Clinical Guideline

NSW GOVERNMENT Health
Hunter New England
Local Health District

COVID-19 Management in Surgery and Level 3 Procedures

Sites where PCP applies	All HNELHD facilities
This PCP applies to:	
1. Adults	Yes
2. Children up to 16 years	Yes
3. Neonates – led than 29 days	Yes Approval gained from the Children, Young People and Families Network on 4 January 2022
Target audience	All staff.
Description	This guideline provides guidance on screening, testing and appropriate timeframes for level 3 procedures including surgery in the COVID-19 pandemic.

Go to Guideline

Keywords	COVID-19, COVID, SARS-CoV-2, Surgery, Level 3 procedures
Document registration number	HNELHD CG 22_01
Replaces existing document?	No

Related Legislation, Australian Standard, NSW Ministry of Health Policy Directive or Guideline, National Safety and Quality Health Service Standard (NSQHSS) and/or other, HNE Health Document, Professional Guideline, Code of Practice or Ethics:

- COVID-19 Critical Intelligence Unit Living Evidence: Surgery
- Delaying Surgery for Patients Recovering from COVID-19: A rapid review
- FAQs for Clinicians on Elective Surgery
- Updated Guidance for the Management of Surgery during COVID-19

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Date authorised	4 January 2022
This document contains advice on therapeutics	No
Issue date	4 January 2022
Review date	4 January 2025

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GLOSSARY

Acronym or Term	Definition
Level 3 Procedure	• Requires at least one proceduralist and a procedural team • Always requires written consent • Involves procedural sedation or general / regional anaesthesia • Usually performed in formal procedural suites such as operating theatres, emergency departments, endoscopy suites, interventional imaging suites, birthing suites and cardiac catheterisation laboratories
Surgery	For the purposes of this guideline, the term 'surgery' refers to all level 3 procedures.

PURPOSE AND RISKS

COVID-19 poses a significant risk to patients requiring surgery. There is emerging evidence that recent or current SARS-CoV-2 infection, including asymptomatic or mild infection increases the risks of morbidity and mortality for patients undergoing level 3 procedures including surgery. This guideline outlines the processes HNELHD has implemented to reduce the risks to patients, staff and visitors through screening, vaccination and consideration of delays to non-urgent surgery.
Risk Category: Clinical Care & Patient Safety

1. Surgery and COVID-19 Immunisation

The Department of Health recommends that patients are fully vaccinated against COVID-19.

COVID-19 vaccination should be administered at least one week prior to, or one week after surgery. This reduces the risk of vaccination side effects and surgery or pathology complications from being incorrectly attributed to each other.

Elective surgery

All patients are to be encouraged to complete COVID-19 vaccination prior to surgery. However surgery is not to be delayed or withheld due to a patient's decision not to be vaccinated.

Patients are to be advised to have completed COVID-19 vaccination at least one week prior to surgery. If vaccination has occurred within one week prior to surgery, an individual risk assessment is to be undertaken and surgery delayed until 7 days post COVID-19 vaccination if there is no risk associated with delay.

Unvaccinated patients at time of surgery are to be advised to delay vaccination until one week after surgery. In some circumstances, it may be appropriate to provide vaccination during the post-surgery admission, particularly in patients who may not otherwise seek vaccination. In these circumstances, a risk assessment is to be undertaken with the healthcare team including consideration of type of procedure.

Emergency surgery

Emergency surgery should not be delayed due to recent COVID-19 vaccination. The patient's healthcare team are to be aware of recent vaccination and monitor for surgical complications that may be attributed to vaccine related side effects.

Unvaccinated patients at time of surgery are to be advised to delay vaccination until one week after surgery. In some circumstances, it may be appropriate to provide vaccination during the post-surgery admission, particularly in patients who may not otherwise seek vaccination. In these circumstances, a risk assessment is to be undertaken with the healthcare team including consideration of type of procedure.

Maternity patients

Vaccination rates are lower amongst pregnant women compared to the adult population as a whole. Maternity patients requiring surgery within 72 hours of COVID-19 vaccination are to be discussed with the M&G COVID Consultant prior to surgery to ensure an appropriate vaccination plan is determined.

2. Screening and testing prior to Surgery

All patients are to have their COVID-19 vaccination status verified and be screened prior to surgery using the NSW Health COVID-19 Perioperative Screening Checklist or locally designated COVID-19 screening checklist. Each facility must have their own local process to ensure screening happens as close as possible to the time of the patient's procedure, including consideration of local PCR testing times. This process should describe the method (by phone, in-person) and who is responsible for screening the patient. Screening is to be repeated on admission, this is essential to avoid missing more recent onset of symptoms, or contact with COVID-19 cases, in the interval between screening and admission. If the procedure is delayed, the patient must be re-screened.

COVID-19 testing is to be undertaken prior to surgery in line with the current NSW Alert Level as outlined in the COVID-19 Surveillance and Testing in HNELHD Facilities guideline.

3. Surgery with COVID-19 Infection

Where possible, surgery in patients with confirmed COVID-19 is to be delayed until the patient has recovered from COVID-19 (see CDNA National Guidelines for clearance criteria).In circumstances where surgery is deemed necessary, the patient's consent process is to include all risks associated with surgery whilst clinically impacted by COVID-19.

Elective surgery

Where the risks of delaying elective surgery do not outweigh the risks of proceeding, elective surgery for patients with confirmed COVID-19 infection are to be delayed until the patient is no longer infectious and has demonstrated recovery from COVID-19 (see section 4 below).

Emergency surgery

Urgent surgery, including obstetrics, for patients with confirmed COVID-19 infection is to be undertaken after an individual risk assessment. Contact, droplet and airborne precautions are to be used where surgery proceeds.

4. Surgery post COVID-19 Infection

The COVIDSurg Collaborative study in patients with a pre-operative SARS-CoV-2 diagnosis, determined mortality was increased in patients having surgery within 0–2 weeks, 3–4 weeks and 5–6 weeks of their SARS-CoV-2 diagnosis (odds ratio 4.1, 3.9 and 3.6, respectively). Surgery performed ≥7 weeks after SARS-CoV-2 diagnosis was associated with a similar mortality risk to baseline. After a ≥7-week delay, patients with ongoing symptoms had a higher mortality than patients whose symptoms had resolved or who had been asymptomatic[1].

Patients who have recovered from COVID-19 are to be informed of the increased risks of adverse outcomes following surgery in the period following infection. They should have an individual risk assessment completed by the healthcare team.

Elective surgery

Where the risks of delaying surgery do not outweigh the risks of proceeding, elective surgery for patients who have recovered from COVID-19 should be delayed until 8 weeks after their COVID-19 diagnosis.

Patients with persisting symptoms 8 weeks after contracting COVID-19 will require assessment from the perioperative team to determine when the surgery should proceed.

Emergency surgery

Emergency surgery including obstetric surgery, for patients who have recovered from COVID-19, should not be delayed.

REFERENCES

1. ACI – COVID-19 Critical Intelligence Unit Living Evidence: Surgery

Sources

- Royal Australian College of Surgeons – Delaying Surgery for Patients Recovering from COVID-19: A rapid review
- ACSQHC – FAQs for Clinicians on Elective Surgery
- NSW Health – Updated Guidance for the Management of Surgery during COVID-19

Appendix 1: Rapid PCR tests

A rapid PCR test provides critically urgent results in 1-4 hours. Rapid PCR testing capacity is currently available at Armidale Hospital, John Hunter Hospital, Maitland Hospital, Tamworth Hospital and Taree Hospital.

Any request for a rapid PCR test originating from anaesthetics related to a patient listed to have surgery on the day of testing, can be approved by the senior medical consultant.

The pathology request form for rapid PCR test should include:

1. “RAPID COVID PCR” or “RAPID SARS-CoV-2 PCR”
2. the direct phone number of approving consultant
3. the time and date of scheduled or emergency surgery

The doctor arranging the rapid PCR test is to phone the laboratory to advice of the request for rapid PCR and name of the approving consultant.

Laboratory	Contact Number
Armidale Hospital	(02) 6776 9835
Calvary Mater Newcastle Hospital	(02) 4014 3057
Inverell Hospital	(02) 6721 9525 Available Mon-Fri 8am to 7pm and weekends 9am to 6pm only
John Hunter Hospital	(02) 4921 4000 – 6.30am to 11pm (02) 4921 4421 – 11pm to 6.30am
Maitland Hospital	(02) 4939 2135
Tamworth Hospital	(02) 6767 7833
Taree Hospital	(02) 6592 9017