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# COVID-19 Guidelines

Intraoperative Recommendations when operating  
on suspected COVID infected patients

March 2020



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# Part 1 - Recommendations

## General principles

- Elective surgery should be postponed indefinitely.
- Life and limb threatening surgery should be performed only where outcomes are dependent on timely interventions.
- Patients who have been triaged as unsuitable for ventilation should not normally have surgical procedure performed.

## PPE

- All staff should be trained in the use of PPE.
- \*PPE should be applied and removed using a buddy system and a checklist.

\* <https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>

## Operating theatre

- A dedicated operating theatre should be assigned for treating COVID19 + patients.
- The number of staff in the operating theatre should be minimised.
- Procedures should be performed by senior and experienced staff to minimise procedure time.



# Part 2 - Recommendations

## Sign In

### Staff

Anaesthetist, Surgeon, Circulating Nurse

- Site marking, consent and appropriately informing family members should be completed as usual.
- Sign in at reception should be modified to ensure minimal unnecessary staff exposure.
- Hospitals departments should agree this locally and advise staff.
- Suspending this process allows for retention of PPE equipment and less staff risk.

*Managing COVID-19 in surgical systems -*  
<https://journals.lww.com/annalsofsurgery/Documents>

## Intubation

### Staff

Anaesthetic medical & nursing staff only

- This is considered an Aerosol Generating Procedure (AGP) [www.hspc.ie](http://www.hspc.ie).
- Requires standard contact and Airborne procedure protocols.
- Surgeons should not be in the operating theatre for intubation unless concurrent management of bleeding etc. requires their presence.
- Under no circumstances should staff enter the operating room without properly applied PPE

*Consensus statement: Safe Airway Society principles of airway management and tracheal intubation specific to the COVID-19 adult patient group. Medical Journal of Australia. Published online March 16<sup>th</sup> 2020.*

## Scrubbing

### Staff

Most Senior Surgical Staff Available

Work in teams of two (buddy) to ensure correct application of equipment.

#### Equipment advice :

**Masks :** FFP3 or Higher. (FFP3 Mask should fit face securely and if not surgeon should be fitted for an N95 or PAPR).

**Eye Wear :** Full Coverage Eye Protection.

**Footwear :** Though not part of COVID-19 PPE, consider the use of shoe covers as with any operation.

**Gloves :** Double Glove. Alcohol-based hand prep of PPE gloves may be appropriate.

**Gown :** Waterproof Gown. If not available Waterproof apron underneath standard gown.

*Michigan Surgery Recommendations updated March 20<sup>th</sup> 2020*

## Intra Op

### Staff

Anaesthetic, Surgical and Nursing Staff

All surgery should be performed in a quick and efficient manner, the following principles apply to all surgeries but particularly laparoscopic:

- Strict Haemostasis
- Electrocautery at low settings
- Liberal use of suction
- Reduce Trendelenburg
- Low pneumoperitoneum pressure levels; consider open surgery as an alternative
- Avoid long dissection in one area
- Avoid Harmonic or Ultrasound Dissection if possible

*Minimally invasive surgery and the novel coronavirus outbreak: lessons learned in China and Italy.*  
<https://journals.lww.com/annalsofsurgery/Documents>

## Post Op

### All Staff

- All PPE should be removed inside the operating room.
- Exposed skin, outside of gown, mask, goggles, gloves are presumed to be infected and should not be touched directly.
- Follow PPE removal and disposal guidelines on CDC website.
- Order is Important : First gloves then gown, then wash or alcohol rub hands, then eyewear and mask, then wash or alcohol.

<https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>