

LETTERS TO THE EDITOR

Impact of the COVID-19 pandemic on endoscopy practice: results of a cross-sectional survey from the New York metropolitan area

To the Editor:

We read with great interest the recent articles by Repici et al¹ and Soetikno et al² outlining the approaches taken in Italy and Hong Kong to adapting endoscopy practice to meet the new challenges of the COVID-19 pandemic. Because the virus has now moved to our shores, we sought to describe our experience of the impact of COVID-19 on the practice of endoscopy in the New York metropolitan area, which currently has the highest case burden in the world.

To provide a snapshot of endoscopy activities from the beginning to the peak of the pandemic in the New York metropolitan area, we distributed an electronic survey in collaboration with, and with the support of, the New York Society of Gastroenterological Endoscopy (NYSGE). Surveys were distributed to physicians on March 30, 2020, and were returned over the following 7 days. The survey collected information regarding demographics, case volume, personal protective equipment (PPE) use, and endoscopist exposure to COVID-19. All responses were collected and analyzed anonymously.

A total of 69 endoscopists responded to the survey. Eight (12%) were fellows in training; 21 (30%) were aged over 60. The majority (59%) practiced in an academic hospital endoscopy unit. Forty-one percent performed advanced endoscopy. Most endoscopists spent 2 to 4 days a week in the endoscopy suite before the pandemic.

Since the onset of the COVID-19, the case volume was markedly reduced, with 71% of gastroenterologists reporting that they no longer regularly performed endoscopy at all, and 62% reporting no cases over the preceding 7 days. Widespread restrictions on cases to urgent (67%) or no outpatients at all (31%) were reported to have been instituted an average of 2 weeks before the survey. Weekly endoscopy volumes declined by 57% to 96% for all procedure types, with EGD and ERCP being the most frequently performed during the pandemic (Fig. 1A). Eight endoscopists (13%) reported having performed endoscopy on confirmed COVID-19+ patients. The majority (53%) of physicians reported they had been redeployed from usual duties to cover COVID-19+ hospital medicine services.

Universal N95 respiratory use for all cases since the onset of COVID-19 was reported by only 65%. Many endoscopists reported that the use of N95 masks was restricted

to known or suspected COVID-19 cases because of limited availability (17%) or were not available at all (9%). Our data also show that overall PPE use changed significantly in comparison with pre-COVID practices (Fig. 1B). Testing patients for COVID-19 was not routine before endoscopy for most respondents (54%) at the time of this survey.

In conclusion, COVID-19 has had a drastic impact on the practice of endoscopy and procedure volumes in the New York metropolitan area. These numbers may provide an early estimate of the impact of this pandemic on GI practices. The initial experience of expansion of universal PPE and limited availability of PPE are notable, especially in light of joint gastroenterology society guidelines released on April 1 that recommend universal N95 mask use for all endoscopy team members.³ Although these data reflect the first weeks of a rapidly evolving pandemic in the United States, they may inform preparedness efforts in regions that anticipate, or are at an earlier phase of, the pandemic.

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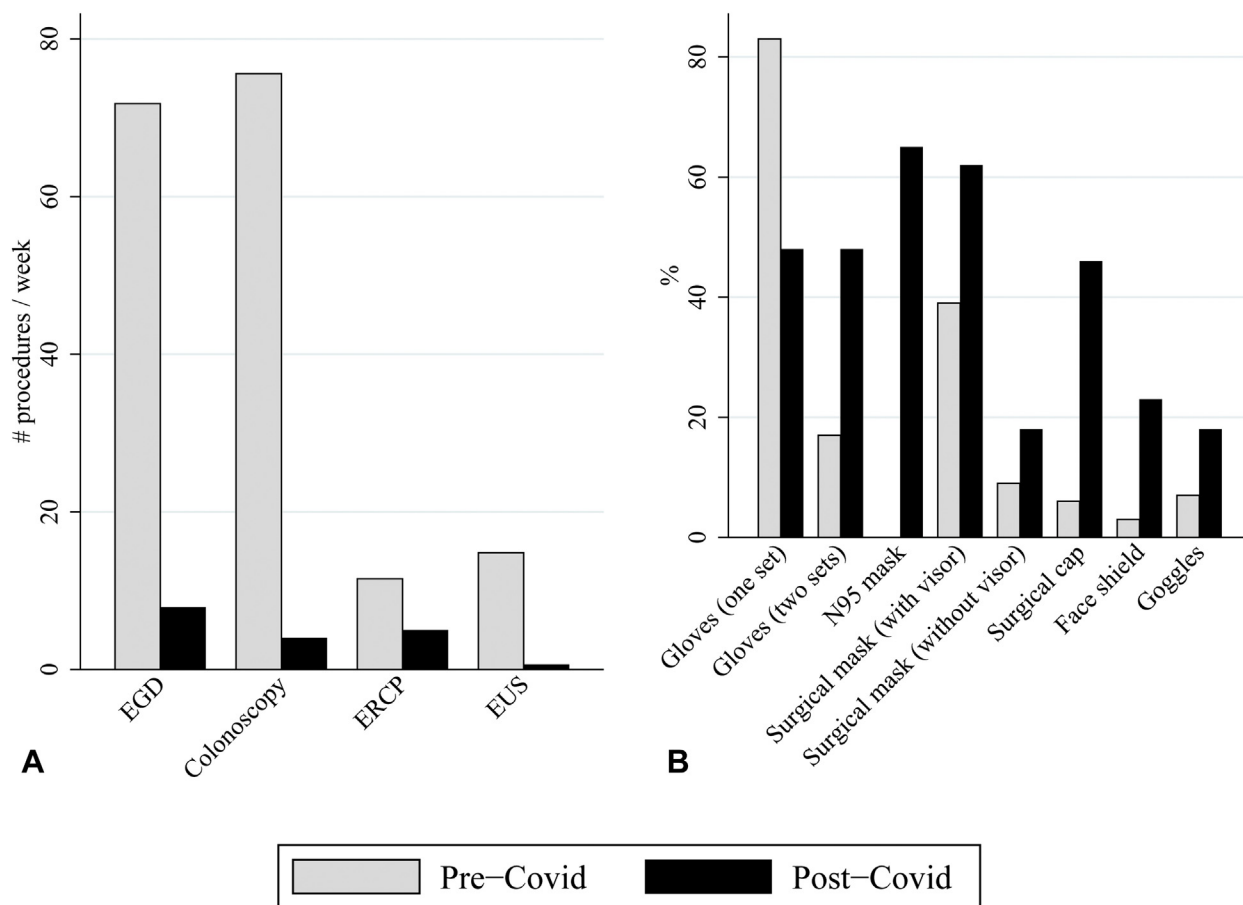


Figure 1. Average weekly endoscopy unit volume and universal personal protective equipment (PPE) use before (A) and since (B) the onset of the COVID-19 pandemic.

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