ASIA & OCEANIA FEDERATION OF OBSTETRICS & GYNAECOLOGY

AO FOG

AOFOG statement on COVID-19 and Minimal Invasive Gynecologic Surgery:

(Updated on 1st March 2021)

Resuming Elective Gynaecological Surgery in the COVID-19 era

This recommendation is a basic policy statement from AOFOG on what gynecologists need to address for resuming usual practice during the COVID-19 pandemic. As the ethical principle, every patient is owed the best possible care and treatment available under this COVID-19 crisis. Health care providers have a duty of care to promote their patients' welfare within available resources.

The impact of the COVID-19 pandemic on elective surgeries has been significant, and it is estimated that 30% and 84% of surgeries for malignancies and benign diseases respectively were cancelled during April to June in 2020. It is also estimated that it would take 45 weeks to finish all these expectant surgeries even if we enhanced the pre-pandemic surgical implementation by 20%.
This recommendation is issued for safe and reliable resumption of scheduled surgeries and adequate surgical care in this declining phase of the COVID-19 pandemic even after starting world-wide immunizing vaccination for SARS-CoV-2 virus. Nevertheless, all facilities should be vigilant to prevent recurrent waves in sustained COVID-19 pandemic and should at all times be sensitive to avoid excessive physical and mental stress on health care providers (HCPs).

#1 Timing of resumption of scheduled surgery:

- The number of new COVID-19 infections in each region remained on a downward trend for at least two weeks.
- Medical resources (staff, operating rooms (OR), ICUs, general wards, laboratories, personal protective equipment (PPE), ventilators, surgical equipment, drugs, sterilization, facility cleaning, etc.) are expected to be secure.
- Close cooperation with local health care administrators is maintained (up-to-date information on the infection situation and preparation to respond promptly to a second wave). This is to ensure that bed capacity is not compromised by resuming elective surgeries.

#2 Checking for COVID-19 infection:

- Establish institutional policies on the appropriateness of requesting preoperative patients to stay home and PCR testing, as well as the timing and frequency of these tests and other additional tests, depending on the prevalence of infection as well as availability of resources.
- Establish facility policies for testing and infection protection measures for health care workers involved in surgery, depending on the prevalence of infection in each region.
- Establish policies for dealing with patients and HCPs who are known to be infected with COVID-19 or who are awaiting test results.

#3 Preventing the re-spread of infection:

- Triaging the patients for COVID status prior to admission to the unit.
- For patients with COVID-19 positive or suspected, consider alternative-surgical treatment with effective utilization of medical resources to avoid infection due to aerosol, and reduce HCPs in the OR at the time of endotracheal in/ex-tubation.
- In the regions where COVID-19 infection is possibly sustained, the "elective" surgery should be further postponed till recovery from the infection has been achieved. And even if postponement is not an option, informed consent for the potential increased morbidity/mortality in patients who undergo surgeries in such regions should be taken.
- Ensure adequate PPE and set standards for appropriate PPE use in OR.
- Demarcate OR, ICUs, general wards, and their traffic lines for COVID-19 positive or suspected patients from COVID-19 negative patients. And if possible, demarcate storage areas for surgical equipment and medications, and HCPs.
- Establish testing policies for post-operative symptomatic patients (e.g., PCR).

#4 Restructuring the surgical schedule:

- Create list of scheduled surgeries cancelled or postponed due to the COVID-19 pandemic
- Extend the OR-available hours (e.g., at night and on holidays) under the agreement of all departments and divisions involved in the operation.
- Consider a flexible working scheme to avoid overburdening HCPs.

#5 Building good communication with patients:

- Ensure all patients receive appropriate surgical care based on fair and neutral rules that are appropriate to the prevalence of infection and the patient's condition in each region
- Provide accurate information about COVID-19 and surgery in each region
- Set preoperative discipline about patients' stay home and COVID-19 testing-policy
- Show efforts of Facility and health care professionals to ensure the safety of patients
- Exhibit testing policy in case of post-operative suspected COVID-19 infection
- Confirm the advance directive of patients to express his or her own treatment in advance
- Share restrictive policy on visits from family and friends and arrange how to explain the surgery and medical condition to family and key people
- Explain how to follow up, including post-operative online outpatient services
- Provide information about the life-style after discharge, such as masks and hand washing, refraining from going out, and ensuring social distancing
- Confirm the information about contacts in case health condition worsens after discharge

After fulfilling aforementioned #1-5, surgical care should be provided from each institute by ensuring following five phases in post COVID-19 pandemic era.

Phase I- Preoperative actions at each institution:

prevention for the spread of COVID-19 infection, consultation of advance directives for old patients and those with complications, presentation of non-surgical treatment, and obtaining informed consent with those undergoing elective surgery and especially those who are COVID-19 positive or suspected.

Phase II-Immediate Preoperative cares:

patient COVID-19 screening, reassessment of preoperative laboratory tests and review of perioperative management.

Phase-III-Intraoperative procedures:

review of timeout, staffing, and surgical techniques* based on the presence and risk of COVID-19 infection, securing PPE, and handling of surgical specimens.

*: For laparoscopic surgeries, aerosol generating procedures (AGP) and leakage of pneumoperitoneum should be carefully minimized.

Phase IV- Post-operative care:

adherence to standard post-operative management for reducing complications.

Phase V- Post-discharge address:

discharge home or transfer according to COVID-19 positivity or negativity

#6 Specific issues for patients who have recovered from COVID-19 illness.

- COVID-19 associated fatigue, muscle ache, shortness of breath and headache are likely sustained at a follow up of 2-4 months in those cared in outpatient clinic as well as ICU.
- The possibility of respiratory dysfunction should be considered as experience from SARS-CoV-2 survivors has indicated that pulmonary function at 1 year is normal in 63%, mildly reduced in 32% and moderately impaired in 5% with abnormalities characterized by restrictive patterns and reduced carbon monoxide diffusing capacity.

The content of this report should be updated in light of the COVID-19 pandemic status and progress in pathogenesis and treatment of COVID-19. We are committed to maintaining high standards of surgical care and providing patients who truly need it. As HCPs in protecting the health of the community, we are also strongly encouraged to make the best and most appropriate decisions.

References.

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