

Statement on timing of surgery after Sars-Cov-2 infection- March 2022

Previous data suggested that those patients who have been infected with Sars Cov-2 are at an increased risk of post-operative morbidity and mortality if operated on within 7 weeks of their infection, even in those who were asymptomatic. The impact of vaccination and new variants on this association remain unclear. A recent consensus statement¹ produced by the *Association of Anaesthetists, Centre for Perioperative Care, Federation of Surgical Specialty Associations, Royal College of Anaesthetists, Royal College of Surgeons of England* is endorsed by University Hospitals Sussex.

The key recommendations¹ are:

- **Elective surgery should not take place within 10 days of diagnosis of SARS-CoV-2 infection-** predominantly because the patient may be infectious, which is a risk to surgical pathways, staff and other patients.
- **Patients should avoid elective surgery within 7 weeks of SARS-CoV-2 infection,** unless the benefits of doing so exceed the risk of waiting.
 - If elective surgery is considered within 7 weeks of diagnosis of SARS-CoV-2 infection, multidisciplinary discussions with the patient should occur with documentation of the risks and benefits.
 - All patients should have their risk of mortality (and complications, where possible) calculated using a validated risk score
 - Risk modifiers based on patient factors (age; comorbid status); SARS-CoV-2 infection (timing; severity of initial infection; ongoing symptoms); and surgical factors (clinical priority; risk of disease progression; complexity of surgery) can then be applied to help estimate how underlying risk would be altered by undertaking surgery within 7 weeks of infection- see decision tool below.
 - Patients should be advised that a decision to proceed with surgery within 7 weeks will be pragmatic rather than evidence-based.
- **Patients with persistent symptoms and those with moderate-to-severe COVID-19** (e.g. those who were hospitalised) remain likely to be at greater risk of morbidity and mortality, even after 7 weeks. Therefore, delaying surgery beyond this point should be considered, balancing this risk against any risks associated with such delay
- **In patients with recent or peri-operative SARS-CoV-2 infection,** avoidance of general anaesthesia in favour of local or regional anaesthetic techniques should be considered.

References:

1. El-Boghdadly, K., Cook, T.M., Goodacre, T., Kua, J., Blake, L., Denmark, S., McNally, S., Mercer, N., Moonesinghe, S.R. and Summerton, D.J. (2022), Timing of elective surgery and risk assessment after SARS-CoV-2 infection: an update. A multidisciplinary consensus statement on behalf of the Association of Anaesthetists, Centre for Perioperative Care, Federation of Surgical Specialty Associations, Royal College of Anaesthetists, Royal College of Surgeons of England. *Anaesthesia*
<https://doi.org/10.1111/anae.15699>

Communicating risk when considering surgery within 7 weeks of SARS-CoV-2 infection

This tool is to be used for patients who are no longer infectious (≥ 10 days after diagnosis).

STEP 1 Assess the patient's **BASELINE** risk and explain this to the patient.

⇒ Baseline risk is the most important factor determining patient outcome.¹

Baseline risk	High Surgical mortality risk $>1\%$ with validated tool ²	Intermediate Lower risk of death, but risk of significant complications	Low Low risk of death and complications
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STEP 2 Consider factors that create **ADDITIONAL** risk of proceeding with surgery within 7 weeks and explain this to the patient (risk modifiers).

⇒ Risk is cumulative: each risk factor has a bigger impact on a patient with high baseline risk than on a patient with low baseline risk.³

- Age > 70 years
- ASA physical status 3–5⁴
- Major surgery
- Ongoing COVID-19 symptoms
- Previously hospitalised for COVID-19

Additional risk	High >1 risk factor	Intermediate 1 risk factor	Low No risk factors
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STEP 3 Now consider risk of deferring surgery for 7 weeks after SARS-CoV-2 infection.

⇒ Clinicians and patients should balance the baseline (Step 1) and additional risk (Step 2) of proceeding with surgery against the risks of waiting.

STEP 4 Complete agreed outcome.

Outcome	<i>Proceed</i>	<i>Defer</i>	<i>Undecided⁵</i>
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Figure 1: Communicating risk when considering surgery within 7 weeks of SARS-CoV-2 infection. See reference¹ for full explanation and worked examples. This communication tool should be used in conjunction with above recommendations to support shared decision making.