Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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CONCLUSION: Preoperative and persistent opioid use after pancreatectomy is substantially greater than expected based on other operations. Providers may mitigate this by recognizing the issue, managing expectations, and altering the timing and quantities of opioid prescribed.

**Reduction of Same-day Inpatient Surgical Cancellations with Preoperative Risk Stratification**

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INTRODUCTION: The role of preoperative clinics in improving surgical outcomes, reducing rate of surgical delays, case cancellations, and cost of care for patients undergoing outpatient elective surgery is well established. However, the impact of preoperative evaluation and risk assessment of inpatients is less clear. We hypothesized that utilizing a standardized risk stratification method could reduce the rate of Same-Day Inpatient Cancellations (SDICs) in patients undergoing inpatient surgery.

METHODS: This was a single center study conducted at an academic tertiary care hospital. An inpatient surgery form (ISF) that included a “risk stratification matrix” was completed for all inpatients undergoing non-emergent surgery. ISF was implemented at our institution over a three-year period (2014-2017). ISF stratified patients into “low,” “intermediate,” and “high” risk groups, which prompted hospitalist and anesthesia consultations based on the patient’s risk category. We evaluated the difference in median SDIC rates during the four study periods and differences in median proportions of SDICs attributable to Medical Related cancellations (MRCs) and Process-related cancellations (PRCs).

RESULTS: 17,177 inpatient cases were included for analysis. The average SDIC rate over the study period was 9.5%. The Phase 3 SDIC rate was significantly less than the Pre-ISF SDIC rate (8.0% vs. 9.7%, p=0.004). The median proportion of MRCs during Phase 3 was also significantly less than the Pre-ISF median proportion of MRCs (47.1% vs. 60%, p=0.02).

CONCLUSION: Standardized approach to preoperative risk stratification combined with timely preoperative assessment and medical optimization of inpatients requiring surgery reduces the overall rate of inpatient surgical case cancellations.

**Telephonic Postoperative Follow-up During a Pandemic: Cohort Study**

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INTRODUCTION: According to the available scientific evidence it is unknown whether replacing clinic follow-up visits with telephone follow-up for low-risk elective and non-elective surgeries is safe. Nonetheless, using telemedicine has become one of the most needed and used methods during this pandemic to avoid COVID-19 disease spreading among surgical teams and patients.

METHODS: A retrospective cohort study was performed. We compared the frequency of needing of any health assistance, adverse event and readmissions after been discharged and during the first 30 postoperative days, between two groups of patients, the first one with exclusive telephone follow-up vs the traditional face-to-face visit.

RESULTS: We registered the data from 324 patients who underwent elective and non-elective low-risk surgeries between May 1st and December 1st 2020. The overall health assistance rate during the first 30 days after been discharged home was 11.54%. The telephone follow-up group we registered only 18 adverse events compared with 29 for the traditional visit group this was statistical significant. We found 13 consults for telephonic follow-up group and 14 for traditional visit this was statistical significant as well. We also found difference between the two groups in matter of readmissions in favor of telephonic follow-up. All these differences were statistically significant.

CONCLUSION: No standardized postoperative management algorithm exists for patients undergoing surgery during a pandemic. We propose the telephonic follow-up based on our findings, as a safe and effective approach. Future studies are needed to validate the current proposal.

**The Comprehensive Costs of Cesarean Sections in Rural Rwanda: Incorporating Post-discharge Expenses Into Overall Estimates**

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