria Pattonieri<sup>2</sup>, Elena Bonati<sup>2</sup>, Luigi Tritapepe<sup>16</sup>, Vanni Agnoletti<sup>17</sup>, Davide Corbella<sup>18</sup>, Massimo Sartelli<sup>19</sup> and Fausto Catena<sup>2</sup>

- *Major Italian surgical and anesthesiologic societies: ACOI, SIC, SICUT, SICO, SICG, SIFIPAC, SICE, and SIAARTI*
- *recommended clinical pathways for COVID-19-positive patients requiring acute non-deferrable surgical care.*
- *All hospitals should organize dedicated protocols and workforce training as part of the effort to face the current pandemic.*

**NO MENTION OF OBESE PATIENTS...**



## Recommendations for Metabolic and Bariatric Surgery During the COVID-19 Pandemic from IFSO

Wah Yang<sup>1</sup> · Cunchuan Wang<sup>1</sup> · Scott Shikora<sup>2</sup> · Lilian Kow<sup>3</sup>

Published online: 14 April 2020  
© Springer Science+Business Media, LLC, part of Springer Nature 2020

- *Only emergency surgeries for treating severe complications of bariatric surgery are recommended during the COVID-19 pandemic, for example postoperative bleeding, leak, etc.*
- *However, differential diagnosis should be made as similar clinical characteristics such as fever or respiratory symptoms can be present in both COVID-19 patients and patients with postoperative leak, infection or bleeding.*
- *All routine surgeries should be rescheduled until after the pandemic is over*

Updates in Surgery

Diego Foschi  
Giuseppe Navarra *Editors*

# Emergency Surgery in Obese Patients



EXTRAS ONLINE

 Springer

## Part II Clinical Settings in Obese Patients

<b>6 Trauma and Burns in Obese Patients</b> .....	45
Oswaldo Chiara, Stefania Cimbanassi, Francesco Ciancio, and Vincenzo Rapisarda	
<b>7 Perforations of the Upper Gastrointestinal Tract</b> .....	53
Paolo Bernante, Matteo Rotoli, Stefano Cariani, Francesca Balsamo, and Gilberto Poggioli	
<b>8 Acute Appendicitis in Obese Patients</b> .....	59
Francesco Roscio, Federico Clerici, Luigi Armingaglio, and Ildo Scandroglio	
<b>9 Pancreatic and Biliary Emergencies</b> .....	65
Gennaro Nappo, Alessandro Zerbi, and Marco Montorsi	

x

Contents

<b>10 Bowel Obstruction in Obese Patients</b> .....	73
Vincenzo Pilone and Mafalda Romano	
<b>11 Large Bowel Obstruction in Obese Patients</b> .....	81
Antonio Di Cataldo, Salvatore Perrotti, Carlos Rivera, and Emanuele Lo Menzo	
<b>12 Abdominal Compartment Syndrome in Obese Patients</b> .....	87
Jacopo Viganò, Angelo D'Ovidio, Gabriele Bocca, and Paolo Dionigi	
<b>Part III Clinical Settings After Bariatric Surgery</b>	
<b>13 A Brief History of Bariatric Surgery</b> .....	97
Giuseppe Navarra, Gianfranco Silicchia, Luigi Piazza, Iman Komaci, and Mauro Toppino	
<b>14 Bariatric Surgery Complications in the Emergency Department</b> .....	109
Giuseppe Maria Marinari	
<b>15 Metabolic Complications After Bariatric Surgery: The False Acute Abdomen</b> .....	113
Luca Busetto	
<b>16 Complications of Intra-gastric Ballons</b> .....	119
Alfredo Genco, Stefano Cariani, and Ilaria Ernesti	
<b>17 Complications of Restrictive Procedures</b> .....	125
Mito Foletto, Alice Albanese, and Luca Prevedello	
<b>18 Upper Gastrointestinal Bleeding After Bariatric Surgery</b> .....	131
Luigi Angrisani, Antonella Santonicola, Giovanni Galasso, Alessandra D'Alessandro, Antonio Vitello, and Paola Irvino	
<b>19 Peptic Ulcer After Bariatric Surgery</b> .....	139
Mario Musella and Antonio Vitello	
<b>20 Bowel Obstruction After Bariatric Surgery</b> .....	145
Alessandro Giovannelli and Antonio Zulino	
<b>21 Acute Peritonitis and Abscess After Bariatric Surgery</b> .....	153
Stefano Olmi, Giovanni Cesana, and Alberto Oldani	
<b>22 Anastomotic Leak After Bariatric Surgery: Prevention and Treatment</b> .....	159
Maurizio De Luca, Giacomo Piatto, Cesare Lumardi, Alberto Sartori, Nicola Clemente, and Natale Pellicani	
<b>23 Gallstones and Related Complications, Cholecystitis and Cholangitis After Bariatric Surgery</b> .....	169
Marco Antonio Zappo and Elisa Galfranceschi	

# QUALE RUOLO IN URGENZA ED EMERGENZA PER LA BARIATRICA E METABOLICA

## *late complications management*

➤ *Anastomotic stricture (3-12%)*

➤ *Marginal ulcer (0.5-20%)*

➤ *Bowel obstruction (2.5%)*

➤ *Incisional hernia (0.5-8%)*

➤ *Internal hernia (1%-3%)*

➤ *Dumping syndrome (up to 30%)*

➤ *Cholecystitis (up to 30%)*



Kassir R, Debs T, Blanc P, et al.

**Complications of bariatric surgery: Presentation and emergency management.**

Int J Surg. 2016;27:77-81. doi:10.1016/j.ijssu.2016.01.067

# QUALE RUOLO IN URGENZA ED EMERGENZA PER LA BARIATRICA E METABOLICA

## *late complications management...laparoscopy??*

Obesity Surgery (2020) 30:2812–2813  
<https://doi.org/10.1007/s11695-020-04598-x>



LETTER TO THE EDITOR

Internal Hernia in the Times of COVID-19: to Laparoscope or Not to Laparoscope?

Rishi Singhal<sup>1,2</sup>



The IFSO Worldwide Survey 2016 reported that 191,326 primary Roux-En-Y gastric bypasses had been performed in 2016

Thus, with even a modest mean incidence of 3% over 3 years, one would expect 15,000 internal hernias to present over 36 months

***how do we define harm in the case of a super-obese postbypass patient with a suspected internal hernia?***

# QUALE RUOLO IN URGENZA ED EMERGENZA PER LA BARIATRICA E METABOLICA

## *late complications management...laparoscopy??*

Obesity Surgery  
<https://doi.org/10.1007/s11695-020-04664-4>



LETTER TO THE EDITOR



COVID-19 Digestive Symptoms Mimicking Internal Hernia Presentation After Roux-en-Y-Gastric Bypass; Comment on “Internal Hernia in the Times of COVID-19: to Laparoscope or Not to Laparoscope?”

Louis Betton<sup>1</sup> · Deborah Benchetrit<sup>2</sup> · Judith Aron-Wisniewsky<sup>3,4,5</sup> · Jean-Michel Oppert<sup>3,4,5</sup> · Adriana Torcivia<sup>1</sup> · Jean-Christophe Vaillant<sup>1,3</sup> · Laurent Genser<sup>1,3,5</sup>

- 57-year-old female patient who had undergone a RYGB 5 years and 1 month earlier for grade III obesity (112 kg; body mass index: 42 kg/m<sup>2</sup>) associated with type 2 diabetes, hypertension, and obstructive sleep apnea syndrome.
- (April 2020) she presented with transient and unspecific episodes of acute abdominal pain
- **COVID-19 infection can also be diagnosed upon various nonspecific digestive symptoms** in 3 to 79% of cases according to the published series. These symptoms include anorexia (39.9–50.2%), vomiting (3.6–66.7%), diarrhea (2–49.5%), and/or abdominal pain (2.2–6%) [3] abdominal pain aggravated by food intake followed by anorexia

# QUALE RUOLO IN URGENZA ED EMERGENZA PER LA BARIATRICA E METABOLICA *late complications management...endoscopy??*

Review article

Gastric leak after laparoscopic sleeve gastrectomy: management with endoscopic double pigtail drainage. A systematic review

Antonio Giuliani, M.D., Ph.D.<sup>a,b</sup>, Lucia Romano, M.D.<sup>a,b,\*</sup>, Michele Marchese, M.D., Ph.D.<sup>c</sup>,  
Stefano Necozone, M.D.<sup>d</sup>, Giovanni Cianca, M.D.<sup>a,b</sup>, Mario Schietroma, M.D.<sup>a,b</sup>,  
Francesco Carlei, M.D.<sup>a,b</sup>

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<sup>b</sup>Department of Biotechnological and Applied Clinical Sciences, University of L'Aquila, L'Aquila, Italy

<sup>c</sup>Surgical Endoscopy Unit, San Salvatore Hospital, L'Aquila, Italy

<sup>d</sup>Epidemiology Unit, Department of Life, Health and Environmental Sciences, University of L'Aquila, L'Aquila, Italy

Received 10 February 2019; accepted 13 March 2019

- . The proportion of successful leak closures by using double pigtail drainage by experienced operators as first-line treatment was 84.71%.
- Our review suggested that double-pigtail stent could be a valid approach to manage the postbariatric gastric leak, with low rate of complications and a good tolerance by patients.

# QUALE RUOLO IN URGENZA ED EMERGENZA PER LA BARIATRICA E METABOLICA

## **CONCLUSION 1/2**

### **NO DELAY -- EMERGENCY**

- *Bleeding from marginal ulcer*
- *Late leak*
- *severe dysphagia or vomiting from anastomotic stenosis*
- *symptomatic internal hernia*
- *severe nutritional deficiencies*
- *band-related complications*
- *Intragastric balloon removal*



## QUALE RUOLO IN URGENZA ED EMERGENZA PER LA BARIATRICA E METABOLICA

- *The virus is not expected to vanish suddenly, but more slowly through a transitional period.*
- *We are now in **a transitional period**: appearance of some positive cases, in less numbers and less urge to flood the intensive care units.*
- *End of pandemic is still not predictable*
- *semi-urgent bariatric procedures cannot be delayed or postponed forever*

# QUALE RUOLO IN URGENZA ED EMERGENZA PER LA BARIATRICA E METABOLICA

## *endoscopic procedures management*

Obesity Surgery  
<https://doi.org/10.1007/s11695-020-04639-5>



LETTER TO THE EDITOR



**Letter to the Editor: Intra-gastric Balloon Removal  
During the COVID-19 Pandemic: to Postpone or Not? That  
Is the Question**

Sonja Chiappetta<sup>1</sup> • Massimiliano De Seta<sup>2</sup> • Mark Rice<sup>1</sup> • Vincenzo Bottino<sup>1</sup>

- Rigorous introduction and adaptation of novel diagnostic and protective pathways, including the reliable screening of patients and the consequent use of COVID-19 PPE, is fundamental.
- This allows us to perform not only emergencies, but also semi-urgent interventions, such as the removal of an IB, which under the described prerequisites, can be planned and executed safely to avoid important complications in the future.

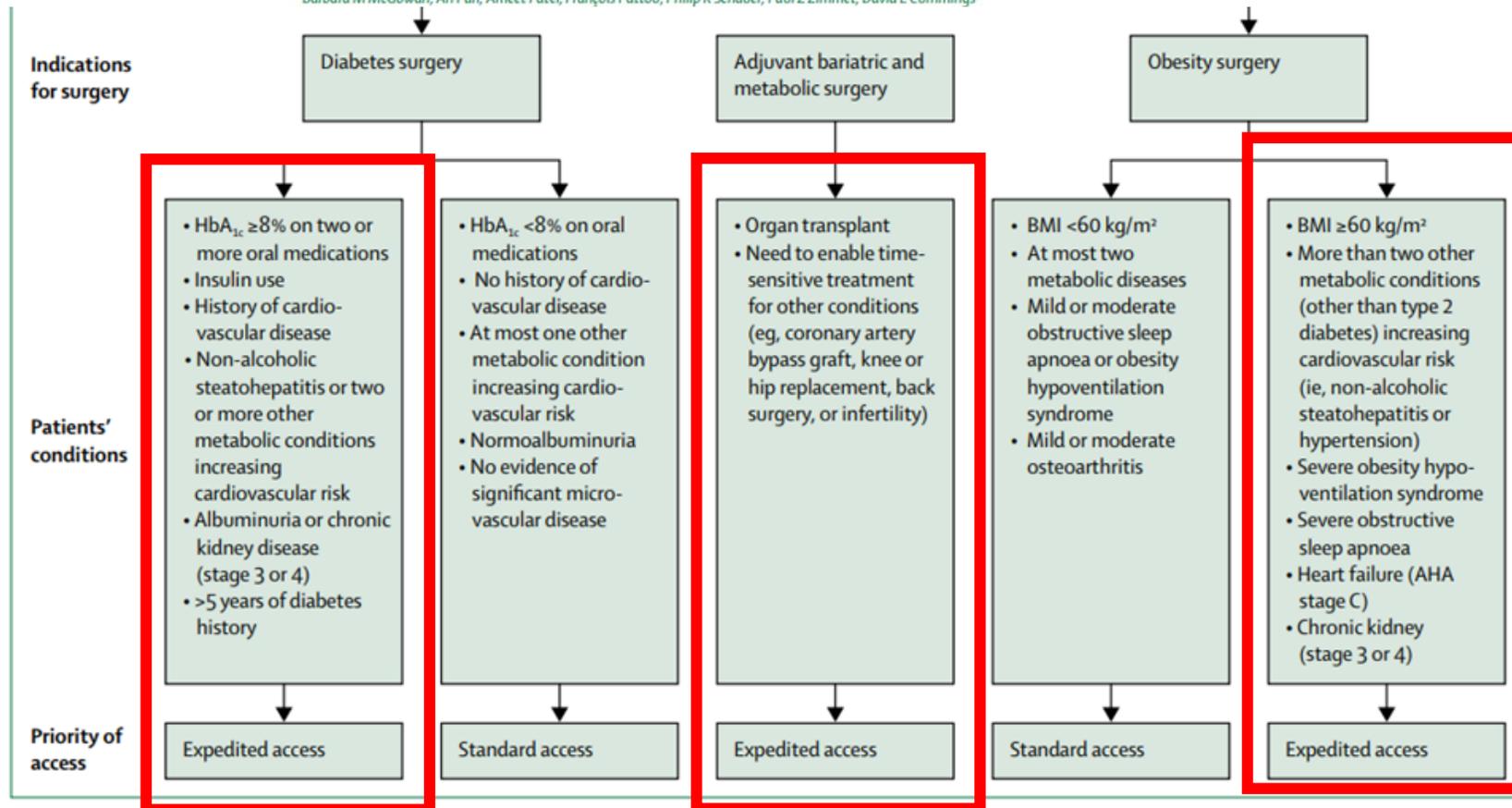
# QUALE RUOLO IN URGENZA ED EMERGENZA PER LA BARIATRICA E METABOLICA

## *obesity related diseases management*

### Bariatric and metabolic surgery during and after the COVID-19 pandemic: DSS recommendations for management of surgical candidates and postoperative patients and prioritisation of access to surgery



Francesco Rubino, Ricardo V Cohen, Geltrude Mingrone, Carel W le Roux, Jeffrey I Mechanick, David E Arterburn, Josep Vidal, George Alberti, Stephanie A Amiel, Rachel L Batterham, Stefan Bornstein, Ghassan Chamseddine, Stefano Del Prato, John B Dixon, Robert H Eckel, David Hopkins, Barbara M McGowan, An Pan, Ameet Patel, François Pattou, Philip R Schauer, Paul Z Zimmet, David E Cummings



## QUALE RUOLO IN URGENZA ED EMERGENZA PER LA BARIATRICA E METABOLICA

### **CONCLUSION 2/2**

### **60-90 DAYS DELAY – SEMI-URGENT SURGERY**

- *Obesity related diseases with potential to deteriorate quickly*
- *Reasonable risk of reduced efficacy of treatment if surgery is delayed*
- *Complex medical regimens or insulin requirement*
- *Weight loss, metabolic improvement, or both, are required to allow other treatments (eg, organ transplants)*

**LINEE D'INDIRIZZO DELLA SOCIETA' ITALIANA DI  
CHIRURGIA DELL'OBESITA' E DELLE MALATTIE  
METABOLICHE (SICOb)**

**PER LA RIPRESA DELL'ATTIVITA' DI CHIRURGIA  
BARIATRICA E METABOLICA IN ELEZIONE DURANTE  
LA FASE 2 DELL'EPIDEMIA COVID-19 IN ITALIA**

**Criteri di priorità nelle liste d'attesa**

I criteri di priorità (trattamento entro 30-60 giorni) nella selezione dei pazienti in previsione del ricovero con finalità di cura, in accordo con le premesse del Diabetes Surgery Summit (31), sono da ricercarsi in:

- \*Progressivo incremento ponderale, con aumento significativo del BMI, e/o aggravamento delle comorbilità associate all'obesità
- \* Comparsa di ipertensione arteriosa e/o diabete mellito di tipo II (senza scompenso)
- \*Aggravamento significativo dei parametri metabolici negli ultimi 2 mesi (senza scompenso)
- \* Certificata instabilità psicologica in funzione del rinvio dell'intervento chirurgico
- \*Complicanze meccaniche, funzionali e/o metaboliche da pregressa chirurgia bariatrica/metabolica.
- \*Necessità di calo ponderale significativo, funzionale al trattamento di altre patologie

# QUALE RUOLO IN URGENZA ED EMERGENZA PER LA BARIATRICA E METABOLICA

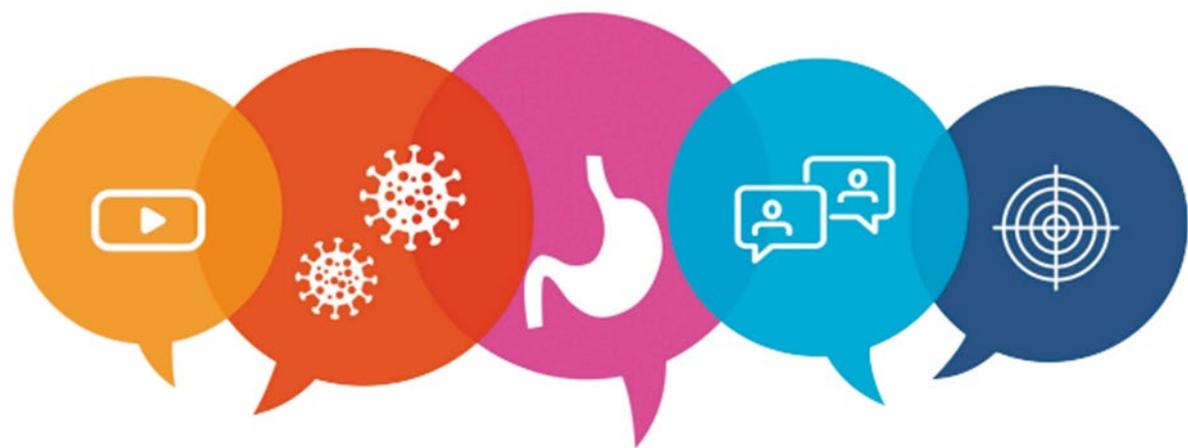
## ***BE SAFE !!!***

### **clinical history**

- Contact with infected ones or individuals coming from high risk zones
- Flu-like symptoms
- Alterations in smell or taste
- Prolonged period of fever
- Episodes of respiratory failure

### **Preop screening**

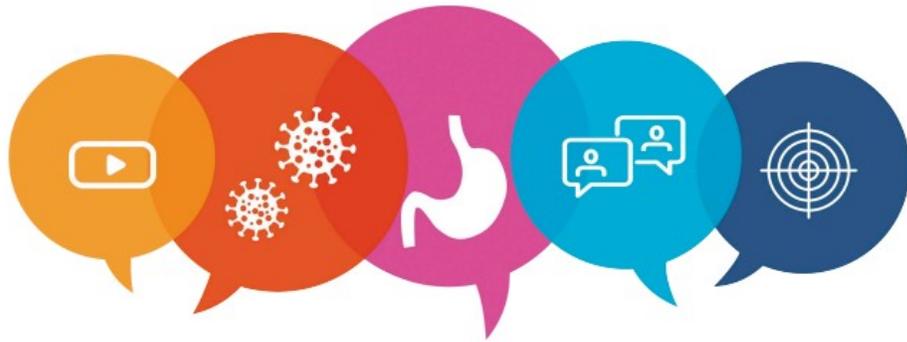
- All patients need to be screened for COVID-19 before admission
- Screening with serology or nasal/oropharyngeal swab
- **USE FULL PPE IN SUSPECTED/CONFIRMED CASES !!!**



# WEBINAR

Chirurgia Bariatrica e  
Metabolica in epoca di  
pandemia da COVID-19

# RISCHI DELLA CHIRURGIA BARIATRICA E METABOLICA IN EPOCA COVID



## WEBINAR

Chirurgia Bariatrica e  
Metabolica in epoca di  
pandemia da COVID-19

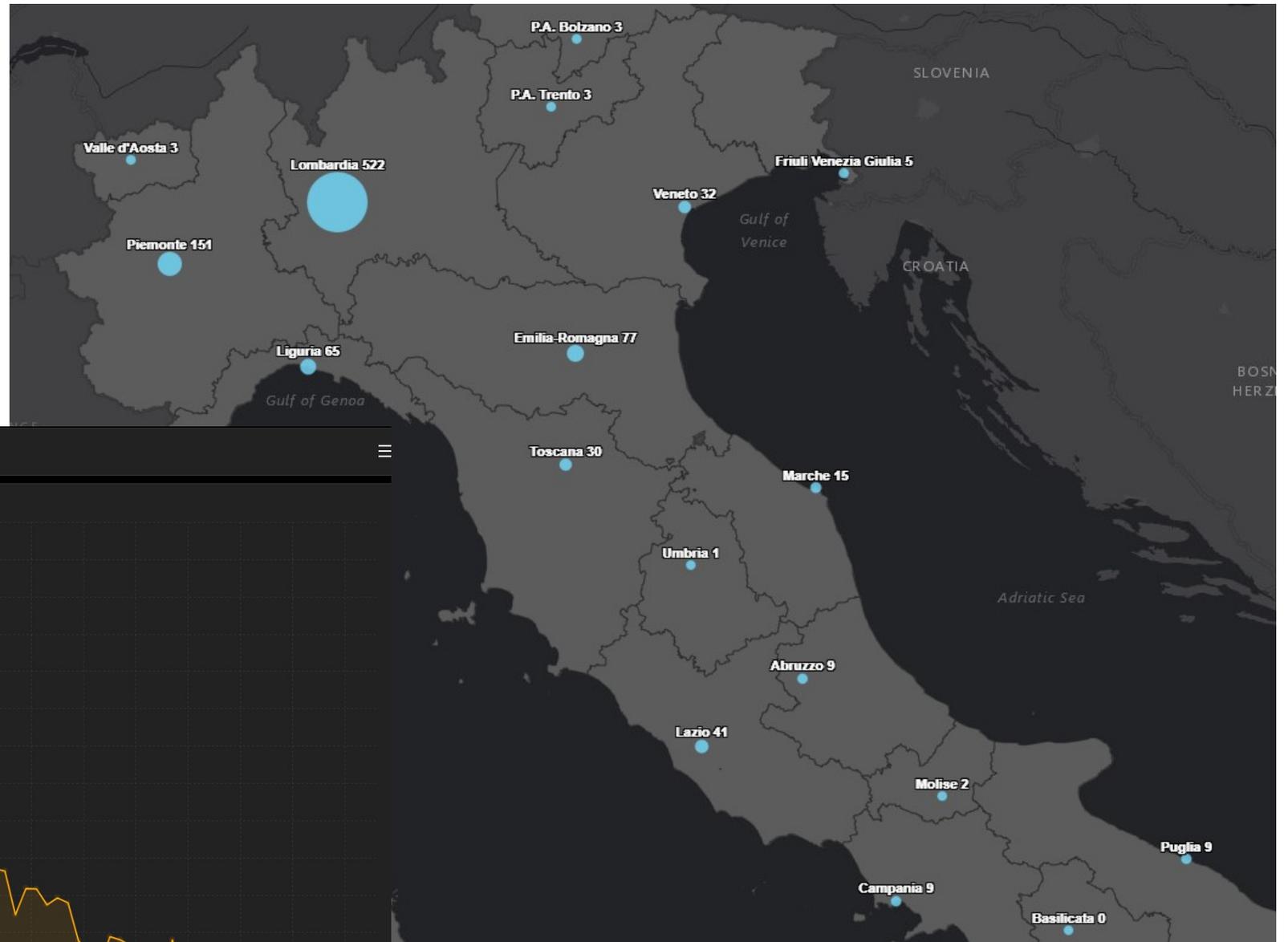
S.I.C.OB.  Società Italiana di Chirurgia dell'Obesità  
e delle malattie metaboliche

Rosario Bellini – Pisa,  
Azienda Ospedaliero-Universitaria Pisana

**Coronavirus, Zangrillo: "Il Covid non esiste più, qualcuno terrorizza il paese". Richeldi: "No, il virus circola"**



Alberto Zangrillo, primario del San Raffaele di Milano



Dipartimento della Protezione Civile  
COVID-19 Italia - Monitoraggio della situazione

Nuovi positivi



Nuovi Variazione

PCM-DPC dati forniti dal Ministero della Salute

AGGIORNAMENTO 31/05/2020 ORE 17.00

Regione	POSITIVI AL nCoV				DIMESSI/ GUARITI	DECEDUTI	CASI TOTALI	INCREMENTO CASI TOTALI <i>(rispetto al giorno precedente)</i>	TAMPONI	CASI TESTATI
	Ricoverati con sintomi	Terapia intensiva	Isolamento domiciliare	Totale attualmente positivi						
Lombardia	3.131	170	17.695	20.996	51.860	16.112	88.968	+210	753.874	445.930
Piemonte	973	58	4.130	5.161	21.609	3.867	30.637	+54	319.133	207.714
Emilia Romagna	393	57	2.713	3.163	20.513	4.114	27.790	+31	325.482	197.423
Veneto	112	6	1.382	1.500	15.734	1.918	19.152	+6	669.768	333.834
Toscana	97	28	986	1.111	7.952	1.041	10.104	+4	252.090	179.296
Liguria	195	8	466	669	7.529	1.465	9.663	+12	106.363	59.374
Lazio	730	57	2.196	2.983	4.010	735	7.728	+13	255.474	206.235
Marche	62	9	1.267	1.338	4.405	987	6.730	+3	103.634	65.617
Campania	227	5	748	980	3.410	412	4.802	+5	201.543	98.096
Puglia	143	11	1.023	1.177	2.813	504	4.494	+4	118.652	79.314
Trento	13	3	288	304	3.664	462	4.430	+1	88.558	48.665
Sicilia	65	7	914	986	2.183	274	3.443	+1	150.054	128.717
Friuli V.G.	41	1	236	278	2.662	333	3.273	+2	134.378	80.223
Abruzzo	104	4	645	753	2.064	405	3.222	-15	75.652	50.050
Bolzano	13	4	110	127	2.179	291	2.597	+1	66.247	30.790
Umbria	15	2	14	31	1.324	76	1.431	0	70.553	50.271
Sardegna	33	2	150	185	1.041	130	1.356	0	57.296	49.016
Valle d'Aosta	12	0	3	15	1.026	143	1.184	+1	15.203	11.926
Calabria	22	1	121	144	917	97	1.158	0	70.274	68.015
Molise	2	2	141	145	269	22	436	0	14.631	13.985
Basilicata	4	0	25	29	343	27	399	0	29.880	29.130
<b>TOTALE</b>	<b>6.387</b>	<b>435</b>	<b>35.253</b>	<b>42.075</b>	<b>157.507</b>	<b>33.415</b>	<b>232.997</b>	<b>+333</b>	<b>3.878.739</b>	<b>2.433.621</b>
<b>ATTUALMENTE POSITIVI</b>	<b>42.075</b>									
<b>TOTALE GUARITI</b>	<b>157.507</b>									
<b>TOTALE DECEDUTI</b>	<b>33.415</b>									
<b>CASI TOTALI</b>	<b>232.997</b>									



# ALESSANDRO VESPIGNANI

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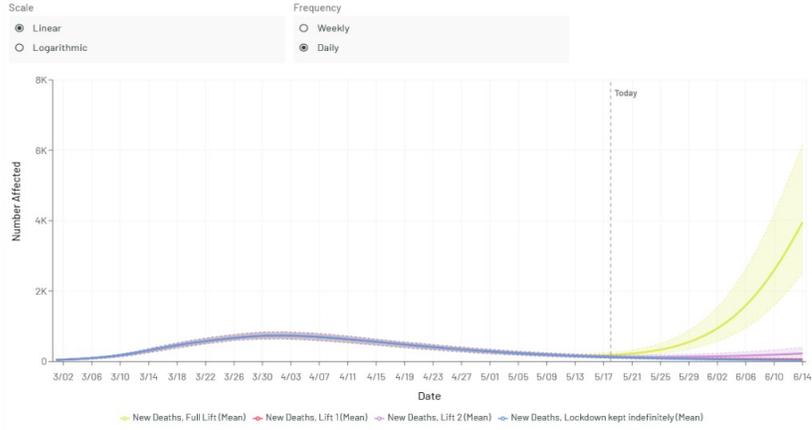
**Mailing Address:**

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**EXPERTISE:**

- epidemiologo Northeastern University di Boston
- Teorico della strategia delle '3T'  
(**Testare, Tracciare, Trattare**)
- per la ripresa :
  1. Facciamo tutti i tamponi che vanno fatti?
  2. Facciamo tutti i tracciamenti necessari?
  3. Abbiamo dati che arrivano in tempo reale?

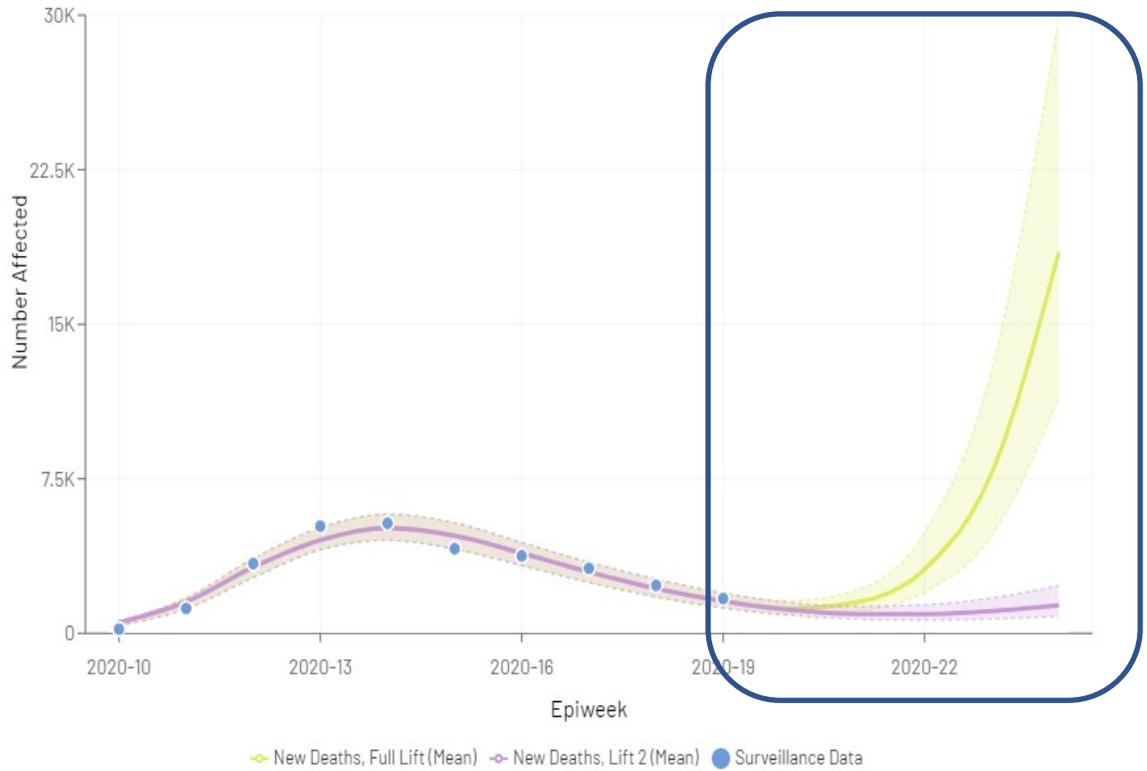
### INFECTION AND DEATH PROJECTIONS FOR ITALY



- Metric
- Total Infections per 10,000
  - New Deaths
- Scenario
- Lockdown kept indefinitely
  - Lift 1 (May 4th): 50% work sector; 10% community; schools closed; 50% mobility
  - Lift 2 (May 4th): 70% work sector; 50% community; schools closed; 50% mobility
  - Full Lift (May 4th): social distancing measures are

### INFECTION AND DEATH PROJECTIONS FOR ITALY

- Scale:  Linear  Logarithmic
- Frequency:  Weekly  Daily



- Metric
- Total Infections per 10,000
  - New Deaths
- Scenario
- Lockdown kept indefinitely
  - Lift 1 (May 4th): 50% work sector; 10% community; schools closed; 50% mobility
  - Lift 2 (May 4th): 70% work sector; 50% community; schools closed; 50% mobility
  - Full Lift (May 4th): social distancing measures are lifted. Full mobility resumed. Schools and education activities are resumed

# \*Screening Operatori Sanitari

Target	Tampone nasofaringeo	Test sierologico
Operatori sanitari dei reparti a rischio: Pronto Soccorso, TI, Sub-intensiva, Malattie Infettive, altro reparto considerato a rischio	Ogni 10 giorni	Sierologia secondo programma sperimentale
Operatori sanitari delle USCA	Ogni 10 giorni	
<b>Operatori sanitari dei Reparti ospedalieri non a rischio</b>	Ogni 20 giorni	Ogni 10 giorni
MMG/PLS	Ogni 20 giorni	Ogni 10 giorni
RSA: Ospiti, Operatori sanitari Centri diurni: Operatori sanitari	Ogni 20 giorni	Ogni 10 giorni
Farmacisti	Ogni 20 giorni	Ogni 10 giorni
Personale amministrativo del SSR	Ogni 30 giorni	

- Unico test diagnostico riconosciuto è il tampone naso-faringeo.
- I test sierologici risultano importanti nella ricerca e valutazione epidemiologica.

---

# Risk mitigation- Hospital side

**COVID-19 adapted Hospital, including ICU**

**Separate admissions, limited accompanying persons and visitors**

**COVID-“free”**



**COVID-19**

# Risk Mitigation – Hospital side

- Availability of diagnostic resources as radiology, lab ( CAT scans,etc)
- Availability of all surgical needs ( disposable, anesthesia, etc)
- Proper management of OR schedule
- Negative pressure ORs, if available



## Tests for patients and healthcare providers

### How to minimize the chances of operating COVID-19 pts



Low sensitivity of either RNA (nasal or pharyngeal swabs) or serological tests in symptomatic pts with short COVID history

Tests are even less sensitive in asymptomatic patients (10- 30%)

Chest CT scans in asymptomatic patients have non-significant + findings.

Tests are a work in progress. There is a need of more sensitive tests

**Detailed questionnaire regarding past 14 days of respiratory symptoms, fever, including family and close contacts**

Low threshold for deferrals



# SAGES and EAES Recommendations: Surgical Response to COVID-19



## Personal Protection

Minimum number of theatre staff

All staff wear PPE

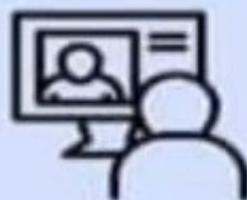


## Service Rationalization

Postpone all elective cases

Minimize face to face consultation

Virtual MDT meetings



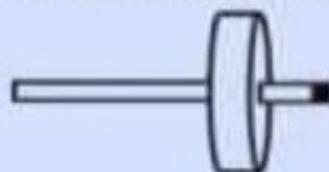
## Laparoscopy



Little evidence of MIS risk specific to COVID-19

Proven benefits of reduced length of stay and fewer complications

Device to filter released CO2



Minimize use of energy devices



## Practical Measures

Consent covers risk of COVID-19

All patients tested prior to surgery, if possible



Dedicated OR for COVID-19

## Endoscopy

All staff wear PPE

Avoid advanced procedures (EMR, ESD)



Full guidelines available at [www.sages.org](http://www.sages.org) or [www.eaes.eu](http://www.eaes.eu)



BRIEF CLINICAL REPORT: PDF ONLY

## Emergency Surgery in Suspected COVID-19 Patients with Acute Abdomen

Case Series and Perspectives

Gao, Yanhe MD; Xi, Hongqing MD, PhD; Chen, Lin MD, PhD [Author Information](#) ⓘ

Annals of Surgery: April 13, 2020 - Volume Publish Ahead of Print - Issue -  
doi: 10.1097/SLA.0000000000003981

avoid laparoscopy?

BRIEF CLINICAL REPORT: PDF ONLY

## COVID-19 Outbreak and Surgical Practice Unexpected Fatality in Perioperative Period

Aminian, Ali MD<sup>1</sup>; Safari, Saeed MD<sup>2</sup>; Raseghian-Jahromi, Abdolali MD<sup>3</sup>; Gharbani, Mohammad MD<sup>4</sup>; Delaney, Conor R MD<sup>5</sup> [Author Information](#) ⓘ

Annals of Surgery: March 26, 2020 - Volume Publish Ahead of  
doi: 10.1097/SLA.0000000000003925



EDITORIAL: PDF ONLY

## Minimally Invasive Surgery and the Novel Coronavirus Outbreak

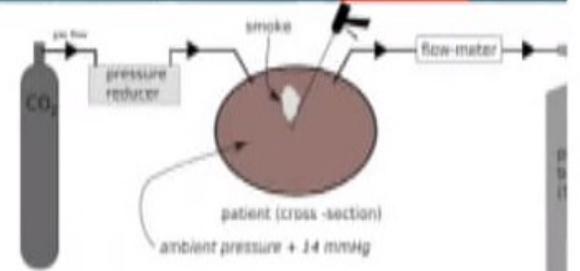
Lessons Learned in China and Italy

Zheng, Min Hua MD<sup>1</sup>; Boni, Luigi MD, FACS<sup>2</sup>; Fingerhut, Abe MD, FACS<sup>3,4</sup> [Author](#)

Annals of Surgery: March 26, 2020 - Volume Publish Ahead of Print - Issue -  
doi: 10.1097/SLA.0000000000003924



# Concerns with MIS Surgery



- Transmitted by droplet, contact, fecal-oral route and aerosol
- Viral contamination from aerosol formation
- Lap surgery can be performed BUT gases must be managed well
- Use CO2 filters for laparoscopy

# Laparoscopy vs Open

- Energy device use for 10 minutes, the particle concentration of the smoke in Lap surgery was significantly higher than that in traditional open surgery
  - Li C I et al. J Air Waste Manag Assoc, 2020, Feb 12 [online ahead of print].
- Reason may be that due to the low gas mobility in the pneumoperitoneum
- Sudden release of trocar valves, non-air-tight exchange of instruments or even small abdominal extraction incisions can potentially expose the health care team to the pneumoperitoneum aerosol
- **Risk of aerosolisation are higher in laparoscopy**

# Laparoscopy

## OR respiratory precautions



- **CO<sub>2</sub> and energy sources produce aerosol particles**
- **Sars-Cov-2 found in fluids other than respiratory ( peritoneal)**

# All'ospedale di Pisa scoperto per la prima volta il coronavirus nel liquido addominale



(afn)

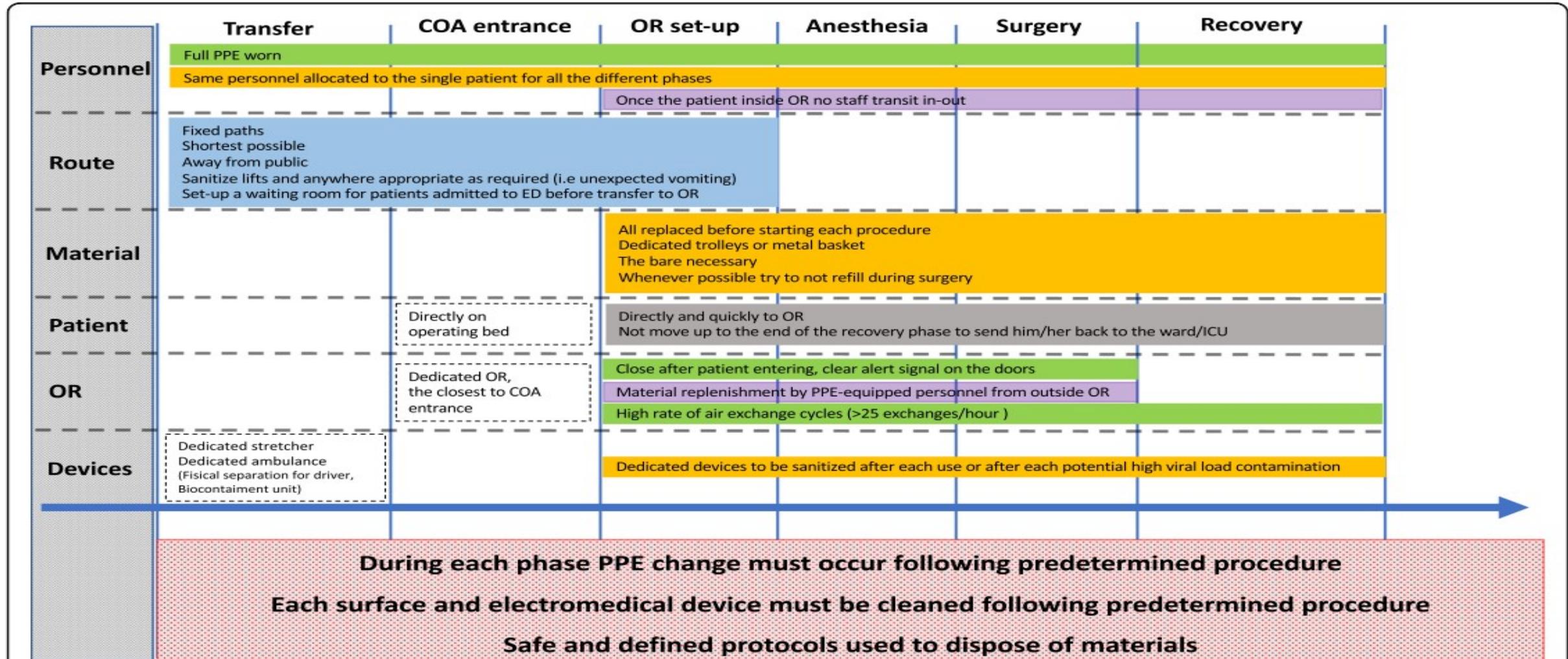
COMMENTARY

Open Access

## Surgery in COVID-19 patients: operational directives



Federico Coccolini<sup>1,20\*</sup>, Gennaro Perrone<sup>2</sup>, Massimo Chiarugi<sup>1</sup>, Francesco Di Marzo<sup>3</sup>, Luca Ansaloni<sup>4</sup>, Ildo Scandroglio<sup>5</sup>, Pierluigi Marini<sup>6</sup>, Mauro Zago<sup>7</sup>, Paolo De Paolis<sup>8</sup>, Francesco Forfori<sup>9</sup>, Ferdinando Agresta<sup>10</sup>, Alessandro Puzziello<sup>11</sup>, Domenico D'Ugo<sup>12</sup>, Elena Bignami<sup>13</sup>, Valentina Bellini<sup>13</sup>, Pietro Vitali<sup>14</sup>, Flavia Petrini<sup>15</sup>, Barbara Pifferi<sup>13</sup>, Francesco Corradi<sup>9</sup>, Antonio Tarasconi<sup>2</sup>, Vittoria Pattonieri<sup>2</sup>, Elena Bonati<sup>2</sup>, Luigi Tritapepe<sup>16</sup>, Vanni Agnoletti<sup>17</sup>, Davide Corbella<sup>18</sup>, Massimo Sartelli<sup>19</sup> and Fausto Catena<sup>2</sup>

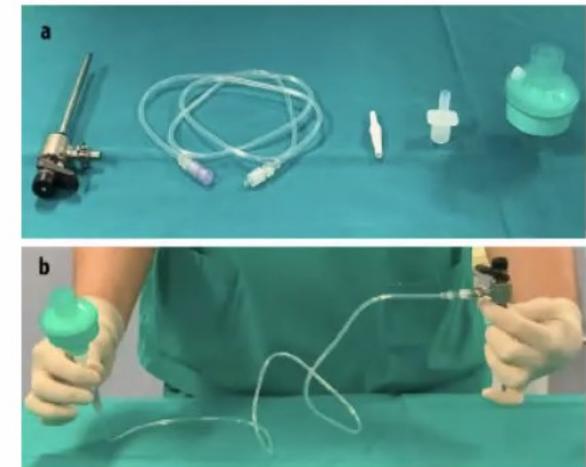
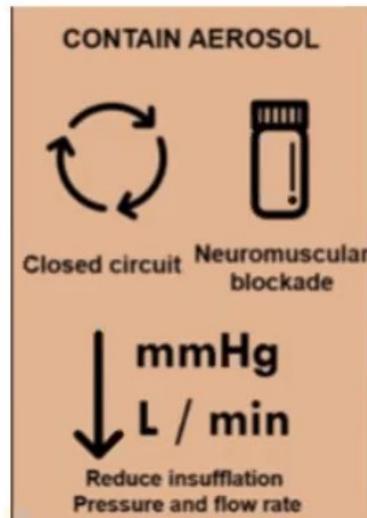
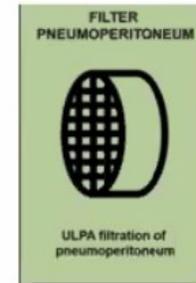


**Fig. 1** COVID-19 surgical patients management flowchart

# Laparoscopy

## OR respiratory precautions

- Disposable trocars, or check seal integrity
- Care when switching instruments (CO2 leaks)



# HEPA filter

---

**HEPA** high-efficiency particulate air filters can remove up to 99.97% of contaminants as small as 0.3 microns in diameter, **ULPA ultra low particulate air** filters can remove 99.99% of the particulates that are 0.12 microns or more in diameter

# Laparoscopy - Risk mitigation

## OR respiratory precautions

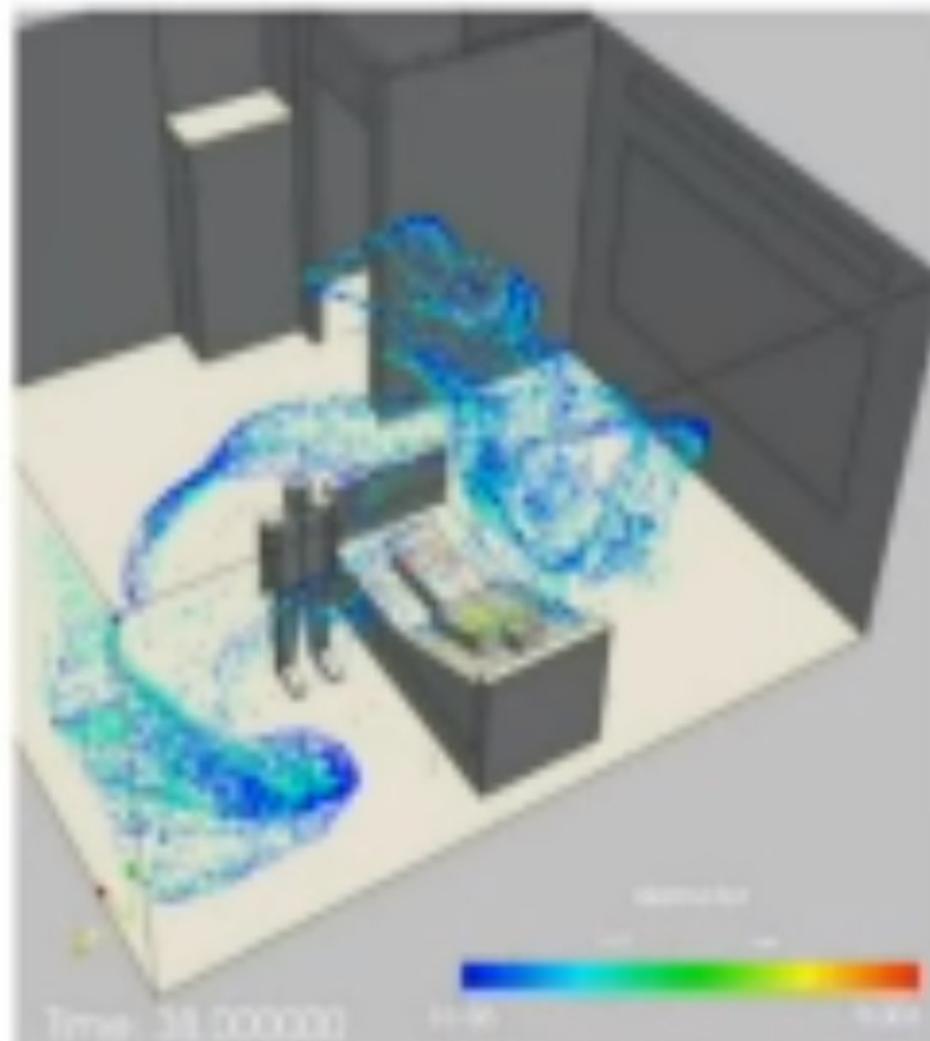
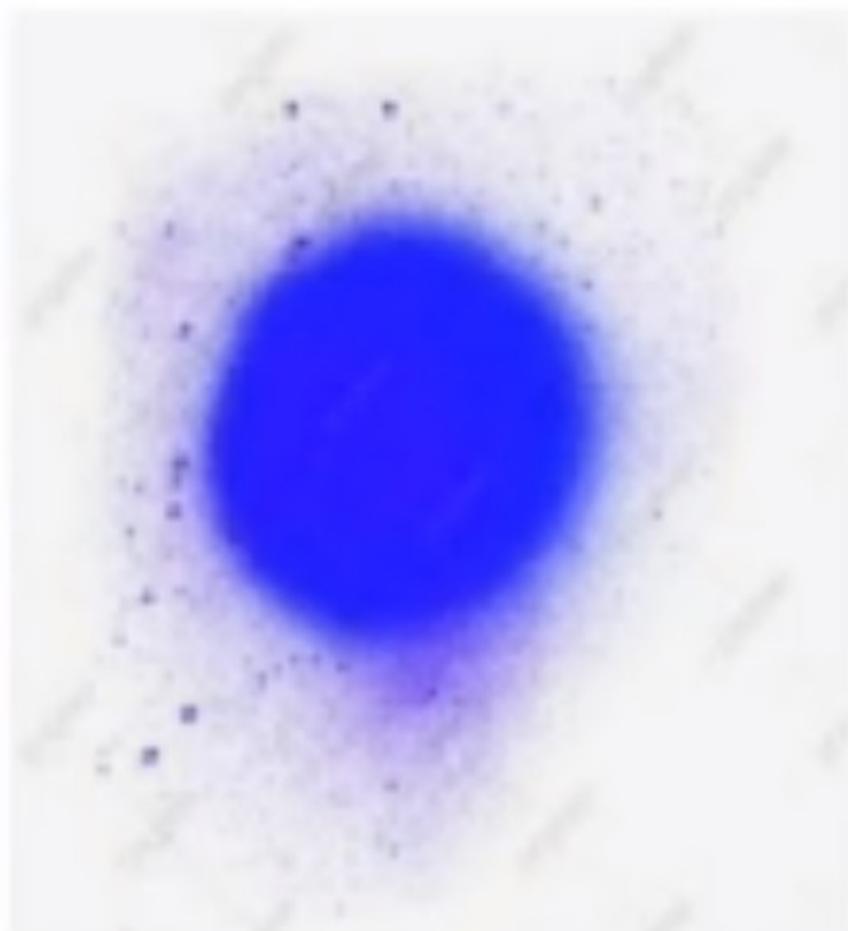
- **Personal Protective Equipment (PPE): wearing and “unwearing”**



## Exhaust Gas Filter



# Aerosol and Surface Stability of SARS-CoV-2



Rapid sequence intubation (RSI) should be considered to avoid manual ventilation and potential aerosolization.



**Aerosol-generating procedures (AGP)**  
Procedures that stimulate coughing and promote the generation of aerosols

**All GI endoscopy can be AGP**

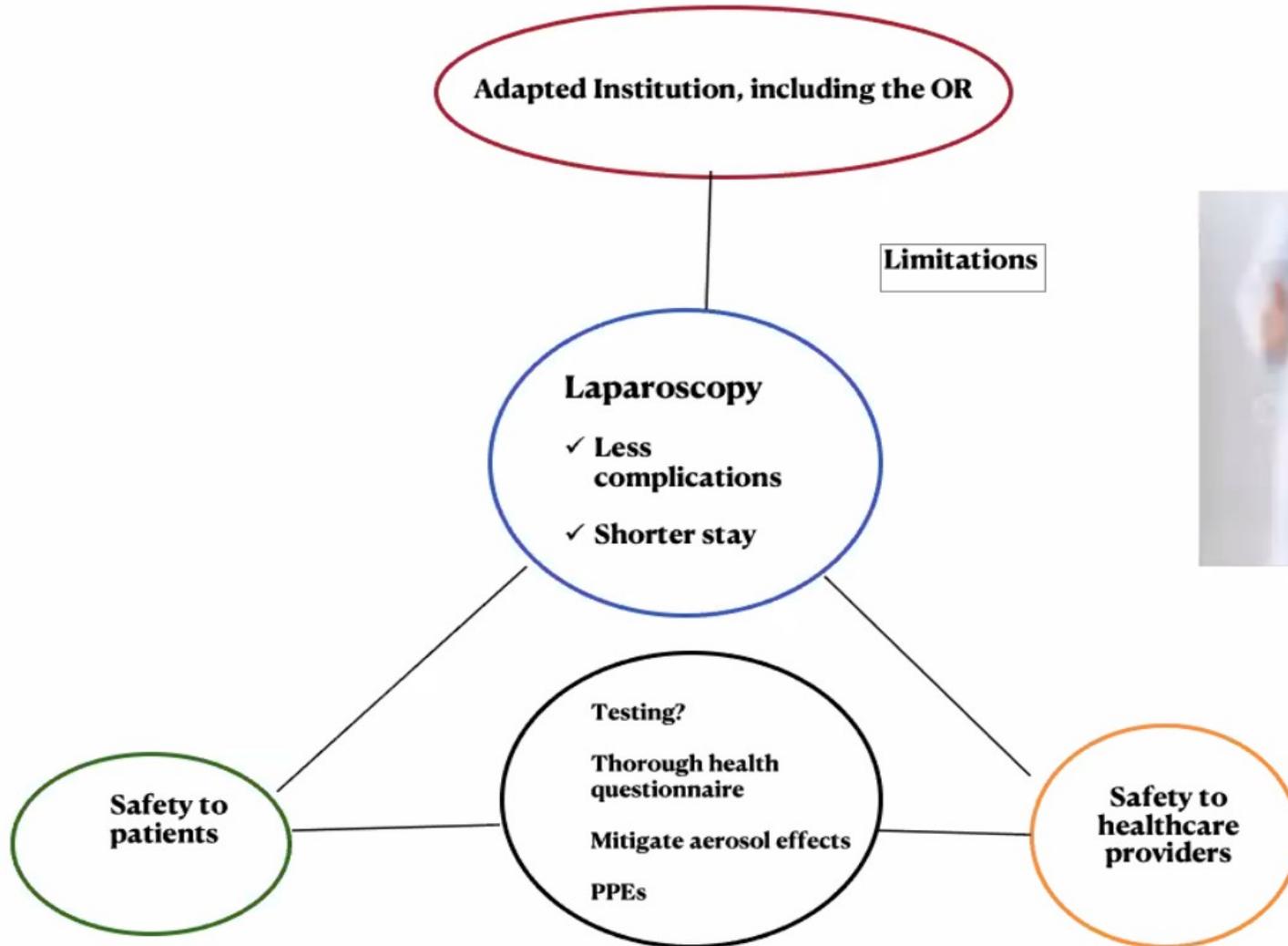
**Recommended PPE for Endoscopy**

Standard PPE Low prevalence area	Full PPE High prevalence area	Enhanced PPE Confirmed case COVID-19
<ul style="list-style-type: none"><li>Hair net</li><li>Goggles/eyes-visors</li><li>Surgical mask</li><li>Waterproof gown</li><li>Disposable gloves</li><li>Shoe covers</li></ul>	<ul style="list-style-type: none"><li>Hair net</li><li>Goggles/eyes-visors</li><li>Face shield</li><li>N95 mask</li><li>Waterproof gown</li><li>Double disposable gloves</li><li>Legs cover waterproof boots</li></ul>	<ul style="list-style-type: none"><li>Medical cap/hood</li><li>Goggles/eyes-visors</li><li>Face shield</li><li>N95/Respirator mask</li><li>Medical protecting coverall</li><li>Double disposable gloves</li><li>Legs cover waterproof boots</li></ul>
Standard endoscopy room		Negative pressure room

Position Statements on COVID-19 - APSE, ASGE and CDC 2020



# Reboot safely, selecting the right patient

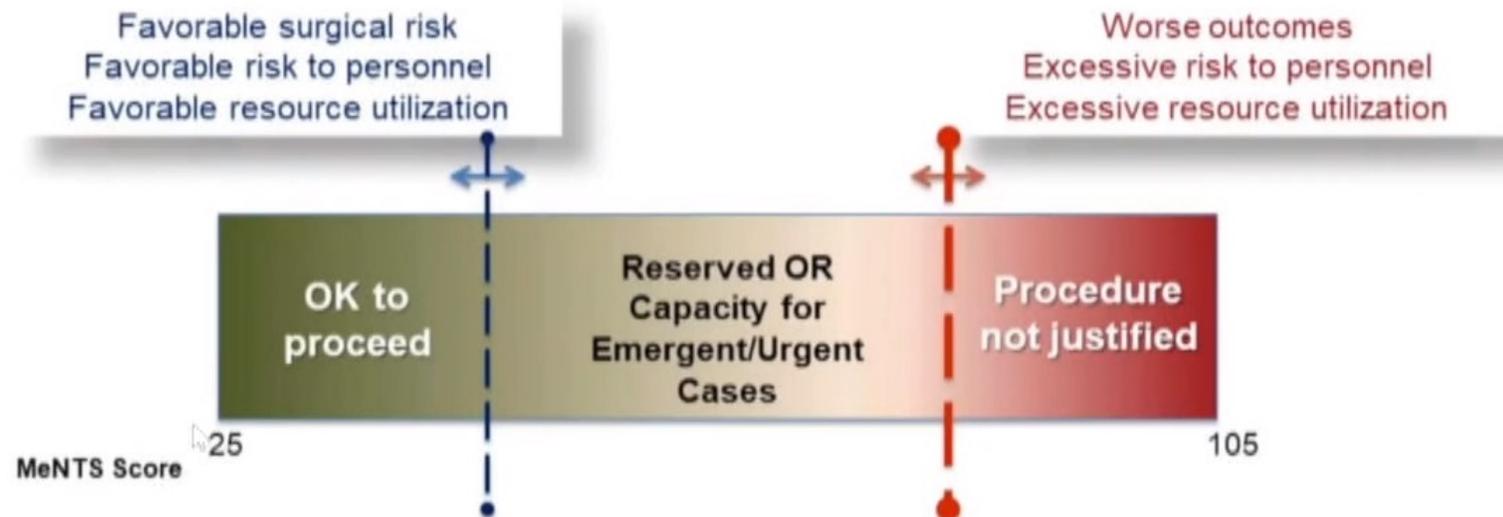


## Medically Necessary, Time-Sensitive Procedures: Scoring System to Ethically and Efficiently Manage Resource Scarcity and Provider Risk During the COVID-19 Pandemic

Vivek N Prachand, MD, FACS, Ross Milner, MD, FACS, Peter Angelos, MD, FACS, Mitchell C Posner, MD, FACS, John J Fung, MD, FACS, Nishant Agrawal, MD, FACS, Valluvan Jeevanandam, MD, FACS, Jeffrey B Matthews, MD, FACS

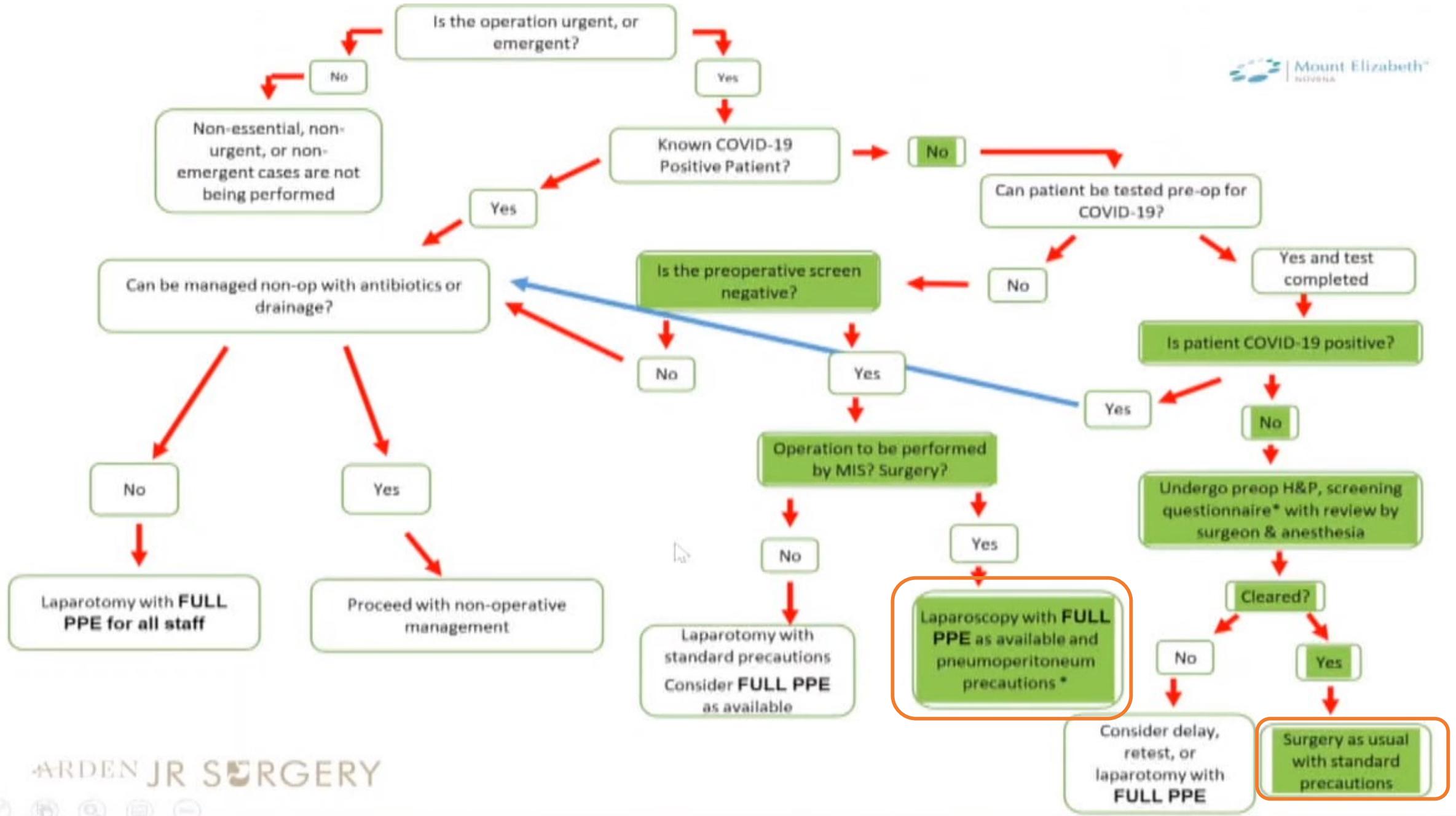
Hospitals have severely curtailed the performance of nonurgent surgical procedures in anticipation of the need to redeploy healthcare resources to meet the projected massive medical needs of patients with coronavirus disease 2019 (COVID-19). Surgical treatment of non-COVID-19 related disease during this period, however, still remains necessary. The decision to proceed with medically necessary, time-sensitive (MeNTS) procedures in the setting of the COVID-19 pandemic requires incorporation of factors (resource limitations, COVID-19 transmission risk to providers and patients) heretofore not overtly considered by surgeons in the already complicated processes of clinical judgment and shared decision-making. We describe a scoring system that systematically integrates these factors to facilitate decision-making and triage for MeNTS procedures, and appropriately weighs individual patient risks with the ethical necessity of optimizing public health concerns. This approach is applicable across a broad range of hospital settings (academic and community, urban and rural) in the midst of the pandemic and may be able to inform case triage as operating room capacity resumes once the acute phase of the pandemic subsides. (J Am Coll Surg 2020;■:1–8. © 2020 by the American College of Surgeons. Published by Elsevier Inc. All rights reserved.)

# MeNTS score



## Need for a Triaging System for When Elective Operations Resume

- **Surgical delays will harm some patients more than others, depending on their burden of obesity- and T2D-- associated diseases.**
- **Traditional weight-based criteria for surgical selection do not address this.**
- **We need a strategy to prioritize surgery based on:**
  - the burden of disease
  - likelihood of amelioration by surgery





# Golden rules

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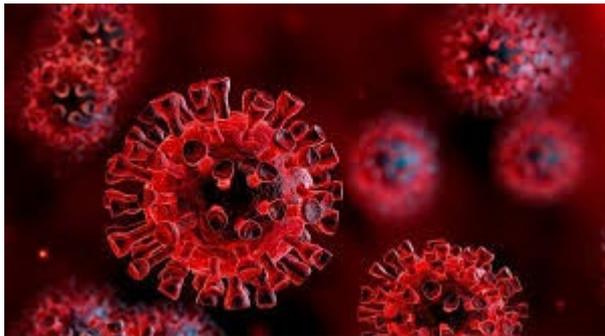
- Minimise night surgery
- Effective communication
- All unnecessary staff to stay out for 10 minutes after intubation or extubation
- Senior surgeons with a lean team
- Do not bring unnecessary things into OR
- Adequate disposal of waste

1. All personnel involved must have appropriate PPE including N95 masks or PAPR. Have extra PPE equipment readily available.
2. Use a dedicated **negative-pressure OR** if possible.
3. **Limit the number of people** in the OR to essential personnel only.
4. Pre-operative “time out” must include COVID-19–**specific information in the checklist.**
5. Use telephonic or other electronic tools to facilitate communication from inside to outside the OR to **minimize door opening** and foot traffic.
6. Consider using a topical local anesthetic to minimize aerosolization from coughing during airway manipulation.
7. For extubated patients, consider **recovering the patient fully in the OR** for up to 1 h prior to transport to the next level of care.

8. After the patient left the OR, logistics should allow as much time as possible before the next procedure takes place, to reduce possible air contamination
9. Air exchange cycles should be increased whenever possible to  $\geq 25$  exchanges/h

*Società Italiana di Chirurgia dell'Obesità e delle Malattie Metaboliche*  
**CHIRURGIA BARIATRICA E METABOLICA IN EPOCA DI PANDEMIA DA COVID-19**  
Coordinatori: Maurizio De Luca, Diego Foschi

# Isolamento Sociale, Depressione ed Obesità



Fausta Micanti  
Psichiatra

Scuola Di Medicina: Università Federico II Napoli

# Isolamento Sociale e Weight Stigma

Lo stigma è un costrutto che identifica un ‘immagine standardizzata’ che riguarda un gruppo di persone con qualità negative relative al loro modo di essere. E’ determinato da un giudizio negativo che identifica il gruppo e che determina esclusione dal gruppo sociale di appartenenza.

La comunicazione sociale dello stigma è il messaggio diffuso all’interno del gruppo sociale con il quale i membri riconoscono un gruppo di individui portatori di tale giudizio e determina comportamenti consequenziali di isolamento.

Lo stigma è fatto di valutazioni stereotipate , rigide e semplicistiche che resistono ai cambiamenti anche quando gli eventi mostrano la necessità di un suo superamento. (Ashmore & Del Boca, 1981)

**‘People will stigmatize those individuals whose characteristics and actions are seen as threatening or hindering the effective functioning of their groups’**

*Rachel A. Smith (2007)* **Language of the Lost: An Explication of Stigma Communication.** *Communication Theory* 17 (2007) 462–485 <sup>a</sup> 2007  
International Communication Association

Il modello dello “Stigma communication comprende 4 categorie:

- I tratti che determinano la stigmatizzazione del gruppo.
- La descrizione del gruppo stigmatizzato come un’entità separata.
- La responsabilità di allocare il gruppo stigmatizzato come minaccia al modello culturale imperante del gruppo di appartenenza.
- La costruzione di modelli che determinano l’espulsione del gruppo stigmatizzato da parte della società come meccanismo di difesa per il mantenimento del proprio mito.

*Rebecca L Pearl (2020)* **Weight Stigma and the "Quarantine-15"**  
Obesity (Silver Spring) . Apr 23. doi: 10.1002/oby.22850.

## **Abstract**

The coronavirus SARS-CoV-2 (i.e., COVID-19) has caused significant disruption in everyday life on a global scale. Due to stay-at-home orders and sudden unemployment, millions have found themselves isolated at home without their usual routines. This rise in unstructured time, combined with the enormous stress of the pandemic and its far-reaching consequences, have led to widespread concerns among the general public about vulnerability to overeating, sedentary behavior, and weight gain. These concerns are reflected in the explosion of social media posts referencing the "quarantine-15."

Social media posts that stigmatize obesity and mock or diminish real struggles with weight and eating are harmful to people across the weight spectrum, and they may be particularly detrimental to individuals with obesity who are actively trying to manage their weight.

Stereotypical media portrayals of obesity further perpetuate weight-biased attitudes, which, when directed toward or internalized by persons with obesity, cause a myriad of downstream adverse consequences for health and well-being

**Thus, patients who are actively trying to manage their weight may be most hurt by social media posts that promote negative weight stereotypes and convey hopeless messages about engaging in healthy behaviors.**

*Rebecca L Pearl (2020) Weight Stigma and the "Quarantine-15"*  
Obesity (Silver Spring) . Apr 23. doi: 10.1002/oby.22850



## Obesity and the Social Withdrawal Syndrome

Ken J. Rotenberg <sup>\*</sup>, Carla Bharathi, Helen Davies, Tom Finch

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### ARTICLE INFO

#### Article history:

Received 29 February 2016

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#### Keywords:

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Obesity

Social Withdrawal Syndrome

Trust beliefs

Disclosure

Loneliness

### ABSTRACT

The relation between obesity and Social Withdrawal Syndrome (SWS) was examined using the data gathered by Rotenberg, Bharathi, Davies, and Finch (2013). One hundred and 35 undergraduates (80 females; *M*age = 21 years-10 months) completed standardized scales that assessed the SWS (low emotional trust beliefs in close others, low disclosure to close others, and high loneliness). BMI was calculated from self-reported weight and height. As hypothesized, quadratic relations were found in which participants with BMI > 30 (i.e., obese) demonstrated the SWS pattern of low emotional trust beliefs in close others, low disclosure to close others, and high loneliness. As further evidence, lower emotional trust in close others, lower disclosure to close others, and greater loneliness were found for obese participants (>30 BMI, *n* = 27) than both normal weight (<25 BMI, *n* = 67) and overweight participants (25 to 30 BMI, *n* = 41). The findings confirmed the hypothesis that obesity was associated with the SWS. The findings suggested that the lack of trust in others by obese individuals contributes to their unwillingness to seek out help for health and psychosocial problems.

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# La Depressione

Le cause della maggiore incidenza di depressione, che è stata segnalata nel periodo del Covid-19, nei soggetti obesi sono:

- Lo stress che determina modifiche neurobiologiche e delle palatabilità con alterazioni del circuito inibizione/disinibizione e dei sistemi di food reward.
- Un aumento del peso che di per sé comporta un' aumento del processo infiammatorio presente cronicamente nei soggetti obesi con conseguente ricaduta sul sistema dopaminergico e serotoninergico che regolano nell'individuo il tono dell'umore.



## Internalized weight bias and cortisol reactivity to social stress

F. U. Jung<sup>1</sup>  · Y. J. Bae<sup>2</sup> · J. Kratzsch<sup>2</sup> · S. G. Riedel-Heller<sup>1</sup> · C. Luck-Sikorski<sup>3,4</sup>

© The Psychonomic Society, Inc. 2019

### Abstract

Weight-associated stigmatization and discrimination may induce chronic stress in individuals with obesity. As a consequence, this stressor may cause an imbalance of HPA stress axis leading to increased eating behavior, and ultimately, weight gain. However, the direct link between internalized weight bias and stress response to acute stressors via cortisol secretion has not been investigated so far. Therefore, the purpose of this study was to investigate the interaction between internalized weight stigma as a stressor and cortisol reactivity in an acute psychosocial stress situation induced by the Trier Socials Stress Test for groups (TSST-G). Participants with BMI >30 kg/m<sup>2</sup> (n = 79) were included in the study. Results reveal that while individuals with low internalized stigma reacted as predicted with an increase in cortisol secretion to acute psychosocial stress, individuals with medium or high internalized stigma did not show a typical cortisol response. However, these findings depend on the several factors, for instance on gender. In sum, acute stress in individuals with internalized weight bias seems to blunt HPA axis reactions to acute psychosocial stress. The study contributes to the understanding of the psychological and endocrinological consequences of internalized weight bias and underlines the importance of interventions to reduce stigmatization.

**Keywords** Cortisol · Stigma · Obesity · Trier socials stress test · Stress

Il modello Cyclic Obesity/Weight-Based Stigma-Model (Himmelstein, Belsky, Angela, & Tomiyama, 2015), (Tomiyama, 2014), sottolinea come la stigmatizzazione del peso può funzionare da stimolo da stress determinando un aumento dei livelli di cortisolo con conseguente aumento del peso e modifica della trasmissione e dell'equilibrio fra neuromodulatori oreoressigeni ed anoressigeni.



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Contents lists available at ScienceDirect

## Obesity Medicine

journal homepage: [www.elsevier.com/locate/obmed](http://www.elsevier.com/locate/obmed)



Short communication

### COVID-19: How the quarantine could lead to the depreobesity

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<sup>d</sup> UCLA Institute for Quantitative and Computational Biosciences, University of California at Los Angeles, 611 Charles E. Young Drive Boyer Hall 570, Box 951570, Los Angeles, CA, 90095-1606, USA

#### ARTICLE INFO

**Keywords:**

COVID-19

Quarantine

Depression

Obesity

Depreobesity

#### ABSTRACT

In this paper, we will introduce coronavirus (COVID-19) and how it spreads around the globe. We will also present the term of quarantine and associated with it requirement of locking down at home in some countries. We will study how frustration related to quarantine relates to several psychological problems including depression. This environment pushes people to consume high sugar foods that increase obesity. In conclusion, countries should be prepared for the upcoming epidemic (depreobesity).



## Meccanismi biologici e comportamentali:

- Attivazione dell'asse ipotalamo- ipofisi in senso adrenergico con rilascio di cortisolo che determina una riduzione della sensibilità all'effetto della leptina a livello del nucleo arcuato dell'ipotalamo
- Attivazione dei sistemi di food reward al livello del sistema limbico (striato dorsale e nucleo accumbens) con modifica della palatabilità che conduce ad una maggiore ingestione di cibi dolci e grassi che notoriamente sono connessi ad emozioni negative nei soggetti obesi.
- Disregolazione del sistema della regolazione controllo delle emozioni (circuito inibizione/disinibizione) con conseguente insorgenza di comportamenti alimentari disfunzionali e tendenza all'apatia e, quindi, ad aumento della sedentarietà.

*Abbas, A.M., Fathy, S.K., Fawzy, A.T., Salem, A.S., Shawky, M.S., (2020)*

**The mutual effects of COVID-19 and obesity,**

Obesity Medicine, <https://doi.org/10.1016/j.jobmed.2020.100250>.

With COVID-19 pandemic continuation, there's a real fear of food supplements decrease with an increased tendency for food storing and higher use of canned foods & ultra-processed products due to their secure storage and preparation and the probability of eating while doing other activities. That contributes significantly to increasing the global burden of obesity, especially with decreased activity & stay-at-home measures.