



Philippine College of Surgeons

UPDATE ON THE SCREENING ALGORITHM AND RISK-STRATIFICATION FOR PATIENTS UNDERGOING ELECTIVE MAJOR SURGICAL PROCEDURES (as of December 2022)

I. Statement

As a significant number of the populace have received two (2) doses of the COVID-19 vaccine primary series¹ and there has been a significant decrease in case positivity rates, a new advisory was formulated by the Philippine College of Surgeons Committee on Quality Assurance and Patient Safety in order to streamline the preoperative screening of patients who have to undergo elective major surgery.

Instead of doing a COVID-19 RT-PCR swab routinely for all pre-operative patients, COVID testing can be selectively done in carefully screened patients (i.e. absence of exposure and asymptomatic) as long as they are fully vaccinated. Acquired immunity thru vaccination reduces infection severity, risk of hospitalization, and risk of death for those who become infected with the virus.² In addition, cost-efficiency is also an issue since routine RT-PCR testing may be a significant burden given the scarce institutional and patient resources.

This guidance update includes a proposed decision-making algorithm in the process of screening patients undergoing elective major surgery. The decision work-flow also incorporates current IATF guidelines on case surge level. This clinical guidance also addresses screening of the patients' in-hospital companion.

II. Guidelines

a. Screening of Patients for Elective Surgical Procedures

- i. The following patient information are needed three (3) days prior to the scheduled date of elective major surgery:
 1. proof of vaccination to determine vaccination status
 2. information regarding any sick household members or recent exposure to individuals with Covid-19 symptoms
 3. presence or absence of respiratory symptoms and/or fever
- ii. COVID-19 RT-PCR swab testing is NOT necessary prior to elective major surgery if ALL the following conditions are met:

- a. the patient has received two (2) doses of the COVID-19 vaccine primary series (with or without booster) with the last dose received within the last six (6) months prior to the scheduled surgery
 - b. there is no close contact with a suspected, probable or confirmed COVID-19 case such as members of the household or individuals with respiratory signs and symptoms or fever
 - c. the patient has no respiratory signs and symptoms or fever
- iii. COVID-19 RT-PCR swab test (herewith referring to SARS COV2 RT-PCR swab test done in a DOH-accredited laboratory) is required prior to elective major surgery if ANY one of the following conditions are present:
1. the patient has received two (2) doses of the COVID-19 vaccine primary series (with or without booster) but the second dose was received more than six (6) months prior to the scheduled surgery
 2. the patient is partially vaccinated with only one (1) dose or unvaccinated
 3. the patient had close contact with an individual who is a suspected, probable or confirmed COVID-19 case because of respiratory signs and symptoms or fever
 4. the patient has respiratory signs and symptoms or fever
- iv. When necessary prior to elective surgery, the COVID-19 RT-PCR swab test is best done as close as feasible and preferably within three (3) to five (5) days prior to the scheduled date of the operation
- v. The validity of the COVID-19 RT-PCR swab test may be extended for three (3) days up to a maximum of seven (7) days from the sample collection date if an admitted patient remains asymptomatic and has no exposure to any COVID-19 suspected, probable, or confirmed patient or healthcare worker during the confinement.
- vi. If an admitted patient has not undergone surgery after more than seven (7) days from the sample collection date for the initial COVID-19 RT-PCR swab, repeat RT-PCR testing should be considered depending on whether the health facility has Covid-19 cases or not.
- vii. If an asymptomatic patient who has received two (2) doses of the COVID-19 vaccine primary series is found to be COVID-19 RT-PCR swab positive, a COVID ECLIA ANTIBODY TEST should be done. If the IgM antibody is positive, the scheduled surgery should be deferred for at least fourteen (14) days. If the total and/or IgG antibody is positive, the surgery may proceed as scheduled.

- viii. Note that based on the CovidSurg Collaborative Data, it is better to defer elective surgical procedures on Covid-19 positive cases for at least seven (7) weeks.
- ix. The operating team is strongly encouraged to use level 4 PPEs if a patient is still highly suspected to have Covid-19 despite a negative COVID-19 swab test.

b. Screening of Patients' Companion

- i. Relatives, guardians and watchers who have received at least two (2) doses of the COVID-19 vaccine primary series and have no signs and symptoms of Covid-19 may be allowed to accompany the patient during the hospital confinement.
- ii. Relatives, guardians and watchers who are asymptomatic but have not received at least two (2) doses of the COVID-19 vaccine primary series are required to have a negative RT-PCR or Rapid Antigen Test depending on the policy of the hospital.
- iii. Relatives, guardians or watchers who are deemed eligible to accompany the patient during their in-hospital stay are HIGHLY encouraged to REMAIN in the hospital throughout the patient's hospital stay and to strictly follow minimum health standards.
- iv. Allowing hospital visiting hours shall depend on the prevailing Alert Level for the locality

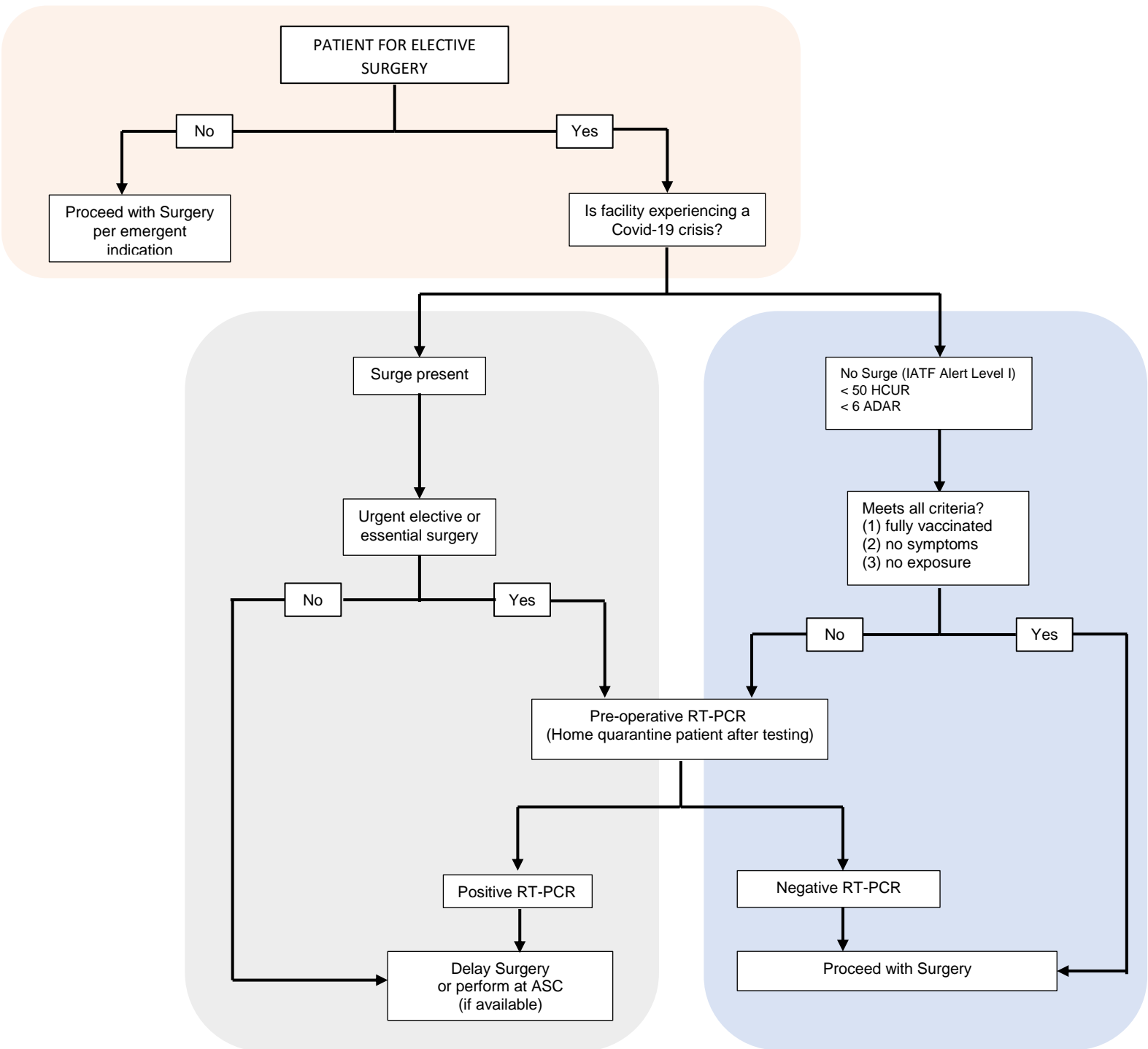
c. Classification of COVID Recovered Patients

- i. A patient who is asymptomatic or presents with mild symptoms, who has been vaccinated with at least two (2) doses of the primary series and has completed isolation for at least seven (7) days from the sample collection date or from the onset of signs and symptoms, whichever is earlier, shall be classified as a COVID RECOVERED patient for up to 90 days provided that they remain afebrile for at least 24 hours without the use of anti-pyretic medications and shall have improvement of respiratory signs and symptoms.
- ii. A patient who is asymptomatic or presents with mild symptoms, who are partially vaccinated or unvaccinated and has completed isolation for at least ten (10) days from the sample collection date or from the onset of signs and symptoms, whichever is earlier, shall be classified as a COVID RECOVERED patient for up to 90 days provided that they remain afebrile for at least 24 hours without the use of anti-

pyretic medications and shall have improvement of respiratory signs and symptoms.

- iii. A patient who presents with moderate symptoms, regardless of vaccination status, and has completed isolation for at least ten (10) days from the onset of signs and symptoms shall be classified as a COVID RECOVERED patient for up to 90 days provided that they remain afebrile for at least 24 hours without the use of anti-pyretic medications and shall have improvement of respiratory signs and symptoms.
- iv. A patient who presents with severe and critical symptoms, regardless of vaccination status, and has completed isolation for at least twenty-one (21) days from the onset of signs and symptoms shall be classified as a COVID RECOVERED patient for up to 90 days provided that they remain afebrile for at least 24 hours without the use of anti-pyretic medications and shall have improvement of respiratory signs and symptoms.
- v. There is no need for repeat RT-PCR testing of COVID recovered patients.
- vi. RT-PCR testing is necessary if the patient presents with new signs and symptoms related to COVID-19 within 90 days from the onset of the previous COVID-19 infection.

Proposed Decision-Making Algorithm based on Surge Status



References:

1 National Covid-19 Case Bulletin August 8, 2022. Department of Health. <https://doh.gov.ph/nationalcovid19casebulletin08082022>

2 Merritt-Genore HM, Moosdorf R, Gillaspie E, et al. Perioperative Coronavirus Vaccination—Timing and Implications: A Guidance Document. *Ann Thorac Surg.* 2021 Nov; 112(5): 1707–1715. Published online 2021 Aug 8. doi:10.1016/j.athoracsur.2021.07.016

3 Gumarao AR, Bongala DS Jr., Concepcion JM, Erese J, et al for the PCS Committee on Quality Assurance and Patient Safety. Advisory on Triaging and Risk-stratification of Elective Surgeries. Philippine College of Surgeons. May 2021.