

Interventional radiologists modify protocol for coronavirus disease (COVID-19) pandemic

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TABLE 1: Tiered Approach to Cross-Sectional Interventional Procedures

Tier	Time Frame	Example
1	Urgent	Cholecystostomy Abscess drainage Biopsy for lymphoma
2	Perform within 2 wk	Organ biopsy for suspected fast-growing malignancy
3	Perform within 2 mo	Ablation of fast-growing lesions
4	Can be delayed by 2 mo	Biopsy and ablation of slow-growing lesion Liver biopsy for staging of fibrosis
5	Can be delayed by 6 mo	Fine-needle aspiration of thyroid nodule

Note—Examples can vary according to clinical scenario.

For procedural delays that will not adversely affect patient outcome, Fananapazir and colleagues proposed the following tiered approach for both outpatient and inpatient scenarios: urgent procedures, procedures that should be performed within 2 weeks, procedures that should be performed within 2 months, and procedures that can safely be delayed 2 or 6 months. Credit: *American Journal of Roentgenology* (AJR)

An open-access article in the *American Journal of Roentgenology* (AJR) details myriad practical updates that radiologists performing cross-

sectional interventional procedures should institute to minimize risks for patients and imaging personnel alike during the coronavirus disease (COVID-19) pandemic.

"Cross-sectional interventional procedures are performed under CT, ultrasound, fluoroscopy, or MRI guidance and include fluid aspiration, (thoracentesis, paracentesis, and fluid collections), drainage catheter placement, percutaneous biopsy, and tumor ablation," explained lead author Ghaneh Fananapazir at the University of California Davis Medical Center.

All of these procedures require appropriate donning and doffing of personal protective equipment by every member of the IR team—physician, trainee, nurse, technologist—and some procedures may require admitting the patient for management of postprocedure complications, necessitating a hospital bed and auxiliary resources.

Thus, for procedural delays that will not adversely affect patient outcome, Fananapazir and colleagues proposed the following tiered approach for both outpatient and inpatient scenarios: urgent procedures, procedures that should be performed within 2 weeks, procedures that should be performed within 2 months, and procedures that can safely be delayed 2 or 6 months.

TABLE 2: Current Recommendations for Personal Protective Equipment During Coronavirus Disease (COVID-19) Pandemic

Patient Status	Recommended Personal Protective Equipment
Patient with confirmed or suspected COVID-19 wearing a surgical mask for the duration of the procedure	Surgical mask (N95 respirator after restoration of supplies) Eye protection Surgical cap Gown Gloves
Patient with confirmed or suspected COVID-19 not wearing surgical mask for the duration of the procedure <i>or</i> procedure is aerosol producing	N95 respirator Eye protection Surgical cap Gown Gloves
COVID-19 not suspected	Surgical mask Eye protection Surgical cap Gown Gloves

All cross-sectional interventional procedures require appropriate donning and doffing of personal protective equipment by every member of the IR team--physician, trainee, nurse, and technologist. Credit: *American Journal of Roentgenology* (AJR)

"Each procedure request must be triaged into a tier on a case-by-case basis," Fananapazir et al. warned, "because clinical circumstances can dictate one procedure as urgent, whereas different clinical data may render the same procedure safe to delay." When considering any procedural delay, Fananapazir's team strongly recommended consultation with the referring physician, who may have insights not available to the interventional radiologist.

Wherever possible, procedures should be performed bedside in COVID-19 units (or patient rooms, should no dedicated COVID-19 unit exist). Regarding ultrasound-guided procedures, specifically, a mobile ultrasound unit can be left in place in the ICU or the COVID-19 unit—"used for interventional procedures, guidance for vascular access, or point-of-care thoracic and nonthoracic [ultrasound](#)," wrote Fananapazir et al. Ultrasound probes should be sterilized according to manufacturer

guidelines.

Fananapazir's team also cautioned against CT technologists or sonographers entering the procedure room. Ideally, all anticipated IT tray supplies should be acquired before the procedure commences, covered with a sterile plastic drape, and opened only to the extent needed.

Additionally, patient interaction during the informed consent interview can be limited by obtaining consent in the procedure room or using documented oral consent in the medical record. "Both of these modifications to the consent process are outside of standard regulated practice," the authors of this AJR article noted, "therefore, establishment of hospital-wide frameworks may be needed."

More information: Ghaneh Fananapazir et al, Reorganizing Cross-Sectional Interventional Procedures Practice During the Coronavirus Disease (COVID-19) Pandemic, *American Journal of Roentgenology* (2020). [DOI: 10.2214/AJR.20.23227](https://doi.org/10.2214/AJR.20.23227)

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