



RANZCO

The Royal Australian
and New Zealand
College of Ophthalmologists

Return to elective surgery - guidance during COVID-19

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The planned return to elective surgery must be carried out with care and with recognition that there is an ongoing risk of community spread of COVID-19. This cannot yet be a return to 'business as usual' and lists and patient through-put will inevitably be limited by the necessity to maintain social distancing and infective precautions. Noting the Departments of Health, Local Health Districts and hospital administrators will have more specific guidance, RANZCO supports the return to elective surgery suggesting that the following process is observed:

Group A – Asymptomatic Patients not known to be COVID-positive

Assumptions:

- Community Prevalence is low
- Standard PPE including surgical masks sufficiently available, P2/N95 respirators are scarce
- Patients tend to be elderly and may be returning to communal living
- Testing asymptomatic patients without risk factors is impractical due to low yield and delay waiting for results to return

1) Telephone screen and briefing prior to surgery

Patients at-risk according to the [Australian Government Department of Health](#) are referred for COVID-19 testing and surgery is deferred unless it is emergent (see below).

Patients are instructed not to present for surgery if they develop any relevant fever or respiratory symptoms.

Rationale: To minimise the chance of a positive patient attending for surgery

2) Screening by questionnaire and body temperature on arrival

Patients screening positive for at-risk characteristics are sent home and referred for COVID-19 testing.

Rationale: To minimise the chance of a positive patient being in the surgery centre

3) Patients to wear surgical masks, keep 1.5m distance from other patients at all stages through the preoperative and post-operative process

Rationale: To protect other patients from one who may subsequently test positive. If correct precautions followed then there should be no need for other patients to be quarantined if a positive case occurs.

4) Staff to consider wearing surgical masks, to keep distance and to avoid more than 15 mins total contact

Rationale: as for 3) above

5) Theatre staff to wear surgical masks and standard PPE (contact and droplet precautions)

Rationale: as for 3) above

Eye protection (goggles or face mask) are recommended but at the surgeon's discretion (due to a compromised view through the operating microscope) rather than mandated.

If these protocols are followed then there should be no need for isolation of patients who may be returning to communal living arrangements.

Group B – Patients known to have risk factors or symptoms and those who are COVID-positive

Patients at-risk of COVID-19 should be referred for testing. Surgery should be deferred

until the patient has been cleared of COVID-19 unless it is emergent and cannot wait for medical reasons.

For at risk and COVID-positive patients undergoing surgery before they are cleared, PPE should be worn according to the Australian Government Department of Health "[Interim recommendations for the use of PPE during hospital care of people with COVID-19](#)". At this stage, phacoemulsification, vitrectomy surgery and laser refractive surgery should be considered to have the potential to be Aerosol Generating Procedures (AGPs) and lacrimal surgery is considered high risk. Contact and airborne precautions are recommended with long-sleeved gown, fit-checked P2/N95 respirator, face shield or goggles and gloves.