

COVID-19 infection may up mortality in surgical patients

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hospital-acquired conditions and patient safety indicators were higher. The investigators observed no differences in mortality rates, complications, hospital-acquired conditions, or patient safety indicators between surgical patients with COVID-19 treated at public, private, or nonprofit hospitals.

"Postponing surgery should be recommended for patients with a positive preoperative COVID-19 test result when possible unless [surgical intervention](#) is absolutely necessary for life- or limb-saving measures," the authors write.

One author disclosed financial ties to DePuy Synthes, Stryker Corporation, and Medtronic/Medtronic.

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

COVID-19 infection is an independent risk factor for surgical mortality, according to a research letter published online April 12 in *JAMA Network Open*.

Max R. Haffner, M.D., from the University of California Davis in Sacramento, and colleagues compared the clinical outcomes of surgical patients during the period from April 1 through Nov. 30, 2020, for 5,470 patients who tested positive for COVID-19 infection and a matched sample of 5,470 patients who tested negative for COVID-19 infection.

The researchers found that among all hospitals, there were more than double the number of deaths among patients with COVID-19 (14.8 percent) versus those without COVID-19 (7.1 percent)—a pattern seen for [public hospitals](#) and nonprofit hospitals, but not for private hospitals. There were no significant differences noted between the groups for rates of complications listed in the Vizient Clinical Data Base nor median length of stay. However, among patients with COVID-19,

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