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COVID-19: Recommendations for Management of Elective Surgical Procedures

Guided by the trajectory of cases in Italy and other countries, it is very likely that the U.S. health care infrastructure and resources, particularly as it relates to care of the most critically ill patients, are likely to be strained over the coming weeks. Social distancing, crowd avoidance, and other techniques do help to flatten the curve of the dissemination of Coronavirus Disease 2019 (COVID-19), but beyond that, it is appropriate to be forward thinking regarding those patients who will, nevertheless, become infected.

The American College of Surgeons (ACS) has additional comments on this issue. Following a careful review of the current situation, we recommend the following:

Each hospital, health system, and surgeon should thoughtfully review all scheduled elective procedures with a plan to minimize, postpone, or cancel electively scheduled operations, endoscopies, or other invasive procedures until we have passed the predicted inflection point in the exposure graph and can be confident that our health care infrastructure can support a potentially rapid and overwhelming uptick in critical patient care needs.

Immediately minimize use of essential items needed to care for patients, including but not limited to, ICU beds, personal protective equipment, terminal cleaning supplies, and ventilators. There are many asymptomatic patients who are, nevertheless, shedding virus and are unwittingly exposing other inpatients, outpatients, and health care providers to the risk of contracting COVID-19.

We are aware that surgeons who practice in hospitals in geographic COVID-19 hot zones are already getting an advisory from the Centers for Disease Control and Prevention (CDC) on how to prepare. If you practice in an area that's not a hot zone, we still recommend that you refer to the CDC website for guidance. Visit the section entitled "[Interim Guidance for Healthcare Facilities: Preparing for Community Transmission of COVID-19 in the United States.](#)"

We recommend you read the entire document, but for your convenience, a portion of that information is excerpted below:

Inpatient Facilities

- Reschedule elective surgeries as necessary.
- Shift elective urgent inpatient diagnostic and surgical procedures to outpatient settings, when feasible.
- Limit visitors to COVID-19 patients.
 - Plan for a surge of critically ill patients and identify additional space to care for these patients. Include options for:

- Using alternate and separate spaces in the ER, ICUs, and other patient care areas to manage known or suspected COVID-19 patients.
- Separating known or suspected COVID-19 patients from other patients ("cohorting").
- Identifying dedicated staff to care for COVID-19 patients.

Time is of the essence. Please be vigilant and take a leadership role in your practice setting so that these recommendations begin to take hold immediately.

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