INDIAN MEDICAL ASSOCIATION TAMILNADU STATE BRANCH

DESIGNED BY : ACADEMY OF MEDICAL SPECIALITIES (AMS TNSB)

GUIDELINES THAT COULD BE PRACTISED BY DOCTORS OF SURGICAL DISCIPLINES

- American College of Surgeons (**ACS**), Society of American Gastrointestinal and Endoscopic Surgeons (**SAGES**) and Intercollegiate General Surgery (RCS) Guidance have separately designed protocols/guidelines for surgical care during this pandemic.
- And we are requested to follow them but these directives as you are aware of dynamic updates which are happening by the minute across the world and they tend to change regularly

OPD SERVICES

- **Non-emergency cases can be avoided in OPD**

- Telemedicine consult would be better for normal surgical problems and follow-up.
- Majority with minor ailments are manageable without actually having to see them
  - The social distancing
  - More time between patients
  - Decrease the frequency of visits
  - restricting the attendants to not more than one
  - patient/attendant masking and
  - hand hygiene measures should be adhered to in the OPD
- Discuss with the patients and tell them that the standard options would be different in this pandemic time. **Non operative or conservative treatment should be preferred**.
- All OPD patients should be seen with PPE.

IMPORTANT GUIDELINES

- Emergency procedures should be undertaken in **life threatening conditions and have no alternatives**, e.g. bowel perforation, gangrene and unresolved obstruction which need immediate surgery in surgery, obstetric emergencies and poly trauma in orthopedics or neurosurgery which needs immediate surgery
- Non-surgical percutaneous interventions are better
- Conservative management is the best option and it should be able to effectively buy time till the situation settles and it should resolve a threat to life.
- Malignancies that needs to be operated shall be categorized as semi emergency and decision can be taken after discussion with senior surgeons or faculty in the surgical departments

GENERAL GUIDELINES

- All surgery patients must complete preoperative health screening, whether they are symptomatic or not.
- Only emergency and semi-urgent cases (selected malignancy) can be scheduled and this decision could be discussed with senior colleagues or faculty
- **All polytrauma cases which deems necessary surgery – should be handled immediately**
- The plan for emergency surgery should be taken into account the patient and injury / disease characteristics, expected benefits and potential harms of surgery, regional pandemic severity and institutional resources
- **All elective surgical, laparoscopic and endoscopic cases could be postponed at the this time .**But these decisions could be individualized based on the conditions of the patient including the expectation that a delay of 6-8 weeks or more based on COVID-19 burden and in the context of medical, logistical and organizational factors should be considered.
- Patients presenting with urgent and emergency surgical conditions should be dealt with utmost care and this decision should be taken after discussion with a multidisciplinary team of surgical, anesthesia, intensive care and paramedical units.

PREOPERATIVE

- **Pre-operative assessment should include**
  - A detailed history taking about prior travel to any region with high number of infected Covid-19 cases
  - contact with any Covid-19 case
  - history of fever
  - cough
  - myalgia
  - bodyache
  - upper respiratory tract infection

- **If possible and available, RT-PCR/ELISA test or Rapid antibody test for COVID-19 should be done.**
- Any patient undergoing an abdominal CT scan for acute pain as an emergency presentation could have a CT chest at the same time
- **Every case is considered as a potentially infected patient when testing is not done and adequate precautions should be taken.** Any patient currently prioritized to undergo urgent planned surgery must have self-isolated and be assessed for COVID-19.
- When emergency surgery is planned for patients with suspicion for COVID infection – it should be done with all protective gears (personal protective equipment(PPE),N95 masks). All the patients should be tested for COVID infection and every other patient should be treated as positive until report confirms.

INTRAOPERATIVE

- Operating theatres where Aerosol Generating Procedures (AGPs) like General anesthesia are regularly performed are considered a higher risk clinical area and full PPE is advised where COVID-19 is possible or confirmed. **General anaesthesia is an AGP.**
- Full PPE consists of

  - disposable gloves
  - fluid repellent gown
  - eye/face protection
  - FFP2/3 or N95 masks.
  - Full body coveralls

- It is necessary to practice sterile donning and doffing of PPE in advance.
- Intubation during administration of general anesthesia results in aerosolization, putting the anesthesia team and OT personnel at risk. Hence, if a surgery can be done under regional anesthesia (open surgery), it should be given preference.
- The OT personnel should however be aware of the possibility of viral contamination to staff during surgery, whichever approach is adopted and take precautions accordingly.
- There should be minimum number of staff in theatre
- The personnel in OT should wear adequate Personal Protective Equipment (PPE). The correct manner of putting on and removing PPE, with safe disposal should be taught to all the involved personnel.
- Higher risk patients are intubated and extubated in theatre – staff immediately present should be at a minimum.

INTRAOPERATIVE CONTD...

- The operation trolley should be prepared and kept covered.
- Once the preparations are done, only then should the patient be brought inside the theater.
- Sufficient quantities of all types of suture materials, drugs etc. and any other operative requirement should be there within the OT.
- During intubation, minimum personnel should be there within the OT. The surgical team should wait outside till intubation has been done.
- The electrocautery should be used at the lowest power setting and charring of tissues should be avoided to minimize the creation of smoke.
- Prevention and management of aerosol dispersal: During operations, whether laparoscopic or via laparotomy, instruments should be kept clean of blood and other body fluids.

POSTOPERATIVE

- Only the anesthesia team should remain in the OT during extubation. Remaining members should exit the OT and but NOT remove their PPEs in case their assistance for some complication is required inside the OT.
- Proper removal of the PPE and its safe disposal should be done.
- The OT and instruments should be considered as potentially infected and adequate cleaning and sterilization of the same should be done before posting another case in the OT.
- The OT personnel in charge of cleaning and sterilizing the OT should be the last to exit the OT and the last to remove their PPEs.
- Patient transport should have the utmost level of care and personnel should wear personal protective equipment (PPE).
- Entire team who was involved in above said patient care at any level must be appropriately quarantined as per institutional and logistic level.
- Regular postoperative ward cleaning and disinfection should be done as per the instructions given by the Govt of India guidelines

If in case you come to know the patient operated is COVID 19 serology positive at a later date, please inform the appropriate authority, please self-isolate yourself and your team, close the OT for appropriate period oftime.

REFERENCES and special thanks to these below mentioned updates

- SAGES
- ACS
- AMASI
- IAGES
- ROYAL COLLEGE OF SURGEONS

THESE GUIDELINES ARE DYNAMIC AND TEND TO CHANGE REGULARLY