

The first case of monkeypox in WHO South-East Asia Region has been reported from India in a 35-year-old man who arrived from the Middle East earlier this week. The Region has been on alert for monkeypox. Monkeypox can spread to anyone—children and adults, healthy or immunocompromised. The primary mode of transmission is skin-to-skin contact. This contact may include direct contact with monkeypox rash, scabs, or body fluids, including respiratory secretions from a person with monkeypox.

Initial symptoms of monkeypox include fever, body aches, fatigue, and sometimes enlarged lymph nodes. The disease can result in rashes that lead to red bumps on the skin that can appear on hands, feet, face, mouth, or even genitals. These rashes can transform into raised bumps or painful puss-filled red papules.

Polycymaking for the continuity of surgical care in epidemiological crises of monkeypox constitutes the most vital step. Surgical services would not support a cessation of activities, since it would not only have consequences as an increase in morbidity and mortality, but also for the national economy and the survival of the surgeon. Thankfully as a laparoscopic surgeon, chances of contamination to a surgeon is very less as interior milieu is maintained and in minimal access surgery, there is no direct contact of surgeon to patient's wound.

Therefore, it is important to carry out a rapid and effective preparation in the emergency and surgical services in the recognition of these patients, being clear about their symptoms, forms of diagnosis and therapy. Therefore, we suggest some important recommendations from admission to the emergency room, during surgery, hospitalization and hospital discharge, following the recommendations given by the WHO.



Monkeypox surgical safety recommendations

Basic Knowledge		
Health personnel must know the definitions of confirmed or suspected cases according to the guidelines stipulated in each country.		
MEDICAL ATTENTION		
<p><i>Outpatient care or in emergency services/ preoperative:</i></p> <ol style="list-style-type: none"> 1. Complete medical history, looking for signs of flu or skin lesions. 2. Timely diagnosis in the case of suspicious patients. 3. If the patient is a confirmed case, it should be evaluated together with the surgeon to consider the relevance of the procedure. 4. Exclusive office for the care of patients confirmed with MPX. 5. Proper use of personal protection elements. 6. In case the patient is not an emergency, the procedure must be monitored in-person or virtually. 	<p><i>Operating theaters:</i></p> <ol style="list-style-type: none"> 1. Only necessary personnel. 2. Adequate use of personal protection elements. 3. Reduction in surgical times. 4. Minimally invasive procedures. 5. Adequate disinfection of the surgical environment before and after the procedure. 	<p><i>After surgery and hospitalization:</i></p> <ol style="list-style-type: none"> 1. According to national and institutional health regulations, the entry of visitors will be considered. 2. Decrease in hospital stay. 3. Hospitalization in single-person rooms or adequate classification of patients with or without a diagnosis of MPX. 4. Proper use of personal protection elements. 5. Directions and recommendations for departures.

Our belief is that the monkeypox outbreak should not be a cause for the closure of surgical services, as the health service has been strengthened increasing hospital capacity, intensive care unit beds, and a higher percentage of qualified health personnel, in addition to multiple laboratories available at national level with the capacity to perform molecular tests for the timely diagnosis of this disease.

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