



Contents lists available at ScienceDirect

EClinicalMedicine

journal homepage: <https://www.journals.elsevier.com/eclinicalmedicine>

Letter

Author's reply

Shaoqing Lei^a, Zhong-Yuan Xia^{a,*}, Zhengyuan Xia^{b,c,**}^a Department of anesthesiology, Renmin Hospital of Wuhan University, Wuhan, Hubei, China^b Department of anesthesiology, the University of Hong Kong, Hong Kong, China^c Department of anesthesiology, Affiliated Hospital of Guangdong Medical University, Zhanjiang, China

ARTICLE INFO

Article History:

Received 1 May 2020

Accepted 1 May 2020

Available online 18 May 2020

We thank Tuech et al. and Dr. Ross for their letters in response to our recent study [1]. At the very beginning of the epidemic, we encountered some patients who had no symptoms before surgery but quickly developed COVID-19 pneumonia after surgery. During the period of the research, the participating hospitals performed approximately 15,000 elective surgeries. Our focus was to report those we believe and confident that the surgeries were performed during incubation period. Thus, any infection long after surgery (say, 10 to 14 days after surgery) or those who contacted with confirmed cases of COVID-19 after surgery (such as the 3 excluded patients) were excluded. Additionally, we cannot exclude the possibility that there may be someone who got infected and performed surgery but maintained asymptomatic, despite this might be rare. Therefore, the rate of 0.22% etc. as the authors estimated could only be the rate of unintentional surgery that activated latent infection.

As for the number of patients in each group (surgical difficulties), we have presented the details of types of surgery and grading of surgical difficulty in Table 1 and Table 2 in our published article [1]. We

appreciate the authors' suggestion of providing detailed rates of infection and mortality etc. for all surgical patients at that time. However, this was not the scope of our original study, and also exact detailed information couldn't be provided due to the lack of additional ethical approval at this point. We advise that strict protective procedures be followed [2,3] as asymptomatic COVID-19 is also contagious.

Declaration of Competing Interest

None.

References

- [1] Lei S, Jiang F, Su W, Chen C, Chen J, Mei W, Zhan LY, Jia Y, Zhang L, Liu D, Xia ZY, Xia Z. Clinical characteristics and outcomes of patients undergoing surgeries during the incubation period of COVID-19 infection. *EClinicalMedicine* 2020 Apr 5:100331. doi: [10.1016/j.eclinm.2020.100331](https://doi.org/10.1016/j.eclinm.2020.100331).
- [2] Chen R, Zhang Y, Huang L, Cheng BH, Xia ZY, Meng QT. Safety and efficacy of different anesthetic regimens for parturients with COVID-19 undergoing Cesarean delivery: a case series of 17 patients. *Can J Anaesth* 2020 Mar 16. doi: [10.1007/s12630-020-01630-7](https://doi.org/10.1007/s12630-020-01630-7).
- [3] Chen X, Liu Y, Gong Y, Guo X, Zuo M, Li J, Shi W, Li H, Xu X, Mi W, Huang Y. Chinese Society of Anesthesiology, Chinese Association of Anesthesiologists. Perioperative management of patients infected with the novel coronavirus: recommendation from the joint task force of the chinese society of anesthesiology and the chinese association of anesthesiologists. *Anesthesiology* 2020 Mar 26. doi: [10.1097/ALN.0000000000003301](https://doi.org/10.1097/ALN.0000000000003301).

DOI of original article: <http://dx.doi.org/10.1016/j.eclinm.2020.100385>, <http://dx.doi.org/10.1016/j.eclinm.2020.100382>, <http://dx.doi.org/10.1016/j.eclinm.2020.100331>.

* Corresponding author.

** Corresponding author at: Department of anesthesiology, the University of Hong Kong, Hong Kong, China.

E-mail addresses: xiazhongyuan2005@aliyun.com (Z.-Y. Xia), zyxia@hku.hk (Z. Xia).<https://doi.org/10.1016/j.eclinm.2020.100386>2589-5370/© 2020 The Author(s). Published by Elsevier Ltd. This is an open access article under the CC BY-NC-ND license. (<http://creativecommons.org/licenses/by-nc-nd/4.0/>)