

Scheduled Procedures and Surgeries
Pre-Op COVID-19 Testing and Rescheduling Guidance
 January 2023—Version 1



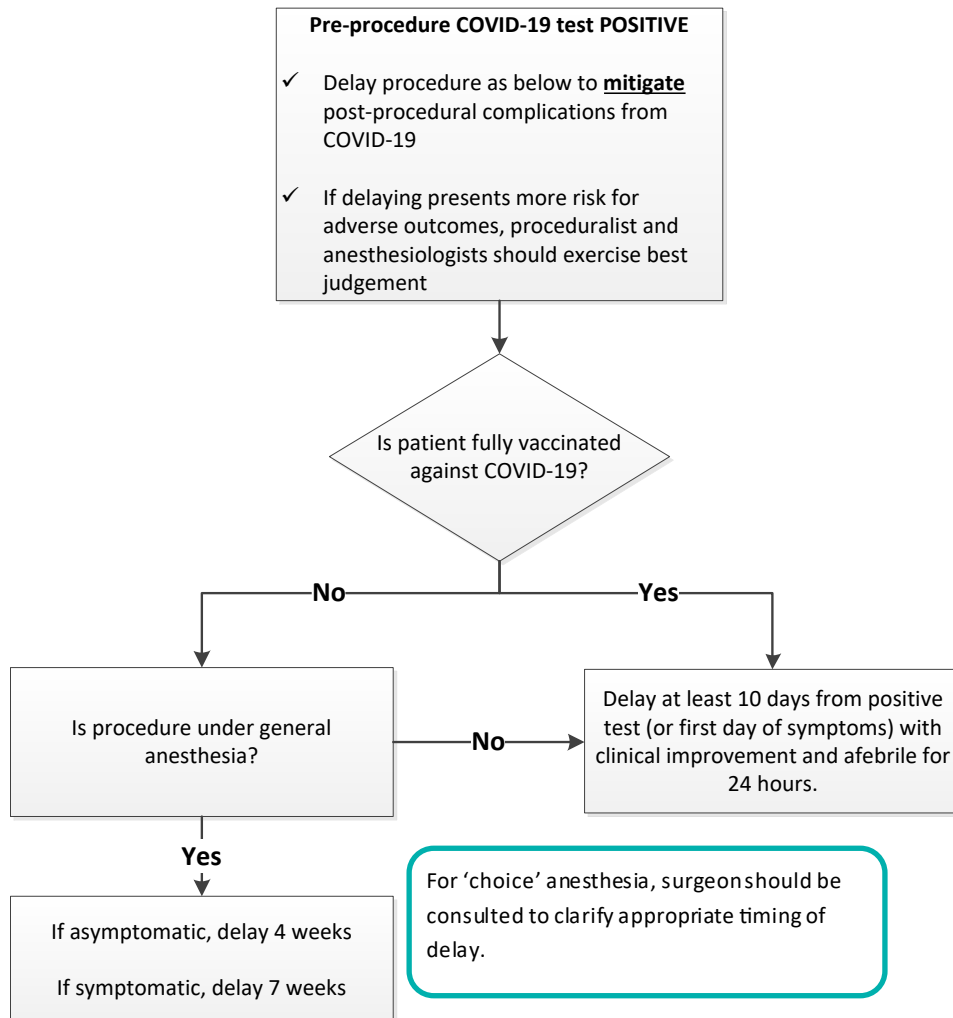
Guiding indications for pre-op COVID testing

- The change to stop universal COVID screening tests on January 3, 2023 is applicable to all customers regardless of vaccination status.
- A screening test may be ordered by the treating physician if there is concern of undue surgical risk if positive and will result in rescheduling the case.
- In the case of ‘positive’ COVID screening *questions* (symptoms or high-risk exposure), it is at the discretion of the physician(s) to determine how to proceed:
 - Not test and reschedule (i.e., patient with respiratory symptoms or illness)
 - Utilize a rapid test result to determine need to reschedule (i.e., questionable symptoms or high-risk exposure and asymptomatic)

Rescheduling guidance after positive pre-op test:

- Rescheduling after a positive COVID test serves to mitigate transmission and post-operative complications attributable to COVID.
- Immunocompetent patients who are clinically improved & afebrile are not infectious at 10 days following the onset of illness or positive test result.
- If receiving general anesthesia, unvaccinated patients are at a higher risk of post-op complications (primarily cardio-pulmonary and VTE) until at least 4 weeks after asymptomatic infections and 7 weeks after symptomatic infections. These risks are not evident if not receiving general anesthesia.
- Vaccinated patients do not appear to have a higher incidence of post-op complications after a COVID infection.

Deviating from these delay guidelines should include explicit review of risks / benefits, and agreement to proceed, with the patient.





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References:

Le ST, Kipnis P, Cohn B, Liu VX. COVID-19 Vaccination and the Timing of Surgery Following COVID-19 Infection. *Ann Surg.* 2022;276(5):e265-e272. doi:10.1097/SLA.0000000000005597 [COVID-19 Vaccination and the Timing of Surgery Following COVID-19 Infection - PMC \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/35811111/)

ASA and APSF Updated Statement on Perioperative Testing for SARS-CoV-2 in the Asymptomatic Patient. December 2022. [ASA and APSF Updated Statement on Perioperative Testing for SARS-CoV-2 \(asahq.org\)](https://www.asahq.org/asa-and-apsf-statement-on-perioperative-testing-for-sars-cov-2-in-the-asymptomatic-patient)

Pre-Procedure and Pre-Admission COVID-19 Testing No Longer Recommended for Asymptomatic Patients. December 2022. <https://sheaonline.org/pre-procedure-and-pre-admission-covid-19-testing-no-longer-recommended-for-asymptomatic-patients/>

PROCEDURAL CARE COVID-19 WORKGROUP FOR THE PROCEDURAL CARE CLINICAL PRACTICE COUNCIL

This team represents expertise in Procedural Care. If you would like further information, please contact the work group lead, Jeffrey Vespa, MD— Jeffrey.Vespa@NorthMemorial.com

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This sub-workgroup reports to the larger procedural care workgroup which comprises approximately 30 members.

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Revision History

This document is active and further recommendations are forthcoming. It will be updated as additions develop.

Revision	Description of Changes	Approvals	Date
1.0	Creation of pre-op testing and rescheduling guidance for positive covid-19 test	Jeff Vespa, MD	12/30/2022