

Guidance on delays to elective surgery post recovery from SARS- COV 2 infection (5 August 2020)

Dear colleagues

We are pleased to share guidance for elective procedures post COVID. This was agreed to at the Chairs and Presidents meeting last week. It provides good guidance for all our members in a rapidly developing field.

Background

The severity and duration of SARS-CoV-2 infection is variable between individuals. There is increasing evidence of an incidence of post infection impairment despite significant gaps in our understanding as to how long the respiratory (1), cardiovascular (2) and other systems may be affected. It appears that infection (communicability) recovery is much quicker than physiologic recovery.

Available evidence suggests patients who had SARS-CoV-2 infection diagnosed within 7 days before or up to 30 days after surgery are at significant risk of post-operative complications including increased morbidity and mortality.(3)

There are insufficient additional data to provide universal recommendations on the optimum timing of necessary, planned surgery following recovery from active infection with SARS-CoV-2. Therefore, a cautious approach is recommended. Decisions regarding surgical timing will require careful consideration of the possible sequelae of the infection, the urgency of the required surgery and the expected physiological impact on the patient.

Guidelines

A minimum of eight weeks of being symptom free prior to undergoing all but minor elective surgical procedures is recommended.

Patients should have a formal clinical review prior to surgery that particularly addresses the state of the cardiac and respiratory systems. This is recommended for all patients post known SARS-CoV 2 infection and is especially important in those who have any persisting symptoms (including fatigue) or who were hospitalised for SARS-CoV-2 care.

Not ready for care?

If, on careful consideration of the nature and severity of any persisting problems, delay is considered the safer course of action for an individual patient, we recommend treatment is delayed until the balance of risks and benefits are more in the patient's favour, even for a Category 1 (within 30 days) case.

This guidance will be updated when more evidence of the longer term's effects of infection with SARS-CoV-2 is available.

Kind regards



Vanessa Beavis
President, ANZCA

1. Zhao Y, Shang Y, Song W, Li Q, Xie H, Xu Q, et al. Follow-up study of the pulmonary function and related physiological characteristics of COVID-19 survivors three months after recovery. *EClinicalMedicine*. 2020 Jul;100463.
2. Puntmann VO, Carerj ML, Wieters I, Fahim M, Arendt C, Hoffmann J, et al. Outcomes of Cardiovascular Magnetic Resonance Imaging in Patients Recently Recovered From Coronavirus Disease 2019 (COVID-19). *JAMA Cardiol* [Internet]. 2020 Jul 27 [cited 2020 Aug 3]; Available from: <https://jamanetwork.com/journals/jamacardiology/fullarticle/2768916>
3. Nepogodiev D, Bhangu A, Glasbey JC, Li E, Omar OM, Simoes JF, et al. Mortality and pulmonary complications in patients undergoing surgery with perioperative SARS-CoV-2 infection: an international cohort study. *The Lancet*. 2020 Jul;396(10243):27–38.