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COVID-19 Information Center:
https://www.advocatehealth.com/covid-19-info/
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**Purpose**

- Define surgical indications for essential surgery/procedure
- Provide weekly review of COVID-related surgical restrictions and determine if restrictions should remain in effect or be modified; modifications include:
  - Extend the restriction period
  - Revise the surgical indications of emergent/essential surgery
- Provide guidelines for phased return to normal operations to effectively prioritize and manage case backlog
- Extend support to operational/PSA leaders and surgeons to ensure adherence to the guidelines

**Guiding Principles for Task Force**

- Guidelines are evidence-based and in accordance with COVID-related recommendations made by governmental and recognized medical societies
- Guidelines assist organizational planning and decision-making; however, the surgeon/proceduralist is the final arbiter
- Task Force Contributors are advocates for both surgeons and operational leaders to ensure restrictions/guidelines will secure surgical care for those patients who would potentially face permanent damage or harm by delay
Medical-Surgical Local Governance Team

- The resumption of medical-surgical procedures will be led at each site by a site-based team. This team is charged with prioritizing surgical activities based upon patient and team member safety, availability of testing, PPE and other resources and consistent with guidelines provided by local, state and federal authorities. This committee will be chaired by the Hospital CMO.

- Recommended committee members include CMO (chair), Surgery Chief, Vice President – Operations, Chief Nursing Executive, and the anesthesia, oncology, and hospitalist leads.

- Guiding principles:
  - Patient and team member safety
  - Preservation of PPE
  - Wise use of testing resources (ACL Central Testing vs. Cepheid)
  - Coordination with Operations and Support Services
  - Utilization of existing site-based leadership structures & meetings is highly encouraged with members being recommended
  - Coordination with PSA leadership to scale operations up or down based upon local COVID-19 prevalence
Essential Procedure Planning Guide

- Surgeons should determine patient’s status based on definitions below

If status is deemed essential, surgeon and operational leader(s) should assess the patient’s needs against available resources; this may necessitate relocation of patient and surgeon to a facility with greater capacity – **See Medical-Surgical Local Governance Team on page 4**

- The procedure planning guide can support decision-making to determine the best date, time, and location for the surgery/procedure

Surgery/Procedural Definitions

Emergent

- Life or limb threatening condition or injury requiring surgery; life or tissue loss is imminent or expected quickly without surgery. It is presumed that these procedures will proceed regardless of COVID-19 status

Essential

- Non-life or limb threatening condition in which delaying surgery could result in harm; delaying surgical treatment is likely to have a negative impact on patient outcome

Elective

- Surgery or procedure that can safely be delayed for days, weeks or months, without resulting in permanent harm
Essential Procedure Planning Guide

Goals for Surgeons/Proceduralists & Operational Leaders

- Prevent harm to the patient by a delay in care
- Optimize our resources – human, equipment, supplies, etc.
- Reduce potential COVID exposure to physicians, team members and patient

Guiding Principles

- Be flexible on location
- Be flexible on date/time
- Operational leaders determine capacity based upon available resources
- Physician ultimately determines necessity for essential surgery/procedure within AHCMG supported guidelines
- Patients understand given current conditions, cases may be canceled or rescheduled on short notice
- Patients understand they will remain on isolation until surgery date to minimize risk of COVID-19 exposure

Patient Considerations

- Patient age
- Chronic respiratory disease
- Cardiovascular disease
- Grade III and higher obesity (BMI >40)
- Immunocompromised
- History of solid organ transplantation or bone marrow transplantation
- Diabetes
- Renal disease Stage III or greater (GFR <60)
- Liver disease
- Chronic Neuromuscular disorders (ALS, myasthenia, etc.)
- Hematologic disorders (Hemophilia, Von Willebrand’s, etc.)
- Pregnant patients
- h/o of ASA status of 4 or higher assigned
Cardiovascular Essential Case Indications

- Complete Heart Block
- Refractory VT
- STEMI
- NSTEMI
- Decompensated Symptomatic Valve Disease
- Heart Transplant
- Biopsy within 6 months of Heart Transplant for change of medications to prevent rejection

Citations


Gastroenterology Essential Case Indications

- Foreign body obstruction caused by a food bolus e.g. stricture with sudden onset if inability to eat
- GI bleeding with the potential for endoscopic intervention when the patient’s health would deteriorate e.g. fresh blood in NG aspirate that persists after intravenous PPI use for 12-24 hours; cirrhosis with suspected variceal bleeding despite iv pharmacologic treatment
- Cholangitis, new obstructive jaundice, management of ductal leaks, bile leaks and stent exchange or removal if decay would likely result in sepsis
- Cancer staging and abnormal imaging study with high suspicion for malignancy where a delay may cause permanent harm to the patient
- Interventional management of acute potential life-threatening conditions such as infected pancreatic pseudocyst

Citations

General Surgery Essential Case Indications

- Acute Hemorrhoidal Thrombosis/Necrosis
- Perianal or Perirectal Abscess
- Soft Tissue Infections
- Acute Pancreatitis with Necrosis
- Pneumoperitoneum, Intestinal Ischemia, Intestinal Obstruction
- Appendicitis, Uncomplicated
- Appendicitis, Complicated
- Symptomatic Cholelithiasis
- Choledocholithiasis
- Acute Cholecystitis
- Cholangitis
- Diverticulitis
- Emergent Endoscopy

Bariatric
- Perforated marginal ulcer, bleeding, anastomotic or staple-line leak, obstruction
- Particularly internal hernia, gastric band perforation or prolapse
- Revisions for dysphagia, severe GERD, pain, dehydration/malnutrition, slipped band, anastomotic strictures at risk for aspiration
- Primary cases for patients pending surgery requiring pre-op weight lose (e.g. transplant etc.)

Citations

https://www.facs.org/covid-19/clinical-guidance/elective-case/metabolic-bariatric
Interventional Radiology Essential Case

Indications

- Preservation of Life and Limb/Organ
- Continued Diagnosis and Treatment of Cancer

Citations

Neurosurgery Essential Case Indications

- Any condition that involves brain or spinal cord compression secondary to fracture, hemorrhage, edema, abscess, instability, or space occupying mass, or compression of the peripheral nerves in which delay would risk irreversible or permanent damage should continue to be treated as a neurosurgical emergency (i.e. subdural hematoma, spinal epidural abscess etc.)

Tumor Guidelines

- High Grade Gliomas. Patients with newly diagnosed or recurrent GBMs should be operated on within 1 to 2 weeks. In cases where hypofractionated radiotherapy could be used to limit patient exposure to the hospital this should be considered
- Brain Metastases. Surgery should be offered only to those patients with large lesions causing symptoms related to mass effect and vasogenic edema and whose survival is greater than 3 months
- Spine Mets. For patients with spine mets, conventional radiotherapy or radiosurgery should be offered where appropriate to prevent local growth and neurologic symptoms. For patients with progressive deformity, neurologic deficits, and significant epidural disease, surgery or emergent/essential radiotherapy (i.e. spinal lymphoma) should be offered where appropriate
- Other lesions. Pituitary tumors and skull base lesions with rapidly worsening vision should receive treatment (more chronic vision loss cases can and will likely need to be delayed) Similarly, acoustic neuromas, meningiomas, etc. with hydrocephalus or other symptoms of brainstem compression should be managed expeditiously. Tumors with slow but progressive symptoms should be evaluated on a case by case basis

Spine

- Neurologic compression secondary to fracture, instability, or space occupying mass dorsal spine, or peripheral nerve in which delay would risk irreversible or permanent damage

Citations


OB/GYN Essential Case Indications

- C-section
- Ectopic pregnancy
- Molar pregnancy
- Cervical cerclage
- D&C for missed or incomplete abortion
- Postpartum tubal ligation for healthy patients
- Urogyn procedures for patients at risk for urosepsis
- Viscus perforation
- Closed-loop bowel or colonic obstruction
- Incarcerated hernia with gynecologic tumor
- Pelvic mass with torsion or causing urinary or intestinal obstruction
- Establish cancer diagnosis when high index of suspicion is present, including evaluation of abdominopelvic masses
  - Treatment of gynecologic cancers except for Grade I endometrial cancers which hormonal therapy is possible
- Cervical adenocarcinoma in situ or inadequate colposcopy with concern for invasive cancer
- Treatment of recurrent cancer when non-surgical options are not possible
- Symptomatic patients with inoperable primary or recurrent cancer requiring palliative procedures (e.g. diverting colostomy)
- Vaginal, uterine or pelvic hemorrhage
- Severe anemia secondary to menorrhagia unresponsive to medical therapy
- Fertility preservation for patients undergoing cancer treatment that threatens future fertility

Citations

Ophthalmology Essential Case Indications

- Cataract: congenital in amblyopic period, acute lens complications, monocular patient with loss of functional vision or intolerable severe anisometropia of fellow eye
- Ocular or orbital malignancy, unstable
- Orbital cellulitis
- Ocular trauma, uncontrolled glaucoma or intraocular pressure, intractable pain
- Endophthalmitis, corneal decompensation
- Retinal detachment or tear, vitreous hemorrhage, intra-ocular foreign body, choroidal effusion/hemorrhage
- Pediatric patient with retinopathy of prematurity (if this can’t be in the NICU)
- Torn or lost extra ocular muscle

Citations

https://www.aao.org/headline/list-of-urgent-emergent-ophthalmic-procedures
Orthopedic Essential Case Indications

- Tumor or Presumptive Tumor
- Acute Disruption of Joint Function supporting mobility (i.e. acutely torn quadriceps, patellar or Achilles tendon)
- Infection or presumptive infection
- Neurologic compression secondary to fracture, instability, or space occupying mass dorsal spine, or peripheral nerve in which delay would risk irreversible or permanent damage
- Fractures and Dislocations; impending fractures
- Impending Component failure potentially leading to catastrophic failure

Citations


https://www.facs.org/covid-19/clinical-guidance/elective-case/orthopaedics

Otolaryngology Essential Case Indications

- Sinus disease with complications
- Facial fractures
- Nasal fractures
- Deep neck space infections
- Peritonsillar abscess
- Control of bleeding
- Soft tissue trauma
- Head and neck cancer
- Airway obstruction
- Neck abscess
- Obstructing thyroid mass/substernal
- Malignant thyroid tumor

Citations

https://jamanetwork.com/journals/jamaotolaryngology/fullarticle/2764032
https://www.entnet.org/content/academy-supports-cms-offers-specific-nasal-policy-1
https://doi.org/10.1016/j.jamcollsurg.2020.03.030
Plastic Surgery Essential Case Indications

Musculoskeletal/Wound

- Active acute infection or tissue necrosis
- Coverage of organs, vascular structures
- Acute traumatic
- Burn
- Fractures (hand and face)
- Nerve injuries (hand and face)
- Tendon injuries

Breast

- Breast cancer – case by case, tissue expander only if immediate reconstruction is required

Citations

https://www.plasticsurgery.org/for-medical-professionals/covid19-member-resources

Pulmonary Medicine Essential Case Indications

- Diagnose cancer
- Staging cancer

Citations

https://aabronchology.org/2020/03/12/2020-aabip-statement-on-bronchoscopy-covid-19-infection/
Surgical Oncology Essential Case Indications

Breast
- Patients with progressive disease on systemic therapy, angiosarcoma and malignant phyllodes tumors
- Incision and drainage of a breast abscess
- Evacuation of hematoma
- Revision of ischemic mastectomy flap
- Revascularization/revision of autologous tissue flap-autologous reconstruction
- Patients completing neoadjuvant therapy
- Patients progressing on neoadjuvant therapy
- Patients with symptomatic recurrent cancer

Gastric & Esophageal
- Uncontrollable bleeding, obstruction or perforation
- Patients with persistent or escalating symptoms
- Patients completing neoadjuvant therapy

Colorectal
- Uncontrollable bleeding, obstruction or perforation
- Patients completing neoadjuvant therapy

Pancreas
- Patients with persistent or escalating symptoms
- Patients completing neoadjuvant therapy

Hepatobiliary
- Patients with persisting or escalating symptoms
- Patients completing neoadjuvant therapy

Melanoma
- Melanomas 2.0mm or greater
- Melanomas which were incompletely excised
- Melanomas progressing on other therapies
- Symptomatic melanomas
Sarcoma

- Progressive or symptomatic sarcomas not amenable to neoadjuvant therapy
- Patients completing neoadjuvant therapy

Thoracic

- Solid or predominately solid (>50%) lung cancer or presumed lung cancer >2cm, clinical node negative
- Node positive lung cancer
- Post induction therapy cancer
- Esophageal cancer T1b or greater
- Chest wall tumors of high malignant potential not manageable by alternative therapy
- Stenting for obstructing esophageal tumor
- Staging to start treatment (mediastinoscopy, diagnostic VATS for pleural dissemination)
- Symptomatic mediastinal tumors – diagnosis not amenable to needle biopsy
- Patients enrolled in therapeutic clinical trials

Citations


https://www.facs.org/-/media/files/covid19/covid_19_breast_recommendations.ashx

https://www.facs.org/covid-19/clinical-guidance/elective-case/otolaryngology


https://www.facs.org/covid-19/clinical-guidance/elective-case

https://www.breastsurgeons.org/docs/statements/ASBrS%20NAPBC%20CoC%20NCCN%20ACR%20BC%20Covid%20MANUSCRIPT%20BCRT%20Rev1-4_7_2020%201022amEST.pdf


https://www.surgonc.org/resources/covid-19-resources/


Urology Essential Case Indications

- Necrotizing Fasciitis/abscess
- Clot evacuation
- Urinary stones: symptomatic, obstructing stones/UTI
- Testicular cancer: radical orchiectomy
- Testicular torsion
- Primary adrenal cancers: adrenal cortical carcinoma/malignant pheochromocytoma
- Bladder cancer high grade tumors, and refractory hematuria
- Gross hematuria
- Kidney cancer including renal pelvic/ureteral cancers
- Prostate cancer high risk disease
- Prostate biopsy for high risk disease/possible metastatic disease
- Ureteral stones present > 6 weeks
- Symptomatic scrotal cases/abscess
- Penile cancer
- Priapism

Citations

https://www.facs.org/covid-19/clinical-guidance/triage
Vascular Essential Case Indications

- AAA
  - Ruptured/symptomatic AAA
  - Infected aortic grafts
  - AAA > 6.5cm
- Peripheral Aneurysms
  - All symptomatic aneurysms
  - Pseudoaneurysms not amenable to thrombin injection
- Aortic Dissections
  - Dissections with rupture or malperfusion
- Symptomatic Carotid Stenosis
- Dialysis Access
  - Patients with catheters in place
  - CKD4, 5 with need for dialysis
  - Infected dialysis access or steal
- Acute limb ischemia
  - Chronic limb ischemia with rest pain/tissue loss
  - Amputation severe rest pain/tissue loss

Citations

https://vascular.org/news-advocacy/covid-19-resources#Guidelines&Tools
**Goals for Surgeons, Proceduralists & Operational Leaders**

- Prevent harm to the patient by a delay in care
- Optimize our resources – human, equipment, supplies, etc.
- Reduce potential COVID exposure to physicians, team members and patient

**Guiding Principles**

- Be flexible on location
- Be flexible on date/time
- Operational leaders determine capability based on available resources
- Physician determines necessity for essential surgery/procedure within AHCMG supported guidelines

**Planning**

Physician:_____________________  Procedure:___________________________

Patient:_______________________  DOB:____________  MRN:____________

**Considerations**

Proposed Facility (e.g. hospital, ASC)
Bed Requirement (e.g. DS, IP floor, telemetry, ICU)
Anesthesia (e.g. general, regional, spinal)
Special PPE (e.g. PAPR etc.)
Ventilator Post-Op
Blood Requirements
Additional Clinicians (e.g. 2<sup>nd</sup> surgeon, APC etc.)
OR Team requirements
Expected stay (e.g. <24 hours)
COVID Testing
Comorbidity needs (e.g. dialysis, respiratory support, home health etc.)