



AMERICAN COLLEGE OF SURGEONS

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COVID-19 and Surgical Procedures: A Guide for Patients

The country is responding to a new virus known as Coronavirus Disease 19 or COVID-19. COVID-19 rapidly spreads from person-to-person contact and is also transmitted as it can stay alive and contagious for many days on surfaces. COVID-19 has resulted in our hospitals and health care system being strained by the number of critically ill people.

For your safety, and to ensure that resources, hospital beds, and equipment are available to patients critically ill with COVID-19, the American College of Surgeons (ACS) and the U.S. Centers for Disease Control and Prevention recommend that non-emergency procedures be delayed.^{1,2}

Why might I have to delay my surgery?

Your doctor will discuss with you what factors will influence whether your surgery should be done now or delayed. There are many surgical procedures that are not an emergency. Examples may be cataract surgery, knee or hip replacements, hernia repair, or some plastic or reconstructive procedures. Your doctor will determine if your condition will worsen without the surgery and whether other treatments are available. Your doctor will also assess the individual risk to you by coming to the hospital, office, or surgery center for surgery during the pandemic. They will also consider the extent of COVID-19 in your community including the hospital's capacity.

Organizations, including the ACS, continue to prepare recommendations for physicians treating patients including those with cancer. The physicians treating you are meeting in teams to provide guidance for ongoing care. Care options may include other treatments while waiting for a safe time to proceed with surgery.

Why are surgeries being postponed?

The need for these delays is important because:

1. Non-emergency procedures require personal protective equipment such as masks, gloves and gowns. This equipment is in short supply right now and is desperately needed by health care providers in the hardest-hit areas caring for COVID-19 patients.
2. Patients and their loved ones or caretakers might have an undiagnosed case of COVID-19. This disease may be transmitted to the health care staff and others in the hospital.
3. All health care workers are needed to take care of patients infected by the virus and the critically ill already hospitalized. The health care workforce is already strained and will continue to be so in the weeks to come.

4. Operating rooms have ventilators (breathing machines) that may be needed to support COVID-19 patients rather than being utilized for elective procedures.

When will my surgery be rescheduled?

Rescheduling will depend on the speed in which the COVID-19 crisis resolves; your health status and need for an operation; your surgical team's schedule and the availability of the facility to schedule your surgery. The conditions around COVID-19 are rapidly changing. Ask your surgeon to share what information is available about rescheduling and when you can be re-evaluated about your surgical condition. Your health care team will work to make sure that you are rescheduled when it is safely recommended.

What should I do if I have a follow-up visit because I had surgery or cancer ?

You should call ahead to see if your doctor or nurse is able to provide your care virtually or by tele-visit (over the phone or computer). Examples include post-operative visits, patients who have a cancer follow-up appointment, well-baby/child visits, and chronic conditions.

What if I or my child has an emergency and needs to go to the hospital?

For a true emergency, call 911; the first response team will screen you for the symptoms and protect you and them with the correct equipment.

If you can, call your doctor first to be screened to see if you have any symptoms of COVID-19; fever, cough, diarrhea or trouble breathing.³ If you do, then they will direct you to the correct location where teams in protective equipment will be ready and test you, if appropriate, for COVID-19.

What if I have a cough and a fever and need to go to the hospital?

A mask will be placed on you/the patient if you have a fever or respiratory symptoms which might be due to COVID-19.

If you do have COVID-19 or while you are waiting for the COVID-19 test results, you will be placed in a private room (if available) and isolated from other patients.

[<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/guidance-hcf.html>]

Your health care team will wear protective equipment at each encounter. This gear will include mask, eye shield, gown, and gloves. [<https://www.facs.org/covid-19/faqs>]

Can I have visitors if I am hospitalized?

Visitors may be restricted from hospitals and nursing homes at this time to limit them from bringing COVID-19 into a facility and to also prevent their exposure to sick patients.

If you do not have symptoms of COVID-19, the hospital may still request that the visitors be limited or prohibited, and each visitor be screened for COVID-19 symptoms. Some hospitals are prohibiting all visitors.

If you are suspected for having COVID-19, remember that the results may not come back for four to five days. While the tests results are being completed, you will be quarantined, and no visitors may be allowed.

Tell me about personal protective equipment and surface cleaning in the hospital.

If you are having surgery or are pregnant and delivering a baby with no symptoms of COVID-19, you will be placed in a section of the hospital away from those who have the virus. You and your health care team should practice the CDC recommendations, including frequent handwashing for at least 20 seconds, social distancing of at least six feet, and avoiding visitors and groups. Operating rooms will be taking special precautions and follow the surface cleaning guidelines by the CDC and AORN.⁴

What precautions should I take when I am discharged from the hospital?

Since conditions with respect to the COVID-19 epidemic are rapidly changing, ask your surgeon for their recommendations. These are the current U.S. Centers for Disease Control and Prevention guidelines.²

If you were told you have had close contact with a person who was exposed to or has COVID-19, you may require 14 days self-quarantine with active monitoring. This requires daily temperature monitoring.

Close contact is defined as:

- Being within approximately six feet (two meters) of a COVID-19 case for a prolonged period of time. Close contact can occur while caring for, living with, visiting, or sharing a health care waiting area or room with a patient with COVID-19.
- Having direct contact with infectious secretions of a patient with COVID-19 (for example, being coughed on).

For patients under investigation (PUI), and waiting for COVID-19 test results, you will need full quarantine in your home with active monitoring for your daily temperature and other respiratory symptoms. The CDC recommendation is separate bedroom and bathroom. It may take up to 5 days to get your results depending on the type of test.

[\[https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html\]](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html)

For low-level exposure, you may require restriction for 14 days with self-monitoring.

How do I care for myself when I am home?

The American College of Surgeons website has training programs focused on your home care. These programs include wound care, feeding tube care, central line care, and ostomy care, plus a link to all government resources. Visit [ACS Patient Education](#).

We all hope that this response is temporary. Postponing elective procedures does not mean they cannot be done in the future once COVID-19 decreases. Communication with your health care provider in the interim is key. We can all help to resolve this crisis by following the [CDC guidelines](#) and the advice of the American College of Surgeons for [elective surgery](#).

References

1. American College of Surgeons. *Guidelines for Triage of Non-Emergent Surgical Procedures*. March 17, 2020. Available at: <https://www.facs.org/-/media/files/covid19/information-for-surgeons/triage>. Accessed March 31, 2020.
2. Center for Disease Control. *CDC Recommendation: Postpone Non-Urgent Dental Procedures, Surgeries, and Visits*. March 20, 2020. Available at: <https://www.cdc.gov/oralhealth/infectioncontrol/statement-COVID.html>. Accessed March 31, 2020.
3. Desai AN, Patel P. Stopping the spread of COVID-19. *JAMA*. Published online March 20, 2020. doi:10.1001/jama.202.4269. Available at: <https://jamanetwork.com/journals/jama/fullarticle/2763533>. Accessed March 31, 2020.
4. AORN. *COVID-19 FAQ's*. March 17, 2020. Available at: <https://www.aorn.org/guidelines/aorn-support/covid19-faqs>. Accessed March 31, 2020.

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