

# COVID-19 Surgical Procedure Guideline

(UPDATED 8<sup>th</sup> FEBRUARY 2023)

Due to the dynamic nature of the pandemic situation, recommendations are refined over time, based on the latest evidence and guidelines. This recommendation replaces the *Annex 22 guidelines on surgical management of suspected or confirmed COVID-19 dated 14<sup>th</sup> April 2022*

## 1. Pre-Operative COVID-19 Screening and Testing

- All patients scheduled for surgical procedure should be screened for COVID-19 related symptoms (eg influenza-like illness (ILI) symptoms, shortness of breath etc)
- Symptomatic patients should be evaluated and tested using professional RTK-Ag COVID-19 test
- Asymptomatic patients do not require testing.

## 2. Surgical Procedure For Symptomatic Confirmed COVID-19 Cases

- Elective surgical procedure shall be postponed and re-scheduled.
- Emergency surgical procedure shall be continued with the following precautions:-

### 2.1 Operating Room (OR)

- A specified OR to be identified. However, this OR can be used for other non-COVID-19 cases at other time.
- Patient to be scheduled as last case if feasible.
- Whenever possible, patient should be on surgical mask and preferably to use different path during transfer to OR.
- Patient's extubation and recovery procedure to be performed in OR.
- Terminal cleaning shall be carried out postoperatively for at least 30 minutes before OR can be reused for Non COVID-19 patients.

### 2.2 Personal Protective Equipment (PPE)

The recommended PPE are in the following sequence:

1. OT Cap
2. Fit tested N95 mask
3. Isolation gown
4. Eye protection (face shield/goggle)
5. Sterile OT gown
6. Sterile surgical gloves

## References

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12. *Sidney T. Le et al. COVID-19 Vaccination and the Timing of Surgery Following COVID-19 Infection. Annals of Surgery Volume 276, Number 5, November 2022*