NORTH MEMORIAL HEALTH

Guidelines for Delaying Surgery or Procedural Care After a Positive COVID-19 Test

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Recommendations regarding how long to delay surgery after a COVID positive test have evolved since the start of the pandemic. Factors such as acquired immunity, vaccination, and evolving viral variants have impacted these recommendations.

KEY POINTS

North Memorial recommends following guidance put forth by the Anesthesia Patient Safety Foundation (APSF) and American Society of Anesthesiologists (ASA) published in June, 2023 and summarized in UpToDate:

Guidance on timing of elective surgery are based on an individualized assessment of surgical risk including the complexity of surgery, severity of COVID-19 infection and ongoing symptoms, and shared decision making. Briefly, the guidelines state the following:

- Elective surgery should not be performed on patients who are still infectious with COVID-19.
- Elective surgery should not be performed within two weeks of the diagnosis of COVID-19.
- For patients who are low risk having low risk surgery, surgery can be scheduled between two and seven weeks after infection, balancing the risk of proceeding against the risk of delay.
- For patients with continued COVID-19 symptoms, or for whom the risk of performing surgery exceeds the risk of delay, surgery should be delayed beyond seven weeks after infection.

Surgery before 2 week delay:

When risks of delay preclude waiting 2 weeks, infection prevention policy must be followed to prevent COVID transmission in the health care setting. In general, full-barrier precautions are required through 10 days from either the first symptomatic day or the day of the positive COVID test in asymptomatic patients.

- **Positive test, *symptomatic***
  - Day 0 = day of first symptoms.
  - Full barrier precautions through day 10
- **Positive test, *without symptoms***
  - Day 0 = day of positive test
  - Full barrier precautions through day 10

For patients with severe disease (ie, required oxygenation and/or ventilatory support), have ongoing symptoms or physiologic sequelae, or are immunocompromised, see Infection Prevention Policy and CDC guidance (summarized in UpToDate link, reference 2 on page 2).

References:

1. https://www.asahq.org/about-asa/newsroom/news-releases/2023/06/asa-and-apsf-joint-statement-on-elective-surgery-procedures-and-anesthesia-for-patients-after-covid-19-infection

2. https://www.uptodate.com/contents/covid-19-perioperative-risk-assessment-preoperative-screening-and-testing-and-timing-of-surgery-after-infection#H1332883540

Procedural Care COVID Workgroup

This team represents expertise in operative and procedural care. If you would like further information, please contact the work group lead, ***Dr. Jeff Vespa, System Medical Director, Quality.***

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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
1.1	**First version**	**Procedural Care COVID Workgroup**	**Approved 10/27/23**