

# Restarting Community Surgery

Recommendations following the ASPC Webinar Wednesday 19<sup>th</sup> June 2020

The ASPC recommends that Surgery in Primary Care can restart forthwith provided that supporting services are up and running (such as local PVSA testing) and hopefully no second national wave of COVID-19 or localised lockdowns.

The ASPC would recommend the following steps to make it safe for both patients and staff in respect to operations such as Vasectomies, Carpel Tunnel Decompression, Skin or Toenail Surgery:

- Counselling for the procedure by video (or telephone as a second best option) prior to the operation.
- All documentation (including consent form) and up-to-date information should be available on line and widely disseminated to patients.
- All patients will be given written information about the above process at least 2 weeks before procedure - Email (with permission), AccuRx or Post.
- Communicate arrangements & protocol for social distancing in pre appointment information.
- Patient preparation information (what to expect from us and we expect from patients/escorts).
- Grade patients according to any risk factors for increased severity of illness (obesity, Raised BP, Immunosuppression, CKD, CVD, At risk relative at home etc....)
- Identify patient who should be shielding.
- All Patients to be contacted 24h before procedure for Telephone/Video screening of COVID-19 risks & symptoms.
- Instruct patients to cancel should they develop any COVID-19 symptoms (fever, new onset cough, anosmia) within 7 days before their appointment or one of their contacts develop any COVID-19 symptoms or has tested positive for COVID-19 within the 14 days before the patient's appointment.  
PreOperative Antigen testing for patients is not endorsed.
- Reduce your Patients Numbers per List to
  - Help maintain social distancing
  - Time to don PPE
  - Time to undertake deep clean (not just the couch) after the patient leaves.

## On the day

- Patients to wait outside the surgery in their cars until you contact them on their mobiles.
- When surgeon ready, contact patient by their mobile, asking patient to come to the correct entrance door.
- If patients do not have a mobile phone, make/model of car given along with registration number. Designated parking spot in the car park. A member of staff will have to go and get them from the car
- Patient then would brought in directly from the car park to the theatre room without waiting in the waiting room.
- Patients to enter the building alone and whoever is accompanying them to wait outside in the car.
- Check at door if they or anyone in their family (or told by track and trace) are suffering any COVID symptoms: fever, new onset cough, anosmia.
- Take temperature, if raised operation will not be undertaken that day
- Provide antiseptic hand gel on entrance and exit.
- No wife/partner/kids allowed.
- Patients should come wearing a mask, which they take with them/throw away.

- Minimal staff contact plus protection of reception staff by social distancing, wearing of appropriate PPE, use of barrier screens.
- Minimise contamination of public areas by offering storage bags for clothing and shoes.
- Discourage use of toilet facilities.
- Adoption of high level of infection control and prevention - wipe down of surfaces and door handles in communal areas including toilets if used at the end of session.
- Only the surgeon would break the 1 metre Patient contact barrier.
- All the documentation would be electronic except the consent form.

### **Operation**

PPE- WHO recommendation for non aerosol generating patient contact PPE

- Basic surgical mask Type IIR fluid resistant surgical mask worn throughout patient contact: Change with each patient
- For Carpal Tunnel surgery FFP2 or N95 masks should be worn throughout patient contact: Change with each patient
- Eye protection (Visor/goggles/or both): 1 per session
- Scrubs for vasectomy and skin and toe nail surgery: 1 per session.
- Full fluid resistant gown for Carpal Tunnel Decompression Surgery: 1 per patient.
- Plus wearing a plastic apron: Change with each patient
- Gloves: Change with each patient
- Visor for patient should be available in case patient feels sick.
- No fans or mobile air conditioning units should be used in any clinic room.
- Whilst smoke extractors use a fan to cool their unit, this fan is not part of the filter unit. There is a risk of inhaling the fumes from diathermy, and depending on the technique used, the smoke plume load will differ between practitioners, especially with vasectomy. However, the risk of smoke plume remains that of carcinogenicity rather than of viral transmission.  
Therefore, it is recommended that practitioners who produce moderate to high quantities of smoke plume should consider using smoke extraction to a minimum required, whilst those practitioners who create relative small quantities of fumes with their technique should avoid.
- Any fixed air conditioning units should not be set on a recycle mode to avoid stale air re-circulating in the room

### **Patient leaves**

- Deep cleaning of the theatre and any other room patient visited in-between patients.  
All surfaces, beds and bathrooms cleaned with a neutral detergent, followed by a chlorine-based disinfectant, in the form of a solution at a minimum strength of 1,000ppm available chlorine.

### **Other Points**

- The ASPC does not support COVID testing for patient's pre-surgery for procedures which are the equivalent of outpatient procedures in hospital as we feel this is not practical.  
Nor do the ASPC recommend patients shield themselves pre-operation, unless they are on the official government shielding list.

The ASPC feel that inpatient procedures, including inpatient day case procedures, require a higher level of PPE. We include Carpal Tunnel decompression in this category. With this, there may come a requirement for self-isolation and testing preoperatively, but this matter is still to be resolved. However, we feel that as guidance is likely to have been written by the Royal Colleges of Surgeons on this issue already, that the ASPC should not issue further guidance at this enhanced level, just in case it contradicted the RCS recommendations.

- Whilst COVID has been found in semen, and thus potentially present in the vas deferens being cauterised, the ASPC do not feel that using a hyfrecator on the skin outside respiratory tract should be regarded as high risk for COVID-19 transmission. The official wording from the GOV.UK document (link below) states: “The highest risk of transmission of respiratory viruses is during AGPs of the respiratory tract”.  
<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe> [Section 8.1]
- The ASPC advocates the restarting of training for Vasectomy, Carpal Tunnel Decompression and all Skin, and Toenail surgery as long as the trainee is wearing the same PPE as the surgeon. This would increase the trainers cost per case for training, for which the trainer will need to decide if they pass on this extra cost to the trainee.
- Clearly there is an extra cost for the extra cleaning materials and PPE. You will need to put in an invoice into your CCG for reimbursement. We have added a sheet as to what these costs may be (with thanks to Dr. Rob Weeks)

<b>Extra Costs For CSS due to Covid 19</b>			
	up to 30min procedures	up to 45 min procedures	up to 90 min procedures
Additional Consultation prior to procedure (if required)	£35.00	£50.00	£50.00
Cleaning in between each patient			
- 10 minutes HCSW between each patient	£2.25	£2.25	£3.37
- J Clothes x 2	£0.16	£0.16	£0.16
PPE for support staff (new PPE per patient)			
- Disposable Apron	£0.08	£0.08	£0.32
- Face Mask	£1.00	£1.00	£4.00
- Gloves	£0.13	£0.13	£0.52
- Visor	£1.42	£1.42	£5.68
- Gel	£0.05	£0.05	£0.20
- Overshoes	£0.03	£0.03	£0.12
PPE for surgeon (new PPE per patient)			
- Gown	£2.03	£2.03	£2.03
- Face Mask	£1.00	£1.00	£1.00
- Gloves	£0.13	£0.13	£0.13
- Visor	£1.42	£1.42	£1.42
- Gel	£0.05	£0.05	£0.05
- Overshoes	£0.03	£0.03	£0.03
PPE for patient			
- Face Mask	£1.00	£1.00	£1.00
- Gel	£0.05	£0.05	£0.05
Admin time for checks			
- additional 30 mins per patient	£6.27	£6.27	£6.27
<b>Total Additional Cost per procedure</b>	<b>£52.10</b>	<b>£67.10</b>	<b>£76.35</b>

**N95 (95%) = FFP2 / P2 (94%)**



**N99 (99%) = FFP3 (99%)**  
**N100 (99.97%) = P3 (99.95%)**



<https://fastlife hacks.com/n95-vs-ffp/#N95 vs FFP3 FFP2>