# The consequences of COVID-19 for gastroenterology nursing

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There is much in the media about the novel coronavirus (severe acute respiratory syndrome coronavirus 2) and its resulting disease, COVID-19. This virus is affecting how we are able to function in our personal as well as our professional lives—and is particularly concerning for our patients.

The World Health Organization confirmed the coronavirus outbreak was a pandemic in mid-March 2020 (BBC News, 2020).

## Implications for gastroenterology

The virus is predominantly related to lung disease, but there are ramifications for people working in the field of gastroenterology nursing.

The disease, although predominantly presenting with a cough and a fever, is not consistent in all patients. There are some reports from across the globe that gastrointestinal symptoms may also occur.

In Singapore, some patients with COVID-19 also had diarrhoea and abnormal liver function tests, but there may be confounding and multifactorial explanations for this (Ong et al, 2020).

An additional risk to health professionals and transmission pathways has been highlighted. Wu et al (2020) reported that swabs taken in China of people with positive respiratory virus tests showed that almost half also had positive faecal test results. What is of note is that for multiple days, up to 33, faecal results remained positive after respiratory swabs were negative. This increases the risk of transference to others when symptoms appear to have resolved.

### Endoscopy

Ong et al (2020) explained the transmission risks during endoscopy procedures, such as coughing during upper gastrointestinal endoscopy procedures. The British Society of Gastroenterology (BSG) has published a statement stopping all non-emergency endoscopic procedures, including the bowel screening programme (BSG, 2020a).

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Patients who have received a positive screening test result that would ordinarily require an endoscopy, will find that this cannot now be performed. This will create additional concern for patients and screening practitioners. Nurses are having to provide additional explanations and reassurances. Follow-up endoscopy is also cancelled and, while this is necessary, it will lead to future problems. Once endoscopy services resume, it is uncertain how it will be possible to reschedule all the people who have not been scoped in this period.

## Guidelines, advice and support

There seem to be new guidelines being published to assist health professionals almost daily. There are guidelines for surgeons from the USA (American College of Surgeons (ACS), 2020), as well as the UK (Royal College of Surgeons, 2020), explaining how to keep patients and staff safe when performing essential surgery. These measures include the use of protective equipment, which has been reported to be limited in availability, along with handwash and hand sanitiser, which have been cleared from shelves in most local shops. Additionally, for surgery that is undertaken, there might be an increase in stoma formations, to reduce the risk of anastomotic leakage and prolonged hospital stays or reoperations.

In addition to cancelled elective colorectal surgery, in some areas, if the risks outweigh the benefits, even operations for cancer are being postponed (Association of Coloproctology of Great Britain and Ireland, 2020).

There are also concerns for patients about the continuation of chemotherapy, immunosuppressant medication for people with long-term inflammatory diseases and obtaining drugs and stoma equipment.

The BSG has provided guidelines for people with inflammatory bowel disease (IBD) and liver disease (BSG, 2020b). The guidelines for IBD explains the different risk groups for people and provides stratified actions that are needed by patients in respect of isolation, with some people with IBD needing to take more stringent isolation measures; termed 'shielding'. These risk categories are similar for people with liver disease and other chronic conditions, as well as people after, or requiring, transplants. Advice is updated regularly, expanding on initial guidance to keep taking medication as the risks of immunosuppression were not outweighed by the risks of a disease flare. This is still the current advice (BSG, 2020c).

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In response to current problems, a number of free educational resources have been made available. For example, towards the end of the World Colorectal Cancer Month, in March 2020, the World Council of Enterostomal Therapists (WCET) (2020) has offered free access to a colorectal cancer webinar.

The Royal College of Nursing is ensuring that members are kept up-to-date with information about COVID-19, offering advice on redeployment. It is supporting members by enabling them to raise any concerns or provide feedback through a short-life virtual network that will be established for the duration of the outbreak (RCN, 2020).

## Pulling together

The speed that guidance is becoming available is amazing; nursing and healthcare colleagues are really working hard in this unprecedented time. What is also heartening is how the country seems to be pulling together and most people are self-isolating and following advice. It is important to look after ourselves and others in this time of rapid changes and risks, and the public support and recognition for nurses and the NHS has been tremendous. **BJN**


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