Society for Cardiothoracic Surgery

This SCTS / ACTACC / SCPS document is proposed guidance to UK cardiac and thoracic teams for procedures on patients who are screened negative for COVID 19.

As the number of patients being treated for covid-19 start to fall attention is turning to the resumption of planned urgent and semi-elective surgery. Initially at least these cases are likely to be dominated by cancer and cardiac surgery.

The Association of Anaesthetists, the Royal College of Anaesthetists, the Faculty of Intensive Care Medicine and the Intensive Care Society have together produced a strategy document to facilitate this which is available at the following link :

https://static1.squarespace.com/static/5e6613a1dc75b87df82b78e1/t/5eac2a173d65cd27933fca88/1588341272367/Restarting-Planned-Surgery.pdf

Cardiothoracic surgery by its nature involves long and complex procedures which are difficult to carry out in full PPE. In addition to this experience to date suggests patients who have active coronavirus infection at the time of surgery are more at risk of serious complications and mortality. Therefore everything reasonable should be done to assure our patients are COVID-19 negative before their surgery.

The purpose of guidelines is to ensure as far as possible patients undergoing surgery do not have active coronavirus infection, their post-operative risk is not increased, and the risk to staff is minimal.

For the purpose of the guidance patients are divided into 2 groups - elective and urgent surgery.

Elective Pathway

- Patients should undergo strict self-isolation for 14 days preoperatively
- Patients should have a SARS-CoV-2 swab taken at 7 days preoperatively
- A second swab should be carried out within 48 hours of surgery
- Routine bloods to include lymphocyte count and CRP should be taken within 48 hours of surgery.
- CT scan NOT indicated for these elective patients who have self isolated.
- Patients should be admitted to a "clean" (green) area. Staff in that area wear surgical masks, gown and gloves with each patient contact.
- Surgery should be carried out in a dedicated clean area remote from positive patients

Urgent Patients

- Urgent patients should have at least 2 negative swabs prior to surgery
- Routine bloods to include lymphocyte count and CRP should be taken within 48hours of surgery
- Patients should have a CT thorax to rule out COVID-19 features in chest

If the above criteria cannot be met or any tests raise suspicions, then the patients should be treated as potentially COVID-19 positive and managed accordingly. This will include delaying surgery where possible, reconsidering alternative strategies, and if proceeding with surgery then use full PPE in a COVID-19 theatre / environment.

Postoperative ITU management for all patients should be separate from COVID-19 positive areas and will be either yellow or green depending on local facilities.

P.P.E

Where a patient is screened to be COVID-19 negative, the following recommendations:

1. Induction in anaesthetic room. Full PPE for intubation and TOE
2. In theatre normal surgical apparel. Normal theatre staffing. If air leak expected then full PPE recommended (ie pleurectomy, redo cardiac surgery)
3. Postoperatively PPE should be worn within 2 metres of bed space for all aerosol generating procedures - ie extubation, air leaks from chest drains.