

## Guidance on surgical patient safety for SARS-CoV-2 infection and vaccination

### General Principles:

- Timing of elective surgical procedures following SARS CoV-2 infection should involve shared decision-making between patient and **treating clinician** (Anaesthetists/Specialist/Surgeon/Proceduralist) which includes a risk assessment including:
  - Severity of the initial infection
  - Ongoing symptoms of COVID-19
  - Comorbid and functional status
  - Clinical priority, and complexity of the proposed surgery or procedure
- Patients who are close contacts should have an individual risk assessment to assess clinical need prior to surgery going ahead.

### Elective Surgery:

- For patients with no ongoing symptoms present elective surgery can proceed within two to three weeks from diagnosis of SARS CoV-2 infection.
- For high risk patients perform an individual risk assessment and shared decision making to determine optimal timing of surgery post SARS-CoV-2 infection.
- Time-sensitive surgery for high risk groups should be assessed as risk versus benefit of proceeding and delaying needs to be carefully assessed utilising shared decision-making.
- Asymptomatic, returned to baseline, vaccinated, aged <70 years and without comorbidity can proceed with non-urgent elective minor surgery (day case) and endoscopy after 7 days.
- All patients with prolonged symptoms including not returning to baseline function following SARS CoV-2 infection should also be assessed by the **treating clinician**. Non-urgent elective surgery should be delayed for 7 weeks, due to their more prolonged increased risk period for postoperative morbidity and mortality
- Patients should be instructed to notify the **Pre Admission Clinic** if they test positive for SARS CoV-2 infection within 7 weeks of their planned operation date, to enable the patient and **treating clinician** to discuss and assess the risks and benefits of deferring surgery.
- Recovered cases do not need to be retested within 30 days after release from isolation.

### Vaccination

- Vaccination prior to surgery should be encouraged to reduce the risk of severe illness from SARS CoV-2 infection.
- Vaccination should be avoided during the period two weeks prior to, or two weeks following the surgical procedure.
- Information on vaccination following surgery can be found here: [Additional clinical considerations for COVID-19 vaccination | Australian Government Department of Health](#)

### References:

1. [Guideline on surgical patient safety for SARS-CoV-2 infection and vaccination 2023, ANZCA](#)
2. El-Boghdady et al. Timing of elective surgery and risk assessment after SARS-CoV-2 infection: an update. *Anaesthesia*, 22 February 2022
3. <https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/advice-for-providers/clinical-guidance>
4. Surgery post COVID-19  
[https://aci.health.nsw.gov.au/data/assets/pdf\\_file/0011/702974/Evidence-Check-Surgery-post-COVID-19.pdf](https://aci.health.nsw.gov.au/data/assets/pdf_file/0011/702974/Evidence-Check-Surgery-post-COVID-19.pdf)