

Prior SARS-CoV-2 infection not linked to worse outcomes after surgery

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Prior infection with severe acute respiratory syndrome coronavirus 2

(SARS-CoV-2) is not associated with death, major adverse cardiovascular events, or rehospitalization following elective major noncardiac surgery, according to a study published online Dec. 16 in *JAMA Network Open*.

Kieran L. Quinn, M.D., Ph.D., from the University of Toronto, and colleagues conducted a population-based cohort study involving [adults](#) with a polymerase chain reaction test for SARS-CoV-2 within six months prior to elective major noncardiac surgery. Data were included for 71,144 patients who underwent elective major noncardiac surgery ([median age](#), 66 years), of whom 960 (1.3 percent) had prior SARS-CoV-2 infection.

The researchers observed no association for prior infection with the composite risk of [death](#), major adverse cardiovascular events, and rehospitalization within 30 days of elective major noncardiac surgery. When the time between infection and surgery was less than four weeks or less than seven weeks, and among those who were previously vaccinated, no association was seen between prior infection with SARS-CoV-2 and postoperative outcomes.

"These findings may have direct applications to health resource planning and utilization as jurisdictions emerge from the pandemic and address massive backlogs in elective surgeries," the authors write.

More information: [Abstract/Full Text](#)

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