



Effects of COVID-19 pandemic on emergency services

Abuzer ÖZKAN ^{1,*}, Ertan SÖNMEZ ²

¹Department of Emergency Medicine, Health of Sciences University Ümraniye Training and Research Hospital, Istanbul, Turkey

²Department of Emergency Medicine, Bezm-i Alem University, Istanbul, Turkey

Received: 18.01.2022

Accepted/Published Online: 29.11.2022

Final Version: 30.08.2022

Dear editor,

We read with great interest Derebey et al.'s article titled "Effects of COVID-19 pandemic on the management of acute cholecystitis: A single tertiary center's experience" (1). We thank the authors for their exciting work investigating the effects of the pandemic on the management of acute cholecystitis, which is a surgical emergency. Additionally, we thank the authors and the editorial board for their courage in publishing this informative and successful article with negative findings. As mentioned in an article named "Highlight negative results to improve science", published in Nature, highlighting negative results will improve science (2). However, we would like to mention a few points about the impact of the pandemic on emergency service applications.

Emergency services are the first places of application where the emergency medical needs of the patients are met in case of health problems and are one of the most important gates of the health system. Emergency health service includes diagnosis and treatment and coordination between individuals who provide health care and any patient who requires medical, surgical, internal or psychiatric care quickly (3). After the rapidly increasing number of COVID-19 cases and deaths worldwide, governments had to take measures quickly. The increasing number of cases has brought additional burdens to the health system. It has changed the health system, especially during peak periods when the number of cases increases. The importance of triage systems has increased for the effective use of health facilities (4).

Hospitals stopped accepting patients in all clinics during peak periods except for emergency departments. Only emergency and COVID-19 cases were admitted to hospitals. Surgical associations have suggested postponing elective cases, and they have also published recommendations on the priority order of cases (5). On the other hand, the postponement of elective cases and long-term surgical plans

have caused additional complications and an additional burden on the emergency department (6).

A decrease in non-COVID-19 emergency admissions is being reported as the number of people hospitalized with COVID-19 increases worldwide. Çıkrıkcı Işık et al. showed in their study a 41.17% decrease in emergency department admissions in Turkey (7). The study of Göksoy et al. revealed a 25% decrease in the number of surgical patients applying to the emergency department during the pandemic period (8).

As a result, it is clear that the pandemic process has caused a change in people's habit of using the emergency service (9). Researchers should be encouraged to conduct new studies to show whether these changes are permanent after the pandemic.

References

1. Derebey M, Yüksek MA, Karabacak U, Mutlu V, Mızan S.R, Tarım IA, Ozbacı AB, Koc S, Güngör B, Kamalı A, Başoğlu M. Effects of COVID-19 pandemic on management of acute cholecystitis: A single tertiary center's experience. J Exp Clin Med. 2022; 39(1): 164-168.
2. Mehta D. Highlight negative results to improve science. Nature. 2019 Oct 4. doi: 10.1038/d41586-019-02960-3. Epub ahead of print. PMID: 33009522.
3. Eroglu SE, Toprak SN, Urgan O, Onur OE, Denizbasi A, department. Saudi Med J. 2012 Sep;33(9):967-72. PMID: 22964808.
4. Özdemir S, Akça HŞ, Algin A, Altunok İ, Eroğlu SE. Effectiveness of the rapid emergency medicine score and the rapid acute physiology score in prognosticating mortality in patients presenting to the emergency department with COVID-19 symptoms. Am J Emerg Med. 2021 Nov;49:259-264. doi: 10.1016/j.ajem.2021.06.020. Epub Akoglu H, Ozpolat C, Akoglu E. Evaluation of non-urgent visits to a busy urban emergency 2021 Jun 10. PMID: 34171720; PMCID: PMC8191303.
5. Moletta L, Pierobon ES, Capovilla G, Costantini M, Salvador R, MeriglianoValmasoni M. International guidelines and recommendations for surgery during Covid-19 pandemic: A Systematic Review. Int J Surg. 2020 Jul;79:180-188. doi:

10.1016/j.ijssu.2020.05.061. Epub 2020 May 23. PMID: 32454253; PMCID: PMC7245259.

10.14744/etd.2020.67927. PMID: 32946100.

6. Özdemir S. Patient with Profound Anemia due to Hemorrhoids during the Pandemic Period. *J Coll Physicians Surg Pak* 2021; 31(supp1):160

9. Özdemir S, Algin A. How will the Health Literacy and Crowded Emergency Room Be Affected After the COVID-19 Pandemic? *Phnx Med J*. 2021; 3(1): 50.

7. Çıkrıkçı Işık G, Çevik Y. Impact of COVID-19 pandemic on visits of an urban emergency department. *Am J Emerg Med*. 2021 Apr;42:78-82. doi: 10.1016/j.ajem.2021.01.011. Epub 2021 Jan 14. PMID: 33493832; PMCID: PMC7807170.

8. Göksoy B, Akça MT, Inanç ÖF. The impacts of the COVID-19 outbreak on emergency department visits of surgical patients. *Ulus Travma Acil Cerrahi Derg*. 2020 Sep;26(5):685-692. English. doi: