



THE COLLEGE OF SURGEONS OF SRI LANKA

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Guidelines for providing surgical care during the COVID-19 pandemic The College of Surgeons of Sri Lanka – May 2021

The original document on COVID-19 surgical management of April 2020 is revised as follows. This document has three sections; Aims, Classification and Recommendations.

Aims:

1. To minimize the morbidity and mortality of the surgical patients (Both COVID-19 and Non-COVID-19), due to the delay or denial of instituting treatment
2. To prevent or minimize the risk to the patients and the staff acquiring COVID-19
3. To support the stringent COVID-19 control program, the government and health authorities are carrying out at present
4. To optimize the usage of PPE and other consumables which are required to manage the COVID-19 patients in order to prevent shortage of such resources
5. To categorise surgical patients taking in to consideration the COVID-19 status and Priority needs

Classification:

COVID-19 status - Patient categories:

- Category 1. PCR Negative patients
- Category 2. RAT Negative, asymptomatic patients
- Category 3. RAT Negative, but symptomatic or close contacts of COVID-19
- Category 4. RAT positive patients, awaiting PCR
- Category 5. PCR positive patients

Prioritization - The types of surgical procedures:

- Type 1 Emergency surgical procedures (E.g. life, limb, or organ saving)
- Type 2 Oncologic electives
- Type 3 Non-oncologic electives associated with significant morbidity and mortality if differed.
- Type 4 Surgical procedures which could be safely delayed for six months or more

Recommendations

Recommendation 1: Allocating designated areas within the institution

1. WARDS:

All the patients should be screened with RAT prior to admission to surgical wards

- a. PCR positive zone
- b. Intermediate zone (Awaiting PCR screening)
- c. PCR negative zone

2. THEATRES:

- a. There should be a dedicated operating theatre/s for category 1
- b. Theatre for category 4 and 5 and emergencies of category 3 patients

3. ICU/ HDU:

- a. Designated beds should be allocated for category 3 and 4 patients
- b. Category 5 patients should be treated in isolation

Recommendation 2 surgical procedures

- A. Priority must be given to Type 1 (emergency) procedures and should be attended without any undue delay
- B. Emergency surgical care should not be unduly deferred for laboratory confirmation of COVID-19 status, and such instances should be considered COVID-19 positive for all practical purposes
- C. Whenever possible non-surgical management strategies or modified procedures recommended based on universally accepted guidelines
- D. All Type 2 and 3 patients must be in category 1 (PCR negative) at surgery

Recommendation 3: Attire for the surgical and anesthetic teams.

- A. All general precautions must be taken to prevent spread of the communicable diseases which should be adhered to strictly. This includes surgical masks, goggles or glasses, impermeable apron which goes beyond the upper border of the surgical boots (no slippers or sandals), and the surgical gowns with gloves
- B. The attire of the anesthetic team should be according to the guidelines issued by the Ministry of Health and the Sri Lanka College of Anesthesiologists
- C. Special precautions such as full PPE, special masks, visors may be used for all other than category 1
- D. Type 1 procedures should not be delayed because a particular type or brand of PPE is not available. Every effort must be made by the hospital authorities to ensure availability of essential PPE
- E. Demand for PPE should be ethical, justifiable and subject to availability
- F. Use of available special resources for personal protection such as full PPEs must be done judiciously as such material is in short supply worldwide

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