

## LETTER

## Opioid reduction strategies are important for laparotomies during the covid-19 outbreak

To the Editor

The covid-19 pandemic has infected over 1.2 million people worldwide, with over 60 000 deaths (at the time of writing).<sup>1</sup> Presymptomatic transmission of the severe acute respiratory syndrome (SARS)-CoV-2 virus has also been reported.<sup>2</sup> Anaesthesiologists are at high risk of perioperative viral transmission. Laparotomies, whether elective for malignancies or emergency, remain one of the essential surgeries that continue to be carried out. Based on the suggestion that HIV and human papillomavirus viruses can remain infectious and become dispersed in a plume of aerosolized smoke during laparoscopy, there is a possibility that the SARS-CoV-2 virus can too. There have been suggestions to shift to laparotomies for emergent conditions in untested or COVID-positive patients for safety reasons.<sup>3</sup> The mainstay postoperative analgesia for patients after laparotomy in many centers is patient-controlled analgesia (PCA) with opioids. However in the current covid-19 pandemic situation, this poses potential infective risk as the pumps are difficult to be deep-cleaned and sterilized after one patient has finished using it. The SARS-CoV-2 virus has been shown to remain on plastic and stainless steel surfaces for up to 72 hours,<sup>4</sup> and persons

infected with it can shed and transmit the virus while asymptomatic.<sup>2</sup> In addition, the acute pain service in many hospitals also requires patient contact during ward rounds to review the use of the PCA, posing yet another potential viral transmission risk.

Thus, for suspected or COVID-positive patients, the use of opioid-free anesthesia could help to reduce the use of both PCA and the need for patient contact while providing adequate analgesia for postlaparotomy patients. Our community is well versed in the use of non-opioid-based therapy and regional anesthesiology techniques that can optimize analgesia, reduce opioid use and promote positive respiratory outcomes. We think it is a critical time to advocate for such therapies.

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