

# Opinion on Brain Surgery after COVID-19 Pandemic

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## Introduction

In the face of limited resources and the potential of viral transmission, the COVID-19 pandemic necessitated a rethinking of surgical patient treatment. For patients undergoing brain tumour surgery, we examine the impact of instituting a procedure that includes more thorough patient education, recovery room assessment for non-ICU hospitalisation, faster mobility and post-discharge communication. Any technique that treats problems in your brain is referred to as brain surgery. Your central nervous system includes your brain. It regulates your capacity to talk, move, think and recall information. The goal of brain surgery is to address disorders without interfering with these vital activities. A surgeon may remove part of your brain or an abnormal growth in your brain, such as a tumour, during brain surgery. Surgeons can also repair damaged regions of your brain, such as blood veins that are leaking.

## Description

As a result of the virus's fast spread and the respiratory sickness it causes, hospitals in other nations are running out of resources to treat patients. The American College of Surgeons (ACS) and the Center for Medicare and Medicaid Services (CMS) have established recommendations for the triage, or ranking in order of priority, of surgical patients in order to assist reduce this risk in the United States. The objective is to reduce the number of procedures in order to conserve resources such as physicians, operating rooms and ICU beds for COVID-19 patients. The method contains three degrees of surgical acuity, with each level subdivided into levels based on the patient's general health. The CMS Adult Elective Surgery and Procedures Recommendations and the ACS COVID-19: Guidance for Triage of Non-Emergent Surgical Procedures is also available online. Elective, non-urgent spine surgery is assigned a Tier 2 grade, with the suggestion that the treatment be postponed if feasible. Other neurosurgical treatments in general have a Tier 3 ranking, which suggests that as long as resources are available, hospitals and clinicians should consider proceeding without delay. While a surgeon and his or her patient decide on the level of urgency, a surgery might be rescheduled or postponed forever. Depending on how the virus is affecting their area and facilities, some clinics may be able to continue with surgery while others may have to postpone them.

COVID19 hasn't changed the way brain tumours are treated yet. If this trend continues, big organisations such as ASTRO/ESTRO/ASCO may issue guidelines for brain tumour patients. Brain tumours are not traditionally staged in the same way as other malignancies. There are two types of brain tumours: benign and malignant. Malignant tumours are further categorised into high grade, low grade and so on based on their pathological grades.

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To cut down on hospital stays, several centres use radiosurgery instead of surgery to remove tumours. However, radiosurgery is not a "miracle cure" for all types of brain tumours. It can only be done for a limited number of disorders, such as AVM (arteriovenous malformation), pituitary adenoma, craniopharyngioma, a small number of metastatic lesions, meningioma, schwannoma and so on.

Any tumour that is immediately life-threatening or has the potential to produce fast neurological degeneration or aggressive behaviour (such as a glioblastoma) should be treated with surgery, radiation, chemotherapy, or a combination of these treatments as indicated. Patients should speak with a doctor who has experience in this subject [1-5].

## Conclusion

The COVID-19 pandemic may have presented a chance to introduce a brain tumour care strategy that would allow for a safer reduction in ICU use and faster release home without an increase in complications, readmissions, or reoperations. Patient education, recovery room assessment for non-ICU hospitalisation, quicker mobilisation and post-discharge communication, all built on a foundation of minimally invasive surgery, TIVA anaesthesia and early post-operative imaging, might all play a role in these positive developments.

## References

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