



health

Department:  
Health  
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## INTERNAL MEMO

Date:	28 August 2020		
To:	<b>The Honorable Dr ZL Mkhize, Minister of Health</b>	From:	<b>Ministerial Advisory Committee (MAC) on Covid-19</b>

### GUIDE FOR NON-EMERGENCY SURGERY DURING THE COVID-19 PANDEMIC

#### Request for Advisory sent to MAC/Problem/Concern

The Covid-19 pandemic has had a significant impact on the care of the surgical patient. In most hospitals “elective surgery” has been cancelled, and in others the emergence of the concept of “essential surgery” has facilitated the ongoing performance of surgery for pathologies such as cancer. This impact has not been uniform across the country nor within the public and private sectors.

There is a need to both develop a national surgical recovery plan; and to provide guidance for healthcare facilities which provide surgical care.

#### Points of consideration

In response to the Covid-19 pandemic, elective surgery was stopped in South Africa and in many countries around the world in preparation for the Covid-19 peak. This has resulted in a high number of patients who have not been able to have surgery. In addition, findings from the international Covid-Surg study, indicate that patients with SARS-CoV2 infection had a worse post-operative outcome than expected, particularly with respect to pneumonia and mortality. This demands the need to further mitigate the risks of surgery during the pandemic. The SARS-CoV-2 infection rate in South Africa has now passed the peak and there is an urgent need to provide guidance on how to provide safe surgical care for hospitals and healthcare workers who must at this point increase the provision of surgical care.

A multidisciplinary team of perioperative clinicians (with representation from various South African Universities) was established. This team includes surgeons, anaesthesiologists and obstetricians and gynaecologists, who are also part of the various perioperative societies. The team has worked together to develop an approach to the re-introduction of surgical care and the prioritisation of non-emergency operative cases.

#### References

1. Chu K, Smith M, Steyn E, Goldberg P, Bouggard H, Buccimazza I. Changes in surgical practice in 85 South African hospitals during Covid-19 hard lockdown. S Afr Med J 2020.
2. Bhangu A. Mortality and pulmonary complications in patients undergoing surgery with perioperative SARS-CoV-2 infection: an international study. Lancet 2020, DOI:[https://doi.org/10.1016/S0140-6736\(20\)31182-X](https://doi.org/10.1016/S0140-6736(20)31182-X)

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- <sup>5</sup>. Pranchand V, Milner R, Angelos P, et al. Medically Necessary, Time-Sensitive procedures: Scoring system to ethically and efficiently manage resource scarcity and provider risk during COVID-19 pandemic. J Am Coll Surg 2020; 231:281-288

## Recommendations

A facility guide for non-emergency surgery during Covid-19 was developed. The Covid-Surgery Prioritisation Score (refer appendix 1) was modified from the original MeNTS (Medically Necessary Time Sensitive Procedures) score by contextualising it to the South African health care environment, and has been further developed into a simple set of parameters to assess the impact of Covid-19 on the resources of a health facility.

1. Safe re-introduction of surgery in the presence of community transmission of Covid-19 requires assessment of individual patient risk (PART 1) as well as health facility readiness (PART 2).
2. Surgery with co-existing Covid-19 infection poses an increased risk of morbidity and mortality and should be avoided for non-emergency surgery.
3. Pre-operative Covid-19 testing should ideally be performed on all patients scheduled for non-emergency surgery and surgery postponed if positive (for at least 14 days after last day of symptoms or from test if asymptomatic).
4. Where testing is not available or turnaround time is prohibitively long, patients with Covid-19 symptoms should be postponed for at least 14 days.
5. For patients recovered from Covid-19 (>14 days after last day of symptoms or from test if asymptomatic), assessment for Covid-19 sequelae is part of the risk evaluation. Routine repeat PCR testing is not recommended.
6. Risks of concomitant and nosocomial Covid infection should be discussed as part of the consent process

*Refer appendix 1 a for the Risk Calculator.*

Thank you for consideration of this request.

Kind regards,



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**OVERARCHING CHAIRPERSON: MINISTERIAL ADVISORY COMMITTEE ON COVID-19**  
**DATE: 28 August 2020**

### CC:

- » Dr S Buthelezi (Director-General: Health)
- » Dr T Pillay (Deputy Director-General: National Health Insurance)
- » Dr S Zungu (Project Lead: Sectoral Response to Covid-19)
- » Incident Management Team