

COVID-19 Update for AGES Members

Dear AGES Members,

We are all aware of the current increased risk level to ourselves and our patients with the recent COVID crisis, and that there has also been associated discussion about the surgical risks related to particular surgery.

There are currently no data that demonstrate that a COVID-19 aerosol/smoke plume is released during abdominal surgery. There are, however, data that confirm the presence other viruses in surgical smoke. Hence, while no data exists on COVID-19 in this regard, assuming that this virus shares those properties would lead to the approach showing the most abundance of caution.

Laparoscopic procedures are considered likely to pose higher risk for COVID-19 aerosol generation; laparotomy may potentially lower this risk.

COVID-19 has been found in faeces presumably through transmission from the naso-pharynx with ingestion into the gastrointestinal tract in 29% of cases, and in blood samples in approximately 1% of cases.

The benefits of shorter hospital stay and lower morbidity from laparoscopic surgery must be balanced against any potential risk. Longer hospital stays are related to much higher overall staff exposure.

The AGES board have discussed the extra potential risks of surgery at this time and have produced the attached guideline based on the admittedly limited available data. I hope this is something that will be useful in your practice during this very challenging time.

This guideline is likely to be appropriate for low-risk surgical candidates – obviously surgery on COVID-19 positive patients is an entirely different issue. AGES strongly recommends that non-surgical modalities of treatment should be considered and used where possible including for malignancy.

In summary, this guideline summarises the available information with the aim of maximising the patient's and the theatre team's safety.

Please be aware of the increased anxiety for all members of the theatre team during this COVID-19 crisis. All healthcare workers should be encouraged to seek **mental health** support if necessary, during this time.

Stay safe.

Stuart Salfinger

AGES President

AGES COVID-19 RISK-MINIMISATION TIPS

Pre-Operative:

- Use pre-operative patient testing
- Consider pre-operative patient self-quarantine
- **Strong consideration** of non-surgical methods of treatment, to reduce hospitalisation and exposure of staff to COVID-19, when alternative treatment provides a safe and effective alternative (i.e., ectopic pregnancy and methotrexate treatment).
- Consider of the role of **open surgery** for emergency gynaecological operations where prolonged use of a pneumoperitoneum is required at laparoscopy.
- **Strong consideration** for the most experience surgeon to perform all gynaecological surgery to minimise the time in theatre and to reduce the risk of operative complications.
- Bowel surgery is potentially high-risk (e.g., in malignancy and tubo-ovarian abscess) and laparotomy should be considered.

Intra-Operative:

- All theatre staff should have access to appropriate PPE, to be worn during all operations under general anaesthetic
- Only essential staff should be present for intubation/extubation
- Consider use of double-valved ports
- Keep all port taps closed or attached to insufflation/smoke evacuation system – NO direct venting ports to theatre
- Use contained smoke evacuation system
- Beware of high risk of explosive type dispersion with specimen removal (both abdominally and vaginally) – remove all gas prior to specimen removal.
- Remove all gas with suction irrigation under direct vision
- Place large plastic sheet over ports before removing.

This statement has been provided to all AGES members to meet the demand for information on surgeon and patient safety during this COVID-19 pandemic. AGES acknowledges that the COVID-19 crisis is rapidly changing and that these recommendations may require further updates.

References

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3. Joint RCOG / BSGE statement on gynaecological laparoscopic procedures and COVID 19.
4. Khai Tran, Karen Cimon, Melissa Severn, Carmem L. Pessoa-Silva, John Conly. *Aerosol Generating Procedures and Risk of Transmission of Acute Respiratory Infections to Healthcare Workers: A Systematic Review*. PLoS ONE. doi: 10.1371/journal.pone.0035797. Epub 2012 Apr 26.