

COVID-19 Guidelines for General Surgery

General Surgeons Australia & RACS Australian Board in General Surgery



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Recent discussions regarding the safety of various types of surgery have raised questions about surgical decision making during the COVID-19 epidemic.

Statements from various peak organisations around the world have given differing advice.

Now, more than ever, decision making should be based on reliable evidence and sound surgical principles, whilst being mindful of our need to preserve precious resources.

RACS has commissioned ASERNIP-S to study urgently the evidence for safety of surgeons and patients in several situations. Accordingly, advice will be updated as required.

General Surgeons Australia (GSA), the New Zealand Association of General Surgeons (NZAGS), and the Royal Australasian College of Surgeons (RACS), along with other specialty surgical groups, are working very closely to ensure that confusion is minimised and that a consistent message is delivered to all health providers.

Currently, there is no evidence that laparoscopy or robotic surgery pose any higher risk to surgical teams or patients with viral illnesses, including COVID-19, than laparotomy. There is considerable experience with other viral illnesses over many years. Importantly, demonstration of viral RNA particles by PCR in any tissue, fluid, or aerosol is not equivalent to demonstrating infective virus, as is sometimes assumed.

Surgeons should therefore choose the most appropriate approach for their patients, whether or not that involves a laparoscopic or robotic procedure.

Reduction in occupational exposure to the surgical plume in both open and laparoscopic surgery should remain a priority.

Reduction in occupational exposure to aerosolisation associated with intubation should be considered by minimising the number of staff in theatre during intubation and extubation, ERCP, bronchoscopy, and other upper airway procedures.

Protecting teams with universal precautions and appropriate Personal Protective Equipment remains essential at all times.

Limitation of Surgery and endoscopic procedures to urgent and emergency Category 1 or urgent Category 2 patients is essential. Guidelines relating to endoscopy and colonoscopy can be found [here](#).

COVID-19 testing should be carried out wherever possible in accordance with current Federal, State, and/or Territory Department of Health guidelines.

Please also refer to the RACS [Coronavirus Information Hub](#) for daily updates.

Signed on behalf of the GSA Board of Directors & RACS Australian Board in General Surgery:

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