Evidence Snapshot

Quarantining patients prior to elective surgery during COVID-19
An Evidence Snapshot brokered by the Sax Institute for the Australian Commission on Safety and Quality in Health Care.
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This report was prepared by: Gabriel Moore, Sian Rudge and Brydie Jameson.
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Enquiries regarding this report may be directed to the:
Principal Analyst
Knowledge Exchange Program
Sax Institute
www.saxinstitute.org.au
knowledge.exchange@saxinstitute.org.au
Phone: +61 2 9188 9500

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Introduction

This Evidence Snapshot was commissioned by the Australian Commission on Safety and Quality in Health Care and prepared by the Sax Institute. Note that it was completed within a day, so while a rigorous process for searching was followed it is possible that some peer reviewed or grey literature may have been missed.

Review question:

What is known about quarantining patients before elective surgery to reduce the transmission of COVID-19?

Method:

We searched peer reviewed databases, (Medline, PubMed); collections of COVID-19 related research (Oxford University Centre for Evidence Based Medicine, CDC, WHO, Cochrane, Elsevier, McMaster University Health Evidence; Cochrane Collaboration) as well as relevant government agency and medical colleges or organisations based in Australia, US, Canada, UK, and New Zealand. We reviewed the title and abstracts of 497 peer reviewed papers plus a grey literature search. The search was undertaken on 23 April 2020, and peer reviewed and grey literature was sourced by 4pm.

We report our results in Appendix 1, grouped as: Elective surgery: Position Statements and peer reviewed or other publications; Surgery; Quarantine; and Other.

Summary of findings:

- We found no peer reviewed or grey literature about quarantine prior to elective surgery to reduce the transmission of COVID-19
- We found one peer reviewed paper addressing the issue of recommencing elective surgery. This mentioned the installation of quarantine wards in hospitals prior to elective surgery. The abstract was in English and the article in Chinese only. The authors concluded that elective surgery could be safely introduced, but the level of evidence appears weak, based on the abstract.
- There were several studies commenting on the need to prioritise some elective surgeries where the consequences of no surgery were severe
- Some articles discussed the value and/or impact of quarantine in the community, but not as it related to elective surgery or its resumption
• The majority of articles on surgery discussed mechanisms to avoid transmitting COVID-19 between clinicians and patients or between patients and communities
• Position statements varied and are provided in Appendix 1.
Appendix 1: Selection of relevant materials

Group 1: Elective surgery

Position statements

- **Federal Department of Health:** Australian Health Protection Principal Committee (AHPPC) statement on restoration of elective surgery 23 April 2020


- **American College of surgeons:** Local resumption of elective surgery guidance https://www.facs.org/covid-19/clinical-guidance/resuming-elective-surgery

- **New Zealand** is preparing moving from alert COVID related Alert Level 4 to Alert Level 3 for health and disability services https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-current-situation/health-and-disability-services-alert-level-3#factsheet. Some planned care, including elective surgery and radiology, will be provided.

- **England:** Covid-19: all non-urgent elective surgery is suspended for at least three months in England. BMJ 2020; 368 doi: https://doi.org/10.1136/bmj.m1106 (Published 18 March 2020) Cite this as: BMJ 2020;368:m1106

Peer reviewed articles and/or commentary

- [Management strategy for the resumption of regular diagnosis and treatment in gastrointestinal surgery department during the outbreak of coronavirus disease 2019 (COVID-19)]
Extract from the abstract: The four major measures of strengthening pre-hospital screening, perioperative prevention and control, medical staff protection, and ward management were adopted. These main measures included: the strict implementation of the appointment system and triage system before admission; the conduction of epidemiological and preliminary screening of viral nucleic acids; the chest CT examination during the perioperative period to re-screen COVID-19; the reduction of the risk of droplets and aerosol transmission; the minimally invasive surgery combined with enhanced recovery program in order to reduce patient's susceptibility and shorten the length of postoperative hospital stay; the reinforcement of specific infection control training for medical staff; the strict implementation of hierarchical protection; the establishment of gastrointestinal surgery prevention and control system; the rehearsal of emergency exercise; the installation of quarantine wards; the screening and management of family care-givers; the strict disinfection of environment and materials. Our preliminary practice shows that following the work guidelines issued by the Guangdong Province COVID-19 Prevention and Control Office and adopting precise management strategies in combination with the specific clinical features of gastrointestinal surgery, it is possible to safely resume regular care for the patients and comply to epidemic control at the same time.


- Economic Recovery Following the COVID-19 Pandemic: Resuming Elective Orthopaedic Surgery and Total Joint Arthroplasty

**Group 2 Surgery**


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- European Society of Trauma and Emergency Surgery (ESTES) recommendations for trauma and emergency surgery preparation during times of COVID-19 infection
  Coimbra, Raul; Edwards, Sara; Kurihara, Hayato; Bass, Gary Alan; Balogh, Zsolt J.; Tilsed, Jonathan; Faccincani, Roberto; Carlucci, Michele; Martinez Casas, Isidro; Gaarder, Christine; Tabuenca, Arnold; Coimbra, Bruno C.; Marzi, Ingo.
  European Journal of Trauma and Emergency Surgery; 2020.

- How to handle elective surgeries and procedures during the covid-19 pandemic MARCH 22, 2020
  Karen S. Seelander, Dana Dombey, Adam J. Rogers, Marika Miller, Sheila Madhani

- Oncologists and COVID-19 in Indonesia: What can we learn and must do? Bayu Brahma
  Indonesian Journal of Cancer 2020 Volume 14, issue 1, page 1
  https://doi.org/10.33371/ijoc.v14i1.728

  Zhu W; Huang X; Zhao H; Jiang X. Neurosurgery. 2020 Apr 17. UI: 32302399

- Response to COVID-19 by the surgical community. Eric Elster, Benjamin K. Potter, Kevin Chung.


- During the COVID-19 Pandemic from IFSO
  https://doi.org/10.1007/s11695-020-04578-1

- Maxillofacial surgery and COVID-19, The Pandemic!


- Vascular surgery department adjustments in the era of the COVID-19 pandemic


- Cancer Surgery and COVID19. The COVID19 Subcommittee of the O.R. Executive Committee at Memorial Sloan Kettering.


• European Society of Trauma and Emergency Surgery (ESTES) recommendations for trauma and emergency surgery preparation during times of COVID-19 infection. Coimbra, Raul; Edwards, Sara; Kurihara, Hayato; Bass, Gary Alan; Balogh, Zsolt J.; Tilsed, Jonathan; Faccincani, Roberto; Carlucci, Michele; Martínez Casas, Isidro; Gaarder, Christine; Tabuenca, Arnold; Coimbra, Bruno C.; Marzi, Ingo. European Journal of Trauma and Emergency Surgery; 2020. Article | COVIDWHO | ID: covidwho-72258


Group 3 Quarantine

• Quarantine alone or in combination with other public health measures to control COVID-19: a rapid review

• Is a 14-day quarantine effective against the spread of COVID-19? https://www.cebm.net/covid-19/is-a-14-day-quarantine-effective-against-the-spread-of-covid-19/


**Group 4 Other**


• How to reduce the likelihood of coronavirus-19 (CoV-19 or SARS-CoV-2) infection and lung inflammation mediated by IL-1. Conti P; Gallenga CE; Tete G; Caraffa A; Ronconi G; Younes A; Toniato E; Ross R; Kritas SK. Journal of Biological Regulators & Homeostatic Agents. 34(2), 2020 03 31. [Editorial] UI: 32228825

• COVID-19: Operational guidance for maintaining essential health services during an outbreakhttps://www.who.int/publications-detail/covid-19-operational-guidance-for-maintaining-essential-health-services-during-an-outbreak