



SASA
SOUTH AFRICAN SOCIETY OF ANAESTHESIOLOGISTS

SASA COVID-19



Issued, 25th March 2020 @ 10h00
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Recommendations for the management of anaesthesia and surgery for Elective Procedures

The President of the Republic of South Africa in terms of section 23(1)(b) of the Disaster Management Act, 2002 has announced the Covid-19 pandemic as a national disaster.

The experience and trajectory of Covid-19 pandemic in other territories, coupled with our local healthcare resource capacity and patient population co-morbidity, is important to consider. It is very likely that our health care infrastructure and resources, particularly as they relate to care of the most critically ill patients, are likely to be strained over the coming weeks.

With the requirement for our profession to provide critical care services and the high possibility that our operating theatres will be converted into Intensive Care Units, it becomes our collective responsibility to take appropriate steps to recommend measures that will “flatten the curve”. This document is a dynamic document with this recommendation being effective at the time of issue and may be updated or changed at any time.

At this time we do not propose an explicit list of what constitutes procedures in each category of procedure or surgery, but rather a definition that we encourage surgical/procedural teams to classify patients into. For the purposes of this document we define elective and other surgery/procedures as follows:

Elective surgery or elective procedure is surgery that is scheduled in advance and where postponement of the surgery/ procedure will not result in the patient’s outcome or quality of life being significantly altered with a 3 month delay.

Semi-elective surgery is a surgery that must be performed in order to preserve the patient’s life or limb or prevent longer term **systemic** morbidity, but does not need to be performed immediately.

Urgent surgery is one that can wait until the patient is medically stable, but should generally be done within 2 days. **Also includes surgery for fast growing malignancies, or where delaying cancer surgery by more than 2 months may lead to systemic morbidity.**

Emergency surgery is one that must be performed without delay; the patient has no choice other than to undergo immediate surgery if permanent disability or death is to be avoided.

Following a careful review of international experience, our recommendation to membership and the facilities in which members work (public and private) includes:

- At all times infection control procedures and screening should take place with all persons entering facilities, wards and theatre environments and should be done at least daily on all patients and visitors to facilities.
- **Resource assessment** should occur daily at any facility that facilitates procedures and surgical interventions. Resource assessment should provide for increased



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numbers of admissions and care per day and not be running at full capacity – to allow for a sudden increase in patient numbers from Covid19. Daily resource assessment should include (but not be limited to):

- Critical care and ward bed availability
- Human resources available for the day including ancillary staff, nursing, allied medical, surgical, anaesthesia and critical care staff
- Personal Protective Equipment availability
- Medication (specifically those used for resuscitation, emergencies, critical care or in the operating theatre)
- Dynamic admission statistics to the facility

We encourage each local facility to establish a Covid19 Team inclusive of representatives from hospital management and the disciplines of anaesthesia, surgery and critical care to be available to assess and discuss resources collaboratively and constructively in service of this recommendation and patient care.

- **In ALL environments we recommend avoidance of anaesthesia / procedures for elective and semi-elective surgery. Practitioners / Hospitals should plan to postpone or cancel these scheduled operations or procedures until we have passed the point of maximal resource utilization in the pandemic. Operating theatre and anaesthesia resources should be reserved for urgent and emergency surgery. The rationale supporting this recommendation includes:**
 - COVID19 patient numbers are now exponentially increasing in South Africa and our infrastructure must be kept in an optimal position to deal with a rapid and overwhelming increase in critical care patient needs.
 - Patients should not be placed in the position of having to deal with Covid-19 infection and be recovering from non-essential surgery (that increases their personal risk of morbidity and mortality).
 - There are many asymptomatic patients who are shedding virus and are unwittingly exposing other inpatients, outpatients, and health care providers to the risk of contracting COVID-19.
- We recommend a shift of inpatient diagnostic and surgical procedures to outpatient settings, when feasible and clinically appropriate without compromising patient safety, for semi-elective or urgent surgery. Patient care and outcome must not be compromised by this approach.
- Immediately minimize the use of essential items needed to care for patients, including but not limited to ICU and High care beds, personal protective equipment (PPE), terminal cleaning supplies and ventilators (including operating theatre ventilators).



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We encourage all surgical/ procedural teams to seriously consider and adopt these recommendations immediately. While this will require financial sacrifice in the short term in the private sector and curtailment of some service in the public sector, the dedication to patient, resource, national care and healthcare security is always necessary and must remain our primary consideration.

Time is of the essence. Please be vigilant and take a leadership role in your practice setting so that these recommendations begin to take hold immediately.

Issued by: The SASA COVID-19 Task Team.

Queries can be emailed to covid19@sasaweb.com