Emergency General Surgery for COVID-19 patients:

Updated March 19, 2020

Guiding Principles

- We will not allow a COVID-19 diagnosis to prevent our patients from receiving safe, timely care
- Consider non-operative management whenever it is clinically appropriate for the patient. This will reduce exposure of our healthcare workers (HCWs) to COVID-19
- Consider waiting on results of COVID-19 testing as we now have in-house testing with 8 hr TAT
- Avoid emergency surgical procedures at night when possible due to limited ACS team staffing
- Aerosol generating procedures (AGPs) increase risk to the HCWs, but are likely inherent to surgery. Please recall that AGPs should only be performed *wearing full PPE including an N95 or PAPR that is designed for the OR*.
- Examples of known and possible AGPs include:
    - Intubation, extubation, bag masking, bronchoscopy, chest tubes
    - Electrocautery of blood, GI tissue, any body fluids
    - Laparoscopy
- There are insufficient data to recommend for/against open vs laparoscopy approach; however, the surgical team should choose an approach that minimizes OR time and maximizes safety for both patients and HWCs.

Pneumoperitoneum, Intestinal ischemia, Intestinal obstruction:

- Laparotomy vs. Laparoscopy as indicated

Appendicitis, uncomplicated:

- IV antibiotics, transition to PO antibiotics

Appendicitis, complicated:

- ***Abscess:*** IR drainage and IV antibiotics, transition to PO antibiotics
- ***Phlegmon:*** IV antibiotics, transition to PO antibiotics
- ***Perforation:*** IV antibiotics, transition to PO antibiotics, consider IR drainage if associated abscess

Symptomatic Cholelithiasis:

- Defer intervention if pain control achievable
- If not, percutaneous cholecystostomy whenever possible

Acute Cholecystitis:

- Percutaneous cholecystostomy whenever possible, IV antibiotics, transition to PO antibiotics

Cholangitis:

- ERCP, IV antibiotics, consider percutaneous cholecystostomy tube vs. cholecystectomy dependent on individual patient comorbidities

Choledocholithiasis:

- ERCP, with sphincterotomy
- Deferred cholecystectomy after recovered from COVID-19

Diverticulitis, uncomplicated:

- IV antibiotics, transition to PO antibiotics

Diverticulitis, complicated

- ***Abscess:*** IR drainage and IV antibiotics, transition to PO antibiotics
- ***Phlegmon:*** IV antibiotics, transition to PO antibiotics

**The risk of aerosolization with COVID-19 during laparoscopy is unknown at the present time, but all are recommending attempting to limit laparoscopy use as much as possible related to this issue.*

- Antonino Spinelli MD PhD. Director Colorectal Surgery, Professor Humanitas Milano, #COVID19ESCP