

Spread the local, not the virus!

To the Editor,

There is growing interest in the importance of lung ultrasound (LUS) in the management of the coronavirus disease 2019 (COVID-19) for both diagnosis and follow-up. Lots of effort had to go into health care workers (HCWs) protection; LUS could be crucial, decreasing the number of HCWs and medical devices interactions with potential infectious patients.^[1]

World Health Organization recommends social distancing and rationale use of personal protection equipment (PPE). Special attention was given to aerosol-generating procedures (AGPs) such as airways management for surgical procedures.^[2,3]

Considering the possibility of facing nonsymptomatic infections, precautions had to be taken in the management of all the patients. A lack of the appropriate protection may lead to HCWs infection: an infected asymptomatic worker may potentially increase the virus spread while infected symptomatic personnel represents a decrease in the hospital workforce.^[4] Providing safe health care for the non-COVID population should be mandatory for both patients and medical staff.

In our institution (University Hospital Campus Bio-Medico, Rome, Italy), we prevent this occurrence through the adoption of the above-mentioned safety measures. Elective activities have been reduced, except for critical and oncological patients. Only patients with no suspected COVID-19 symptoms are admitted, and they are all provided with a surgical face mask; the HCWs are equipped with filtering facepiece class 2 (FFP2) respirators by default while workers involved in AGPs are equipped with FFP3 respirators and eye protection PPE.

The European and American Societies of Regional Anesthesia recommends performing regional anesthesia for managing COVID-19 positive patients undergoing surgery to limit AGPs.^[5]

In our hospital, wherever indicated and after informed consent obtained from the patient, we prefer to perform all surgeries under regional anesthesia as the sole anesthetic technique, thus airways management could be avoided,

aiming to improve health care safety for both patients and providers [Figure 1].

If necessary, mild sedation could be administered and supplemental oxygen could be delivered through an oxygen mask (not through nasal cannulas) over the patient's PPE.

As ultrasound is helping HCWs in the COVID-19 daily practice,^[1] it is also a key tool for the management of surgical patients, guiding the perineural spread of local anesthetic rather than a virus spread through AGPs.

Throughout the epidemic, we rediscovered the important role of regional anesthesia, as a protective factor against COVID-19 diffusion. It is a fact that aerosol is generated whenever airway management occurs: so, why not remove these procedures at all?

We are facing a choice about the agent to be spread: the local anesthetic or the virus. Whenever possible, choose the first one.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other



Figure 1: Patient wearing personal face mask during nipple sparing, modified radical mastectomy with breast tissue expander implantation for reconstruction

clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest
There are no conflicts of interest.

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