

Coronavirus crisis should put elective surgeries on hold, doctors' group says

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(HealthDay)—Considering a knee replacement? Plastic surgery?



With a pandemic of new coronavirus cases looming, it's probably time to postpone <u>elective surgery</u> if you can, a surgeons' group says.

In a statement, the American College of Surgeons (ACS) noted that as cases of severe COVID-19 requiring hospitalization rise, U.S. health care infrastructure and resources could be pushed to their limits.

Therefore, "each hospital, health system and surgeon should thoughtfully review all scheduled elective procedures with a plan to minimize, postpone or cancel electively scheduled operations, endoscopies or other invasive procedures," until it's clear hospitals are coping well, the college said.

The college also recommended immediately minimizing the "use of essential items needed to care for <u>patients</u>, including but not limited to, ICU beds, personal protective equipment, terminal cleaning supplies and ventilators."

On Monday, speaking to *CBS This Morning*, U.S. Surgeon General Dr. Jerome Adams told Americans that "now's maybe not the best time to have that elective procedure done, because it uses up <u>personal protective</u> <u>equipment</u>, it potentially brings in coronavirus cases into the hospital and it taxes <u>health care workers</u>."

The ACS agreed, noting that admitting any patient to the hospital who doesn't need to be there could introduce "asymptomatic patients who are, nevertheless, shedding virus and are unwittingly exposing other inpatients, outpatients and <u>health care providers</u> to the risk of contracting COVID-19."

The CDC guidance for inpatient facilities includes: rescheduling elective surgeries as necessary; switching elective urgent inpatient diagnostic and surgical procedures to outpatient settings, when possible; limiting visitors



to coronavirus patients; planning for a surge of critically ill patients, and finding additional space to care for these patients.

That should open up options for using alternate and separate spaces in the ER, ICUs and other patient care areas to manage known or suspected coronavirus patients; separating known or suspected COVID-19 patients from other patients, and assigning dedicated staff to care for coronavirus patients.

More information: The U.S. Centers for Disease Control and Prevention has more on the <u>coronavirus</u>.

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