



# THE COLLEGE OF SURGEONS OF SRI LANKA

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## Guidelines for essential surgical care during the Covid pandemic The College of Surgeons of Sri Lanka

### Aims

1. To minimize the morbidity and mortality of the surgical patients (both Covid and non –Covid), due to the delay or denial of instituting treatment
2. To prevent or minimize the risk to the patients and the staff acquiring Covid 19
3. To classify surgical patients taking Covid status and Priority needs into consideration
4. To optimize the usage infrastructure, consumables and human resources

### Classification

Patients are **categorized** based on Covid status and, **prioritized** based on the types of surgical procedures that may be needed

Patients are categorized into 3 categories

- Category 1**      Non Covid patients or Covid status unknown patients
- Category 2**      Covid suspected patients
- Category 3**      Covid positive patients

Patients are prioritized, based on the types of surgical procedures that may be needed

They are prioritized into 4 Types,

**Type 1: Emergency life, limb, or organ saving procedures**  
(Ex. Acute abdomen, critically injured, acutely ischemic limb etc.)

**Type 2: Surgery for cancer**

**Type 3: Urgent surgical procedures that are associated with a significant morbidity and possible mortality if unattended**  
(Ex. Complicated cholelithiasis, Peri nephric abscess etc.)

**Type 4: Other non-urgent or semi urgent surgical procedures/ local anesthetic procedures**

(Ex. Uncomplicated symptomatic Inguinal hernia)

**Recommendations**

**Recommendation 1 (Screening)**

- a. Should be guided by the National guidelines, relevant experts and in consultation with Consultant Anesthetists / Intensivists / Emergency Medicine Physicians

**Recommendation 2 (Ward management)**

- a. Designated areas in the institution should be allocated based on the Covid categories, whenever such allocation is feasible. That is, Category 1, 2 & 3 patients should be housed and managed separately (The above is best organized at an institutional level rather than individual ward level whenever possible for optimal usage)

**Recommendation 3 (Theatre management)**

- a. There should be a dedicated **Emergency Covid operating theatre** for Covid positive or Covid suspected emergencies (Category 3, 2 patients)
- b. There should be designated **Emergency Non Covid operating theatre** allocated for Non Covid emergencies (Category 1 patients)
- c. Category 2 and 3 patients should not be taken to **Emergency Non Covid operating theatre** unless a new policy is declared due to unforeseen situation such as mass casualty incident or escalation of the epidemic etc.
- d. Whenever feasible, other theatre/s that are allocated for Type 2, 3, and 4 patients may be classified as **Covid Elective** (for Category 2,3) and **Non Covid Elective** (Category 1)

#### **Recommendation 4 (ICU Allocation)**

- a. Whenever possible ICU beds must be allocated in a separate location (separate Covid ICU) or with a physical separation for Covid positive or Covid suspected patients (Category 2 and 3 patients)
- b. Category 1 patients should not be taken to these ICUs unless a new policy is declared. (Mass casualty incident)

#### **Recommendation 5 (Prioritization of procedures)**

- a. Irrespective of the Covid status, priority must be given to **Type 1** (emergency) procedures and they should be attended to with minimal delay
- b. Emergency surgical care should not be deferred awaiting laboratory confirmation of Covid status, and such instances should be considered Covid positive for all practical purposes
- c. Whenever possible non-surgical management strategies (Antibiotic management of acute Appendicitis) or modified procedures (Damage Control surgery for trauma, Proximal diversion and drainage and Not Hartman's' procedure for suppurating diverticulitis) should be considered. Such modifications should be evidence based and should not compromise outcome of the disease
- d. When ICU admission is indicated for **Type 1**, care should be taken not to jeopardize the Covid control measures
- e. All **Type 2** and **3** patients must be in category 1 (minimal risk of viral transmission)
- f. When **Type 2** and **3** patients are in category 2 and 3 (Covid status) the procedure must be delayed until the doubt is cleared clinically or by laboratory testing

#### **Recommendation 6 (Attire for the surgical and anesthetic teams)**

- a. All general precautions that include the use of surgical masks, goggles or glasses, impermeable apron which goes below the upper border of the surgical boots (no slippers or sandals), and the surgical gowns with gloves must be strictly adhered to prevent the possible spread

- b. The attire of the anesthetic team should be according to the guidelines issued by the Sri Lanka College of Anesthesiologists / Ministry of Health
- c. Special precautions such as full PPE, special masks, visors must be used for Category 2 and 3 patients
- d. Type 1 procedures should not be delayed because of a particular type or brand of PPE is not available and each institute must contain a buffer of adequate stock of protective gear
- e. Demand for PPE should be justifiable, ethical, and subject to availability
- f. Use of available special resources for personal protection such as full PPEs must be done sparingly as such material is in short supply worldwide

The above recommendations should be considered as best practice guidelines and adopted to the best of the ability with regional and institutional variations

**The College of Surgeons of Sri Lanka earnestly expects the cooperation and understanding of all members to respond and contribute to this unprecedented national crisis**

**Prepared for the College of Surgeons of Sri Lanka by CSSL COVID-19 Subcommittee – 29th April 2021**