



Resuming Elective Surgery and Clinic Visits

As the country begins to lift restrictions regarding elective procedures, including foot and ankle reconstructive procedures, it is important to have a plan in action within your local surgical facility and outpatient clinic. It is imperative to understand the local and regional factors and the pressures present when implementing a safe process to resume normal workflow in the surgical and outpatient setting. There should be a continued assessment of new data and testing methods, as well as the most current treatment options available. It would be practical to review this regularly and update within your local/regional hospitals and surgical centers. It is important for you as a foot and ankle surgeon to stay in contact with your hospital and outpatient surgical setting and be informed of the CDC guidelines and other regulations at the state, regional, county and local level, which will supersede our recommendations.

Scheduling Considerations

If the scheduling of an operation is planned, it is important to consider the following factors. Note: prioritization will need to be made at the hospital and surgeon-level based on regional factors.

- Risks to the patient
 - The urgency of the case will proceed considering **emergent** followed by **urgent** followed by **elective procedures**, with prioritization to those cases that will have a detrimental effect on the patient if surgery is not performed.
- Comorbidity assessment
 - Recognition of patients with significant comorbidities
 - Advanced age (>65), obesity, diabetes mellitus, hypertension, cardiac or pre-existing pulmonary issues
 - High risk of complications to the planned procedure
 - The requirement of long-term postoperative care, including skilled nursing facilities or inpatient rehabilitation
 - Extended OR time
- Resource requirements
 - Perioperative Capability
 - Is PACU functioning as another ICU?
 - Is there sufficient safe space to pre-op and recover your patients?
 - Hospital beds
 - Assess the current status of inpatient bed use and the likelihood the surgical patient will need to be admitted perioperatively.
 - Assess the possible need for ICU postoperatively or the use of a ventilator.
 - Blood products/transfusion
 - Anesthesia consideration
 - Intubation versus sedation versus local/regional anesthesia



- Testing availability
 - What type of testing is available (RNA/PCR vs Serology test)?
 - What is the sensitivity and specificity within your lab?
 - If operating in a surgical center, have an emergency plan in place with a hospital willing to take the patient should complications arise.
- Supplies
 - Is there adequate overall PPE?
 - Is there a limit on the number of people allowed in the OR to conserve PPE?
 - This may limit the number of assistants/residents allowed in the OR.
 - Implants: Is the hospital allowing outside implants in or do you have to use everything in house?
- Case priority
 - Facilities may establish a prioritization strategy appropriate to the immediate patient needs.
 - Previous postponed cases
 - Specialty prioritization (cancer, cardiac, trauma)
 - Minimize extended allotment of time to cases
 - Ensure all adjunct personnel are available (radiology, pathology etc.).
 - Phased opening of the OR
 - Identify capacity goals of the OR (25 versus 50 percent).
 - Consider outpatient first, followed by inpatient procedures during the day.
 - Identify essential healthcare professionals and medical device representatives required for the procedures.
 - Consider strategies to increase OR time availability (extended hours/weekend).

Office Communication

It is important to communicate with your patients the efforts being used for their safety to prevent the spread of COVID-19.

- Reassure there has been thorough and consistent cleaning, social distancing, the use of personal protective equipment (PPE), the use of telemedicine, as well as testing at-risk patients.
 - It is important to follow the guidelines of the CDC regarding the use of PPE.
 - [cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html)
 - Make sure there is staggered schedules and limited numbers in the waiting room and consider offsite waiting.
 - Office cleaning protocols need to be in place and enforced, including community hand sanitizing dispensers.
- Communicate with your patients the risk of a cancellation of their surgery based on local factors or if they become symptomatic or test positive.



Pre-operative Considerations

It is important to consider a number of factors when deciding to proceed with surgery, including ensuring adequate amount of resources such as: anesthesia supplies for the operative room, adequate cleaning supplies ([epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2)) as well as adequate staffing available for the OR.

- Testing consideration
 - Patients undergoing surgical procedures, as well as those being seen face-to-face in the clinic, should be asymptomatic. It is also important to consider on-site screenings, including temperature and symptom questionnaires.
 - Symptomatic patients should be delayed due to possible increased morbidity, mortality and risk of spread.
 - If there is a requirement for the patient to have a negative COVID test prior to scheduling, within what timeframe from surgery should the test be performed (72 hours)?
- Types of viral testing information [cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html](https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html)
 - RNA/PCR and isothermal nucleic acid amplification test
 - Nasal/nasopharyngeal swab
 - Demonstrates the presence of viral particles in symptomatic and asymptomatic individuals during shedding of the virus
 - Sensitivities reported as low as 60-70 percent
 - Serology test for SARS-CoV-2 antibodies (IgM / IgG)
 - Finger prick test
 - Qualitative test reports the presence or absence of antibodies
 - Quantitative test can report the titers of antibodies
 - It is unknown if COVID positive patients will establish immunity to the virus and may still be considered infective.

Helpful links:

[ACS AHA ASA AORN Joint Statement](#)

[CMS Opening Up America Again Guidelines Phase One](#)

[AAOS Elective Surgery Algorithm](#)