
The PSGE supports the suspension of elective surgeries during this time upon review of the available literature and current guidelines.

However, there may be occasions when surgery may be deemed urgent and cannot be delayed and the following recommendations must be considered in decision making. These are subject to change as new data become available.

1. All MIGS (laparoscopy and hysteroscopy) are not recommended as the FIRST choice of surgical route at this time for the following reasons:

   a. Routine COVID-19 Testing as part of the pre-op assessment of the patient is not feasible.
   b. There is a potential for viral aerosolization with CO2 use to achieve pneumoperitoneum.
   c. COVID 19 Virus shedding in the peritoneum and female reproductive tract are still unknown.
   d. Limited supply of the Proper Protective Equipment (PPE) for the surgical team (surgeons, anesthesiologists, nurses and allied medical profession). The PPE is important to prevent virus transmission which occurs through inhalation of infected droplets.

2. For urgent cases, MIGS may be done as long as:

   a. The institution is capable of providing the full PPE for the surgical team.
   b. All patients undergo the necessary pre-operative assessment to rule out COVID-19.
   c. Proper measures are taken to contain the CO2 release during procedures.
   d. The use of non-elektrosurgical/ultrasonic measures for hemostasis is maximized.
   e. Disposable equipment is used.
References:


