MEDICLINIC

COVID-19 INFORMATION

COVID-19 UPDATE

CLINICAL APPROACH TO SURGICAL ADMISSIONS IN THE "NEW NORMAL"

30 April 2020

This position paper serves as a guide for doctors when determining the criteria for surgical admissions under the "new normal" situation. The key principle is the selection of patients for admission based on urgency whilst being cognisant to limit their exposure in the hospital as much as possible.

CLINICAL PRINCIPLES FOR ADMISSION

1. All patients should be tested for COVID-19 and managed as per the "MCSA Testing guideline" depending on urgency of procedure (preadmission PCR testing 48hrs prior to admission, depending on the turnaround time in the region)
2. Consent process by doctor to include the COVID-19 exposure risks and testing along with procedure risks. Evidence of consent to be provided as per MCSA policy[1]
3. Surgical risk and urgency criteria[2] (determined by admitting doctor and anaesthetist):
    i. Patient is fit for anaesthetic (ASA rating 1 or 2) and does not require ICU or high care resources post-surgery
    ii. Surgery is categorised based on SASA criteria as emergent/urgent, urgent essential or essential surgery
4. Consideration should be given to prioritising procedures which reduce the exposure of the patient in the hospital such as:
    i. Procedures that can be done on a day basis or have a short theatre time
5. Consideration should also be given to procedures which limit the exposure of the theatre team to COVID-19 such as:
    a. Procedures that don't require intubation i.e. can be performed under spinals, nerve blocks or procedural sedation
    b. Avoiding procedures that generate aerosols i.e. some endoscopy, ophthalmology, some ENT, Maxillo-facial and dental procedures etc.
6. Surgical safety checklist to include a check for COVID-19 status at all three phases
7. Emergent/urgent procedures or medical admissions continue as usual with appropriate safety precautions taken as if patient is COVID-19 positive
8. Regular/routine 'medical' admissions (maternity, oncology, dialysis etc.) - conduct pre-admission screening and testing for COVID-19 and continue with appropriate safety precautions

[1] MCSA "Evidence of consent for procedures performed by medical practitioner". 1st April 2020

[2] https://sasaapi.sasaweb.com/Newsletters/Document/APRAGMATICAPPROACHTOSURGERYAFTERLOCKDOWNINSA23APRIL2020_637232415114380604.pdf

Examples of Surgical Case Types Stratified by Indication and Urgency

Indication	Case example
Emergent and Urgent surgery; Surgery that must be performed *without delay* or until the patient is medically stable; the patient *has no choice other than to undergo immediate* surgery if *permanent disability or death is to be avoided*.	• Life-threating emergencies • Acute exsanguination / haemorrhagic shock • Trauma level 1 activations • Acute vascular injury or occlusion • Aortic dissection • Emergency C-section • Acute compartment syndrome • Necrotizing fasciitis • Peritonitis • Bowel obstruction / perforation
Urgent essential surgery; Surgery that must be performed in order to *preserve the patient's life or limb or prevent longer term* systemic *morbidity*, but does *not need to be performed immediately* and should be generally performed *within 2 weeks.*	• Appendicitis / cholecystitis • Septic arthritis • Open fractures • Bleeding pelvic fractures • Femur shaft fractures & hip fractures • Acute nerve injuries / spinal cord injuries • Surgical infections
Essential surgery or Essential procedure; Surgery that is scheduled in advance and *where postponement* of the surgery/ procedure will result in the patient's outcome or quality of life being significantly altered if extended *past 2 weeks to 3 months*.	• Cardiothoracic / cardiovascular • procedures • Cerebral aneurysm repair • Vascular access devices • Skin grafts / flaps / wound closures • Scheduled C-section • Closed fractures • Spinal fractures & acetabular fractures
Discretionary Elective or Discretionary elective procedures; Surgery that is *scheduled in advance* and when *postponed* will *not result in the patient's outcome or quality of life* being *significantly altered* by *more than a 3 month delay*.	• Cosmetic surgery • Bariatric surgery • Joint replacement • Sports surgery tubal ligation • Infertility procedures • Vasectomy

Compiled by:
Dr Kim Faure (Clinical Performance Manager), Carina Griessel (Theatre Specialist), Aline Hall (Mother and Baby specialist), Dr Chris Du Plessis (General Manager Clinical Services), Dr Stefan Smuts (Chief Clinical Officer)