VA New England Healthcare System (VISN 1)

Memorandum

Date: March 15, 2020

From: VISN 1 Chief Medical Office

Subj: Cessation of Elective Surgical and Ambulatory Procedures

To: VA New England Healthcare System

1. In the VA New England Healthcare System the safety of our Veterans and employees is a priority. Given the expected impending surge of Veterans needing hospitalization and possible ICU care for COVID-19, VISN 1 has decided to cease all elective surgical and ambulatory procedures effective March 15, 2020.

2. The decision to cease elective procedures was informed by the following considerations:
   - Doing everything we can to ensure that we provide safe care to our Veterans and protect our employees by limiting the potential that a Veteran with COVID-19 will inadvertently undergo an elective procedure and contract or spread the infection.
   - Increasing the likelihood that we will have healthy staff to deliver care.
   - Increasing the likelihood that we will have sufficient protective personal equipment (PPE) to follow appropriate infection prevention precautions.
   - Allowing us to preserve precious healthcare resources, including inpatient and ICU beds, blood products, disposable OR supplies, and access to CT scanning for our sickest patients.

3. **Guidance on Surgical Cases and Clinics (See Appendix A for specific examples in each category)**
   a. Emergency procedures:
      All true surgical emergencies affecting life, limb and eye, will **continue to be done** as needed.
   b. Imminent risk procedures:
      All procedures that will have significant consequences for Veterans' health if not addressed in a timely manner will be done with **review by the service chief**.
   c. Truly elective procedures:
      All truly elective procedures **should be postponed,** and Veterans should be educated about the rationale for rescheduling their cases. At this time, we recommend that purely elective cases be rescheduled for after 4/30/20 at minimum.

d. Surgery clinics:
   - We ask that you cease outpatient evaluations that require PPE or require very close contact with patients, including those for ophthalmology, optometry, and ENT.
   - Eliminate all but emergency evaluations and clinically essential treatments (e.g. injections for macular degeneration).
   - Please screen your **other** surgical clinic lists for those patients who can be postponed or seen by telephone/VVC visits.
   - Veterans who need face to face visits will be seen on a case by case basis.
   - Routine surveillance and follow-up visits should be postponed.
   - Please limit CLC/nursing home patients seen in your clinics for face to face visits since they may be exposed within the facility and could risk acquiring COVID-19 and transmitting it to the entire CLC/nursing home population.

4. Guidance on Ambulatory Procedures and Dental Care

Some procedures performed on patients are more likely to generate higher concentrations of respiratory aerosols than coughing, sneezing, talking, or breathing. These procedures likely increase the risk of exposure to COVID-19 for healthcare personnel.

All elective ambulatory procedures that have a high risk of viral aerosolization should cease.

- Reschedule all non-urgent GI procedures such as screening and most surveillance colonoscopies.
- Convert screening colonoscopies for average risk patients to Fecal Immunohistochemical Tests.
- Convert all non-urgent outpatient GI clinic visits to VVC/phone encounters.
- Reschedule all elective dental procedures and exams. This includes routine, exams, dental hygiene procedures, operative dentistry, dental specialty care, delivery of crowns/dentures, repair of dentures, and dental evaluations for Community Care. Dental emergencies should be discussed with Chief, Dental Service for a case-by-case determination.
- Reschedule non-urgent endobronchial ultrasound, elective interventional radiology, fiberoptic bronchoscopy, pulmonary function tests, and navigational bronchoscopy.
- Reschedule all non-urgent radiology exams including screening lung cancer CTs, screening ultrasound for abdominal aortic aneurysms, routine vascular surveillance, fluoroscopic barium studies for chronic conditions such as GERD and hiatal hernia, joint injections, gastrostomy and nephrostomy tube changes. Please continue to provide telephone advice to patients and troubleshoot tube malfunctions, limiting in hospital exchanges to those not resolved with measures suggested during phone consultation.
- Reschedule outpatient pain clinic visits, elective procedures for chronic pain, and elective steroid injections.
- Wherever possible please convert face to face visits to VVC and telephone-based management.

5. If you are uncertain whether a procedure is urgent or elective, please be in touch with your local service chief.

Thank you for helping us ensure the safety of our Veterans and employees.

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Appendix A: Surgical Case Category Examples

(Note that this list is not exhaustive and does not cover every diagnosis)

Emergency (needs immediate action; life threatening or permanent organ damage):

Hemorrhage

- Trauma
- Ruptured aneurysms
- Pericardial tamponade
- Epistaxis

Sepsis

- Necrotizing soft tissue infections
- Perforated viscus
- Sinus infection with intracranial extension
- Vascular graft infections
- Acute appendicitis and cholecystitis

Ischemia

- Hernias with incarceration and/or obstruction (abdominal wall, hiatal, paraesophageal)
- Acute arterial occlusive disease
- Compartment syndrome

Obstruction

- Intestinal (small/large bowel)
- Volvulus
- Esophagus
- Facial fractures with orbital entrapment

Major arterial dissection
Airway emergencies
Endocrine emergencies

- Pheochromocytoma
- Hypercalcemic crisis
- Thyrotoxicosis

Replants / amputations/mutilating hand injuries/pressure injection injuries

Urgent (time dependent but not immediate; may be delayed by days but not weeks):

Infection without sepsis

- Includes uncomplicated head and neck abscesses
- Empyema

Symptomatic vascular disease

- Coronary artery bypass for ischemia
- Acute endocarditis with heart failure
- LVADS
- Class 3-4 valvular disease

- Symptomatic aneurysmal disease
- Symptomatic carotid disease
- Revascularization for distal ischemia/infection

Thoracic disease
- Retained hemothorax without active hemorrhage
- Persistent pneumothorax failing nonoperative management
- Stenting for obstruction

Chronic intestinal obstruction
- Adhesive or hernia related
- Dysphagia after prior hiatal surgery
- Refractory GERD
- Dehydration/malnutrition

Trauma

- Tendon or nerve injuries
- Craniofacial trauma / Fractures

Semi-elective (needs surgery; may be delayed by a few weeks):

Patients with known malignancy
- Cancer staging
- Lobectomy for lung cancer
- Esophagectomy after chemoradiation
- Diagnostic VATS/Lobectomy for slower growing cancers
- Functional adrenal tumor cases/Parathyroid cases with high calcium levels (>11g/dL)
- Melanoma

Patients with worsening symptoms secondary to inflammatory diseases
- Chronic cholecystitis, gallstone pancreatitis
- Dilations of anastomotic strictures

Uncomplicated facial fractures
Stable cardiovascular disease
- CABG for stable angina
- Valve surgery for mild symptoms (Class 1 or Class 2 symptoms)
- Aneurysm surgery with evidence of significant growth or size
- Asymptomatic carotid disease/
- Vascular malformations

Tracheostomy for ventilator dependence/
Feeding tube or stent for patients with malnutrition

Elective (may be delayed for months without threat to life or organ damage):

Gastrointestinal

- Hernias (abdominal wall, paraoesophageal, hiatal)
- Gallbladders without acute symptoms
- Bariatric surgeries
- Stoma reversals

Benign disease

- Routine nasal, sinus or ear surgeries
- Tonsillectomy, adenoidectomy
- Salivary surgery for non-malignant disease
- Parathyroid cases
- Benign thyroid cases
- Benign adrenal tumors
- Benign breast masses
- Prophylactic mastectomy for high risk
- Excisional biopsies for high risk
- Thymectomy for most thymomas and myasthenia gravis/

Cardiovascular

- Valve surgery for asymptomatic patients
- Endovascular cases for claudication
- Varicose veins

Malignancy

- Lung cancer surgery for subsolid cancers
- Surgery for metastatic disease
- Low grade neoplasms (PNET and GIST)
- Oncologic surgery that is receiving neoadjuvant chemotherapy where continuation of chemotherapy prior to surgery would be an acceptable option.