COVID-19 Surgical Procedure Guideline  
(UPDATED 8th 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 14th 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

1. Annex 22 guidelines on surgical management of suspected or confirmed COVID-19 dated 14th April 2022 Ministry of Health Malaysia
8. Michael E Mawhorter1, Paul Nguyen1, Mackenzie Goldsmith1, Russell Grant Owens1,2, Blake Baer1,Jay D Raman1. Diagnostic yield and costs associated with a routine pre-operative COVID-19 testing algorithm for asymptomatic patients prior to elective surgery Am J Clin Exp Urol 2022;10(5):341-344