

Coronavirus delaying nonurgent medical procedures, leaving some patients anxious and in pain

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AnnaMarie Dunn thought her cancer-fighting days were behind her—she'd already lost one kidney in 2018. But in January, a routine

scan found that her kidney cancer had spread to her adrenal gland, so her doctor scheduled surgery to have that removed, too.

Dunn, a 68-year-old early-childhood teacher from Manahawkin, N.J., was eager to get the procedure over with and get back to normal. Then, a week and a half before her April 6 appointment at Fox Chase Cancer Center in Philadelphia, her doctor called to cancel.

Hundreds of elective and nonurgent medical procedures have been postponed, as hospitals prepare for a surge of [coronavirus](#) patients. Rescheduling all but the most urgent procedures limits the likelihood of spreading the virus by reducing the number of patients coming to the hospital, and preserves medical resources, such as personal protective equipment, for treating critically ill patients. Even at specialty hospitals that aren't caring for COVID-19 patients, every appointment brings patients in [close proximity](#) with multiple providers and support staff, which goes against the recommended social distancing.

But although some procedures, such as voluntary cosmetic surgery, can be delayed with little consequence, patients with serious medical conditions, such as [cancer](#), are also finding that they will have to wait for treatment—and cope with the anxiety of living with their illness a little longer.

"I was concerned about the outcomes of waiting another two months. I was worried about whether the cancer could grow in the meantime," Dunn said. "It's scary not knowing what's going on."

The decision is one that requires doctors to weigh the urgency of a patient's medical needs and the danger of delaying care against the risk of becoming severely ill if the patient is exposed to the coronavirus while in the hospital. New data from the U.S. Centers for Disease Control and Prevention found that COVID-19 patients with underlying

medical conditions, such as diabetes, heart failure, or kidney disease, were at greater risk of needing intensive care.

"All of our decisions in life pivot on a balance of risk, and right now, the greatest risk many (patients) face is not these low-risk cancers—it's exposure to the virus," said Alexander Kutikov, a surgical oncologist and head of Fox Chase's division of urology and urologic oncology.

Delaying treatment by even a few months for slow-growing cancers, such as some skin cancers and low-risk prostate cancer, is "unlikely to change people's destiny," he said.

Other, more aggressive cancers, such as those of the liver, lungs, and pancreas, could spread quickly if not treated immediately. In these cases, doctors and patients must decide whether the risk of potential exposure to the coronavirus is worthwhile. Patients brought in for treatment are screened for signs of illness and asked questions about possible exposure to the virus, and typically are not allowed to bring anyone with them.

"There is definitely anxiety on both sides, where those patients who do have aggressive cancers need to proceed despite the risks; there are also anxieties for patients who are delayed and live with illness uncertainty," Kutikov said.

Thomas Nixon, who was diagnosed with [kidney cancer](#) in February, was worried that his surgery scheduled for March 27 would be canceled.

But doctors explained that the 7-centimeter mass they'd discovered was at risk of spreading to his other kidney and vital arteries if it wasn't removed immediately, so the 61-year-old Bucks County resident went ahead with the procedure at Fox Chase Cancer Center.

"You have nobody there with you—it's a little bit nerve-wracking," said

Nixon, who is now recovering at home in New Hope. His wife was not allowed to accompany him, but the surgeon called her immediately after the procedure.

At Rothman Orthopaedic Institute, patients have mostly been understanding and accepting of the need to postpone procedures that aren't urgent, said Alexander Vaccaro, a spine surgeon and the institute's president.

"We're all in this together—everyone gets it," he said. "I haven't seen anyone act like a jerk about it."

Patients he has spoken with have said they are fine with having their procedures delayed because they don't want to risk exposing themselves to the virus, he said.

But even procedures that are safe to delay will need to be done eventually. As the number of coronavirus cases continues to grow, and social distancing recommendations are stretched into another month, doctors are having to reevaluate whether cases they postponed can continue to wait.

Wills Eye Hospital initially pushed back many non-urgent glaucoma procedures by about two weeks, said Jonathan Myers, chief of glaucoma service at Wills Eye.

"Now, that sounds hopelessly naive," he said. "We're just at that point now where we're starting to have a second round of triaging and evaluating."

In the meantime, the scheduling uncertainty adds to patients' medical anxiety—even when they understand the severity of the situation hospitals are facing and agree with their doctors' decisions.

Dunn's doctor reassured her that her cancer would not cause additional harm if the surgery were postponed for two months, but she was still disappointed—the anticipation of getting rid of the cancer had been building since January.

Her new surgery date, June 1, feels tentative. But she is choosing to be optimistic and added the appointment to her planner in pen, not pencil.

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