COVID-19 arrived in Europe in the first months of 2020. It has created an upheaval in terms of the commitment of the health system. In fact, more resources have been dedicated to patients and pathways COVID-19. In Italy, as in many states of the world, the health system has been highly solicited and put in crisis. During summer period there was a decrease in COVID-19 cases, which made the possibility to return to a normality from the health system. However, since October 2020, a new wave of cases has been putting our health system under stress. Due to hospital shortage and cross-infection, the clinical approach changed during the pandemic. Breast cancer treatment alternative techniques gained new popularity to reduce hospitalization. However, despite this development, surgery maintained its pivotal role among multidisciplinary treatment. Before COVID-19 era, breast surgeons carefully weighed the pros and cons of invasive procedure, and their side effects or complications. In this new scenario, an innovative surgical approach gained popularity to reduce as much as possible surgical extent, hospitalization, and risk of COVID-19. In the same view, awake breast surgery combines the reduction of hospitalization, postoperative stress, and postoperative lymphopenia. Moreover, local anesthesia and peripheral nerve block provide better analgesia during glandular displacement techniques, as during oncoplastic and axillary surgery. COVID-19 outbreak determined a strong effect on clinical practice worldwide and novel approach as awake breast surgery could combine fast track surgery and cross-infection reduction with an optimization of resources and resource optimization in terms of spaces and economic savings with shorter hospital stays. During this last year, we have tried different ways to optimize spaces, and our goals are to be able to have more and more, during this second lockdown.

Conflict of Interest
The Authors declare that they have no conflict of interests.

References


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