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COVID-19 and gastrointestinal endoscopy in France: from the first to the second wave

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In March 2020, a week after the first lockdown in France, during the first wave of the SARS-CoV-2 pandemic, the French Society of Digestive Endoscopy (Société Française d'Endoscopie Digestive, SFED) sent gastroenterologists practicing endoscopy a web-based survey that included 35 questions about their endoscopic activity during 1 week [1]. The survey concluded that 91% of the endoscopies were cancelled, and underscored the poor level of personal protective equipment (PPE) available, with difficulties obtaining masks reported by 14% of respondents and 57% of endoscopies eventually performed without a mask. In addition, 13% of the respondents reported symptoms compatible with COVID-19 and 2% had a positive polymerase chain reaction (PCR) test for it.

The onset of a second wave of contaminations led the health authorities to declare a second lockdown, beginning on October 30, 2020. The SFED conducted a second survey, from November 23, 2020 to November 27, 2020, to monitor changes in endoscopic practice, based on the lessons from the first wave. One hundred and twenty-four gastroenterologists took the survey, of whom, 61% were males, with a mean age of 50 years (range 29–69); 39% worked in a public hospital. Ninety-six percent had read the SFED recommendations on endoscopy and COVID-19 [2]. However, only 63% performed a routine SARS-CoV-2 PCR test on patients before endoscopy, 32% wore a mask when performing endoscopies, and only 1% reported difficulty obtaining masks.

Sixty-nine percent of the healthcare facilities were involved in the care of patients with COVID-19, in 62% of centers, anesthesiologists were requisitioned, and 25% of the respondents were personally involved in the care of patients with COVID-19 patients.

Twenty-one percent of the consultations were cancelled and 31% of the respondents performed consultations by telephone or video. Sixty-five percent of the respondents had to cancel endoscopies and 39% of endoscopies were cancelled. During the week of the survey, the mean number of endoscopies performed on patients with COVID-19 was 4.6. ▶ **Table 1** shows a comparison between data for the first and second wave.

Four percent of the respondents had positive SARS-CoV-2 serology. During the second wave, 12% of respondents reported symptoms compatible with COVID-19 and 4% had a positive PCR test.

In conclusion, the second wave of SARS-CoV-2 in France did not affect gastrointestinal endoscopy activity as significantly as the first wave. Uncertainty

▶ **Table 1** Comparison of the impact of the first and second waves of the COVID-19 pandemic on gastrointestinal endoscopy activity in France.

	First wave	Second wave	*P* value
Number of respondents to the survey	694	124	
Patients with COVID-19 admitted to the hospital – n (%)	505/694 (73%)	86/124 (69%)	0.3
Anesthesiologists or specialized nurses requisitioned – n (%)	497/694 (72%)	77/124 (62%)	0.02
Involvement of gastroenterologists in management of patients with COVID-19 – n (%)	204/694 (29%)	31/124 (25%)	0.3
Proportion of cancelled consultations (%)	86%	21%	0.0001
Phone/video consultations– n (%)	398/694 (57%)	39/124 (32%)	0.0001
Endoscopists cancelling endoscopies – n (%)	685/694 (99%)	80/124 (65%)	0.0001
Proportion of cancelled endoscopies (%)	91%	39%	0.0001
Mean±SD number of endoscopic procedures for COVID-19 patients	2.3±0.7	4.6±4	0.0001
Endoscopic procedures with a mask – n (%)	300/694 (43%)	40/124 (32%)	0.01
Difficulty obtaining surgical masks for endoscopy – n (%)	97/694 (14%)	1/124 (1%)	0.0001
COVID-19 infection among endoscopists			
▪ COVID-19 symptoms – n (%)	89/694 (13%)	15/124 (12%)	0.88
▪ COVID-19 positive serology	–	5/124 (4%)	
▪ COVID-19 infection documented by a positive PCR – n (%)	89/694 (13%)	5/124 (4%)	0.03

SD, standard deviation; PCR, polymerase chain reaction.

about the duration of the pandemic and a need to avoid delayed diagnoses led to maintenance of scheduled gastrointestinal endoscopies during COVID-19 activity, as demonstrated by the lower proportion of consultation and endoscopies cancelled. Despite all the efforts made to release recommendations and the increase in availability of PPE, the level of protection of gastrointestinal endoscopists remained low, while the rate of contamination was stable between the first and second waves of the pandemic. This may be explained by the specific attention paid to keep SARS-CoV-2 out of endoscopy departments by checking all patients before endoscopy for absence of symptoms and negativity for SARS-CoV-2 on PCR testing, and applying strict prevention methods in the few cases of endoscopy performed on patients with COVID-19. Finally, the results of this survey have several possible implications for the future. First, the practices of gastrointestinal endoscopists in terms of PPE seem difficult to change, and energy might be better spent on selecting patients before entering the endoscopy department (symptoms, PCR) and vaccinating patients and endoscopists. Second, the high (and stable) proportion of anesthesiologists requisitioned underscores the need for gastrointestinal endoscopists to gain autonomy, either by supervising the administration of sedation, improving the proportion of unsedated endoscopies, or using noninvasive endoscopic modalities, such as capsule endoscopy.

Competing interests

The authors declare that they have no conflict of interest.

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