

Updated recommendations published for elective surgery after COVID-19 infection

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Driven by recent studies, the evolving nature of the disease and the widespread vaccination of Americans against COVID-19, the American Society of Anesthesiologists (ASA) and Anesthesia Patient Safety

Foundation (APSF) today released a [joint statement](#) providing updated recommendations for the timing of elective surgeries and anesthesia for patients after a COVID-19 infection.

The guidance notes that elective surgeries should be performed only after patients have clinically recovered from a COVID-19 infection and, even then, only when the anesthesiologist, surgeon or proceduralist and patient together agree to proceed. The decision should be based on whether the patient is infectious and, if not, health professionals' opinions regarding the appropriate time to wait between recovery from COVID-19 and the surgery, based on patient and surgery-specific risks.

"While the federal COVID-19 Public Health Emergency has ended, patients are still getting infected with the virus, which has presented challenges in optimally scheduling elective surgeries safely," said ASA President Michael W. Champeau M.D., FAAP, FASA. "In light of recent studies, ASA and APSF have been working with our British colleagues to assess and align our recommendations for scheduling a procedure after a patient has had COVID-19. As the disease evolves and becomes less virulent and increasing numbers of the population have either been vaccinated, exposed or both, these recommendations help provide guidance on balancing the risk of delaying surgery against the risk of complications."

The joint statement notes these revised recommendations do not diminish the significance of COVID-19 or the effects that an infection may have on individual patients.

"Our recommendations have evolved as the data has changed and are the most up-to-date guidance in the best interests of high-quality, safe patient care," said APSF President Daniel J. Cole, M.D., FASA.

ASA and APSF support the recommendations of the Association of

Anaesthetists' and the Royal College of Anaesthetists' updated guidelines, published today in *Anaesthesia*, which align with the ASA/APSF recommendations published today.

The ASA/APSF recommendations include:

- Patients who have COVID-19-type symptoms should be screened and, if appropriate, tested before having an elective procedure. Physicians should consider the timing and symptoms of the infection to determine when patients are no longer infectious.
- Elective surgeries should not occur within two weeks of a COVID-19 infection, allowing anesthesiologists and surgeons to assess how severe the patient's symptoms are and to reduce unnecessary risk of transmitting the infection to [health care professionals](#).
- Between two and seven weeks after the patient's COVID-19 infection, anesthesiologists and surgeons or proceduralists should conduct a [risk assessment](#) for that patient, including factors such as their age, severity of the infection and surgical risk.
- If the patient and the surgery are determined to be low risk, the [anesthesiologist](#) and surgeon should discuss with the patient about scheduling the procedure between two and seven weeks after the COVID-19 infection. That decision should take into account whether the risk of proceeding exceeds the risk of delay.
- Delay of the surgery beyond seven weeks should be considered if the patient continues to have COVID-19 symptoms.
- Facilities, surgeons and anesthesiologists should track patient outcomes of elective [surgery](#) after COVID-19, including complications and mortality.

More information: K. El-Boghdadly et al, Timing of elective surgery and risk assessment after SARS-CoV-2 infection: 2023 update, *Anaesthesia* (2023). [DOI: 10.1111/anae.16061](https://doi.org/10.1111/anae.16061)

Provided by American Society of Anesthesiologists (ASA)

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