

Rapid evidence checks are based on a simplified review method and may not be entirely exhaustive, but aim to provide a balanced assessment of what is already known about a specific problem or issue. This brief has not been peer-reviewed and should not be a substitute for individual clinical judgement, nor is it an endorsed position of NSW Health.

## Surgical specialties advice on COVID-19

### Rapid review question

What advice is being provided by surgical specialties regarding COVID-19.

### In brief

- The Royal Australasian College of Surgeons (RACS) has provided high level advice on its website, including a range of international resources from WHO.
- RACS has also published key principles for approaching elective surgery during the pandemic. In summary:
  - Review all elective surgery in consultation with hospital and health department and have a plan for prioritisation.
  - Where elective surgery is progressing, triage patients to prioritise Category 1 first (typically includes cancer, cardiovascular and other cases with progressive symptoms).
  - Where elective surgery consider whether patients will need ICU beds. To keep needed beds free, prepare to transfer to other hospitals.
  - Minimise use of essential items e.g. ICU beds, PPE, terminal cleaning supplies.
  - Maintain emergency surgery.
  - Utilise telehealth to minimise physical contact with outpatients.
- RACS have also encouraged surgeons to think about working in non-surgical roles as the pandemic progresses

### Background

The COVID-19 pandemic is rapidly changing situation. A rapid review of the surgical specialties was conducted on 22 March 2020. International colleges in UK, US and Canada were also scanned.

### Methods

Websites for college and specialty societies were accessed and reviewed for key information on COVID-19.

## Results

Specialty area group	Advice on website
<p>Australian Society for Otolaryngology Head and Neck Surgery</p>	<ul style="list-style-type: none"> <li>• Links to government and international college/society resources.</li> <li>• Strong alignment to the Australian Society of Anaesthetists guidance on airway management.</li> <li>• Evidence emerging from other countries (China, Italy, Iran) that ENT surgeons are a high risk group as their work involves the airway and nose.</li> <li>• Focus on PPE and protection of workforce.</li> <li>• Workforce encouraged to work outside their specific areas if required due to extraordinary circumstances.</li> <li>• <b>Recommendation</b> is to reconsider the need for non-urgent surgery in particular sinonasal, tonsils and oral cavity.</li> <li>• <b>Key recommendations:</b> <ul style="list-style-type: none"> <li>○ Avoid powered atomisation – use actuated pumps sprays or similar soaked pledgets for topical anaesthesia</li> <li>○ Elective airway surgery patients (sinonasal, nasopharyngeal, oropharyngeal, laryngeal and tracheal) should be tested for COVID-19, where and when available, and be shown to be negative before proceeding; for acute cases specific PPE should be utilised; patients should be advised to practice hand hygiene and social distancing prior to surgery</li> <li>○ Limit intervention in the clinic/rooms as much as possible and wear appropriate protection</li> <li>○ Postpone any COVID-19 positive cases, anyone with recent travel history, anyone with potential symptoms of COVID-19 or anyone with COVID-19 contacts</li> <li>○ Advice should be given to all COVID-19 negative patients undergoing elective surgery to practice social distancing and hand hygiene between the time of testing until the time of surgery.</li> </ul> </li> <li>• US society has published similar advice to delay strictly routine examinations, while allowing examinations necessary based on the acuity of the situation and the availability of adequate PPE. Recommend extreme caution when advising procedures or surgery occurring through a transnasal or trans-oral route.</li> <li>• UK society advice – stop all non-urgent elective surgery and outpatients, but continue emergency cases, cancer cases and cases where the risk of clinical deterioration outweighs the risk of COVID-19. Detailed information on PPE for ENT cases.</li> <li>• Canadian society refers to US advice and provides specific recommendations for progressing surgery that are similar to the Australian society.</li> </ul>
<p>Royal Australian and New Zealand College</p>	<ul style="list-style-type: none"> <li>• Links to government resources</li> <li>• Message for pregnant women</li> <li>• Advice re pregnant healthcare workers</li> </ul>

Specialty area group	Advice on website
of Obstetricians and Gynaecologists	<ul style="list-style-type: none"> <li>○ Currently there is no evidence of an increased risk of miscarriage, teratogenicity or vertical transmission of the COVID-19 virus. There is a possibility of an increased incidence of premature birth but there is insufficient evidence at this point in time.</li> <li>○ recommends where possible, pregnant health care workers be allocated to patients, and duties, that have reduced exposure to patients with, or suspected to have, COVID-19 infection. All personnel should observe strict hygiene protocols and have full access to Personal Protective Equipment (PPE). The College also urges employers to be sensitive to the fact that pregnant women are, appropriately, often anxious about their own health and protective of their unborn baby. Consideration should be given to reallocation to lower-risk duties, working from home or leave of absence.</li> <li>○ recognises that decisions around resource allocation are complex, and multifactorial, and defers to local jurisdictions in this regard.</li> <li>● Advice re categorisation of emergency and essential gynaecological services – recommends category 1 classification for assessment and treatment of gynaecological cancers; early pregnancy assessment for risk of miscarriage and ectopic pregnancy; timely access to abortion services (both medical and surgical); acute pelvic pain e.g. risk of ovarian torsion</li> </ul>
Royal Australasian College of Dental Surgeons	<ul style="list-style-type: none"> <li>● No information available on their website</li> <li>● Internationally:                             <ul style="list-style-type: none"> <li>○ Colleges of Dental Surgeons of British Columbia and Ontario – advice is to suspect all elective and non-essential care</li> </ul> </li> </ul>
Gastroenterological Society of Australia	<ul style="list-style-type: none"> <li>● Referred to advice from US Joint GI societies and the Australian Society of Anaesthetists. Emerging concern there is increased risk for GI endoscopy.</li> <li>● Routine clinics to be replaced with telehealth or telephone consultations.</li> <li>● Recommendations:                             <ul style="list-style-type: none"> <li>○ Access to PPE and education and training for staff</li> <li>○ Strongly consider limited endoscopy services to urgent and emergency cases and deferring elective/semi elective.</li> <li>○ All outpatients to be contacted prior to attending to determine risk for COVID-19</li> <li>○ All patients to be asked screening questions to ascertain risk for COVID-19.</li> <li>○ Endoscopy should be postponed in patients with respiratory symptoms or fever</li> <li>○ Minimal PPE requirements for regular cases and increased PPE for +COVID-19 cases that must</li> </ul> </li> </ul>

Specialty area group	Advice on website
	<p>progress. Decontamination following the latter should follow government policies.</p> <ul style="list-style-type: none"> <li>○ Workforce planning for illness should be undertaken.</li> </ul>
No information available from the following groups	<ul style="list-style-type: none"> <li>• Australian Orthopaedic Association – Links to government resources and no specific advice relating to elective surgery.</li> <li>• Colorectal Surgical Society of Australia and New Zealand – Links to government resources and no specific advice relating to elective surgery.</li> <li>• General Surgeons Australia – Refers to RACS advice. No specific advice available.</li> <li>• Australian and New Zealand Society of Cardiac and Thoracic Surgeons – no information available.</li> <li>• Neurosurgical Society of Australasia – no information available.</li> <li>• Urological Society of Australia and New Zealand - no information available.</li> <li>• Royal Australian and New Zealand College of Ophthalmologists – no information available.</li> <li>• Australian Society of Plastic Surgeons – no information available.</li> <li>• Australian and New Zealand Society for Vascular Surgery – no information available.</li> <li>• Australian and New Zealand Hepatic, Pancreatic and Biliary Association – no information available.</li> <li>• Paediatric surgery association – no information available.</li> </ul>

### Elective Surgery Acuity Scale (ESAS)

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Tiers/Description	Definition	Locations	Examples	Action
Tier 1a	<b>Low acuity surgery/healthy patient</b> Outpatient surgery Not life threatening illness	HOPD ASC Hospital with low/no COVID- 9 census	Carpal tunnel release Penile prosthesis EGD Colonoscopy	Postpone surgery or perform at ASC
Tier 1b	<b>Low acuity surgery/unhealthy patient</b>	HOPD ASC Hospital with low/no COVID-19 census		Postpone surgery or perform at ASC
Tier 2a	<b>Intermediate acuity surgery/healthy patient</b>	HOPD ASC Hospital with	Low risk cancer Non urgent spine Ureteral colic	Postpone surgery if possible or consider ASC

	Not life threatening but potential for future morbidity and mortality. Requires in hospital stay	low/no COVID-19 census		
Tier 2b	<b>Intermediate acuity surgery/unhealthy patient</b>	HOPD ASC Hospital with low/no COVID-19 census		Postpone surgery if possible or consider ASC
Tier 3a	<b>High acuity surgery/healthy patient</b>	Hospital	Most cancers Highly symptomatic patients	Do not postpone
Tier 3b	<b>High acuity surgery/unhealthy patient</b>	Hospital		Do not postpone