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A Comparison of Urology Service Provision Between the First and the Third Waves of the COVID-19 Pandemic

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Dear Editor,

Urological service provision has changed dramatically with the advent of COVID-19. In light of the recurring waves, new strains of the virus and transmission between communities; additional measures to ensure service provision in a manner that is safe for both patients and staff is required.

During the first wave (April-May 2020), we experienced a paradigm change in every aspect of our urology service. Elective surgery was performed over two sites; the public hospitals and "COVID-free" hospitals. A total of 159 operations were performed in the first wave, compared with 127 in the third wave (January-February 2021). Six (6.0%) of 101 patients admitted during this time period contracted COVID-19 in hospital in the first wave compared to four (3.2%) of 124 patients admitted in the third wave. There were 481 outpatient referrals to urology service in the first wave compared 473 in the third wave.

In the third wave four theatres remained in use for emergency or time sensitive cases only and one of which was designated for patients with positive COVID-19. A small number of surgeries were outsourced to other centres. In the third wave all elective operative patients underwent COVID-19 testing within 72 hours of their surgical procedure.

In December 2021, prior to the third wave, a new off campus day surgery centre opened initially with access to a single operating theatre. There were some limitations with limited access to theatre time, limited complex equipment and very specific patient selection. This had minimal effect on day case waiting lists, however numerous non-urgent cases were undertaken.

When compared to the first wave, there were significantly less operations performed in the third wave but slightly more total admissions and outpatient procedures. the lack of bed capacity, particularly critical care beds, in addition to significantly lower numbers of patients being outsourced to "COVID-free" hospital limited our ability to perform operative procedures.

Similar to other institutions, innovative models such as a 'virtual' outpatient clinic allows reliable review of outpatients with fewer face-to-face follow-up attendances [1,2]. Looking at the numbers in general the outpatient services provision stayed the same and some of them even better and this can be attributed to the good solutions implemented during the first wave such as the virtual clinic concept.

In conclusion, there are several challenges facing the provision of high-quality urological care in Ireland in 2021. Locating covid designated newly built temporary hospitals could have helped take the pressure of the other hospitals during the third wave. Additional elective lists at weekends, access to smaller regional hospitals, purchasing additional access in private hospitals can take the pressure off the larger centre hospitals and can offer potential options to alleviate waiting lists. Although the impact of SARS-CoV-19 on Irish healthcare and society has been profound, we have not been as intensely affected as some of our European and American counterparts. As society continues to re-open, we look to safely navigate the parallel agendas of coronavirus prevention and adequate service provision for our community and catchment area.

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