



## Philippine College of Surgeons

### UPDATE ON THE SCREENING ALGORITHM AND RISK-STRATIFICATION FOR PATIENTS UNDERGOING ELECTIVE MAJOR SURGICAL PROCEDURES (as of July 2023)

#### I. Statement

In December 2022, the American Society of Anesthesiologists and the Anesthesia Patient Safety Foundation published a joint statement updating recommendations about preoperative COVID-19 testing. Instead of routine preoperative COVID-19 testing in asymptomatic patients, they now recommend preoperative screening for symptoms of COVID-19 and contact with patients with COVID-19, vigorous infection control measures, and targeted testing taking into account community incidence of COVID-19 and facility ability to distance patients.<sup>1</sup>

The Philippine Society for Microbiology and Infectious Diseases (PSMID) suggest against the use of SARS-CoV-2 RT-PCR among asymptomatic individuals scheduled for non-emergency/non-urgent surgery who have been diagnosed to have COVID-19 within the last 90 days.<sup>2</sup>

Several studies also have looked into the association of comorbid conditions and adverse outcomes with COVID infection. These studies have identified cardiovascular disease, cerebrovascular disease, chronic lung disease, cancer and diabetes, among others, as conditions that has an increased odds of contracting severe COVID.<sup>3,4</sup>

This guidance includes an update on the decision-making algorithm in the process of screening patients undergoing elective major surgery.<sup>5</sup> 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 prior to the scheduled date of elective major surgery:
  1. presence or absence of respiratory symptoms and/or fever

2. information regarding any sick household members or recent exposure to individuals with Covid-19 symptoms
  3. comorbid condition (CVD, CAD, Cancer, DM, Chronic lung disease)
- 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 no respiratory signs and symptoms or fever
    - 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. no comorbid conditions (see above)
  - iii. COVID-19 RT-PCR swab testing is required prior to elective major surgery if ANY one of the following conditions are present:
    1. the patient has respiratory signs and symptoms or fever
    2. 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
    3. has comorbid conditions (see above)
  - 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. 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 \*.
  - viii. 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.

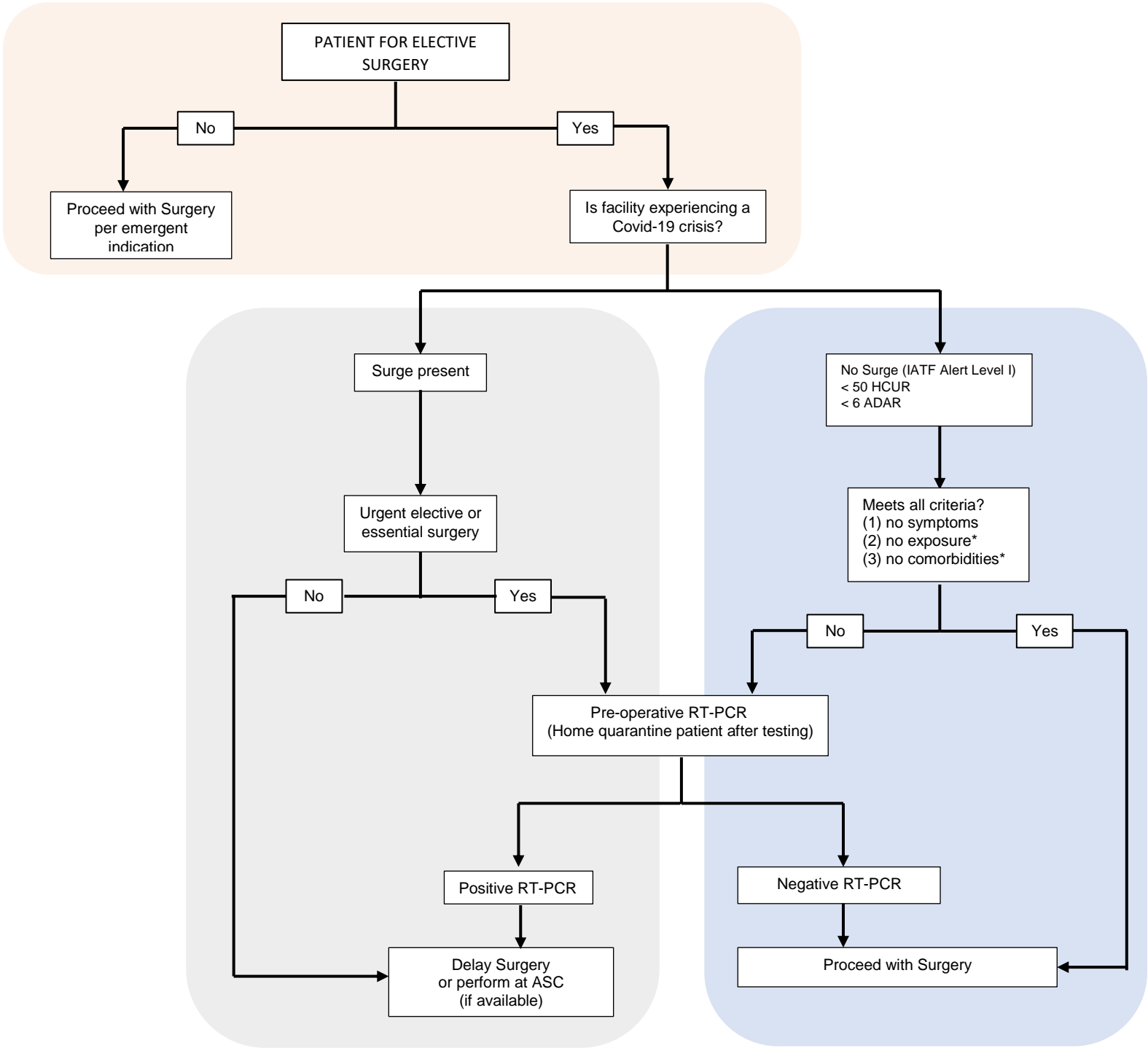
b. Screening of Patients' Companion

- i. Screen accompanying watchers/guardians/relatives using similar procedures, obtaining a detailed medical history, temperature measurement, and COVID-19 testing if necessary.
- ii. Only asymptomatic companions/relatives/guardians or watchers, regardless of their vaccination status, may accompany the patient during their stay in the hospital. The doctor will do symptom screening during the admission process of the patient.
- 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 will depend on the prevailing Alert Level for the locality

c. Classification of COVID Recovered Patients

- i. A patient who had COVID-19 Infection, completed the recommended Isolation period, and has been asymptomatic for at least three days shall be classified as COVID Recovered.
- ii. COVID recovered patients need NOT undergo RT-PCR testing.
- iii. If the patient presents with new onset signs and symptoms related to COVID-19, even if within 90 days from COVID-19 Infection, patient must undergo RT-PCR testing.

Proposed algorithm depending on surge of COVID-19 cases



## References:

- 1 ASA and APSF Updated Statement on Perioperative Testing for SARS-CoV-2 in the Asymptomatic Patient. American Society of Anesthesiologists and Anesthesia Patient Safety Foundation. Available at: <https://www.asahq.org/about-asa/newsroom/news-releases/2022/12/asa-and-apsf-updated-statement-on-perioperative-testing-for-sars-cov-2-in-the-asymptomatic-patient> (Accessed on July 10, 2023).
- 2 Screening and Diagnosis. The Philippine COVID-19 Living Recommendations. Institute of Clinical Epidemiology, National Institutes of Health, UP Manila in cooperation with the Philippine Society of Microbiology and Infectious Diseases (PSMID). Updated 16 March 2023.
- 3 Evaluation of the Potential Risk of Mortality from SARS-CoV-2 Infection in Hospitalized Patients According to the Charlson Comorbidity Index. Gutierrez-Camacho J, Avila-Carrasco L, Ezparza Healthcare (Basel) 2022 Feb 12;10(2):362.
- 4 Does the Charlson comorbidity index help predict the risk of death in COVID-19 patients? Komoglu S and Kant A. North Clin Istanbul. 2022; 9(2): 117–12.
- 5 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.