Dear Nevada Physicians,

In response to the rapidly evolving challenges posed by the COVID-19 pandemic, recommendations have been issued around limiting non-essential surgeries and procedures to limit the spread of virus and manage critical healthcare resources, including PPE (personal protective equipment). The situation has rapidly escalated and staying abreast of the rapidly updated guidelines and recommendations present unique challenges to busy clinicians.

A broad consensus of recommendations has emerged supporting temporary postponement of non-essential or elective optional surgeries and procedures. See below.

We wish to take this opportunity to review and highlight some recent recommendations and emphasize that any elective optional invasive procedure should be postponed until we have delineated the inflection point of the COVID-19 epidemic and see evidence of control of community transmission in Nevada. Cases that are elective but non-optional should be carefully evaluated for medical necessity/risk of delay to determine whether to postpone. All urgent/emergent procedures should proceed.

American College of Surgeons (ACS):

- Each hospital, health system, and surgeon should thoughtfully review all scheduled elective procedures with a plan to minimize, postpone, or cancel electively scheduled operations, endoscopies, or other invasive procedures until we have passed the predicted inflection point in the exposure graph and can be confident that our health care infrastructure can support a potentially rapid and overwhelming uptick in critical patient care needs.¹

- Immediately minimize use of essential items needed to care for patients, including but not limited to, ICU beds, personal protective equipment, terminal cleaning supplies, and ventilators. There are many asymptomatic patients who are, nevertheless, shedding virus and are unwittingly exposing other inpatients, outpatients, and health care providers to the risk of contracting COVID-19.²

- Hospitals and surgery centers should consider both their patients’ medical needs, and their logistical capability to meet those needs, in real time... resource conservation must also be considered.³

- The risk to the patient should include an aggregate assessment of the real risk of proceeding and the real risk of delay, including the expectation that a delay of 6–8 weeks or more may be required to emerge from an environment in which COVID-19 is less prevalent.⁴

Centers for Medicare and Medicaid Services (CMS)

- Limit all non-essential planned surgeries and procedures, including dental, until further notice...⁵
• CMS recognizes that conservation of critical resources such as ventilators and Personal Protective Equipment (PPE) is essential, as well as limiting exposure of patients and staff to the SARS-CoV-2 virus. Referenced is guidance to limit non-essential adult elective surgery and medical and surgical procedures, including all dental procedures ... in analyzing the risk and benefit of any planned procedure, not only must the clinical situation be evaluated, but resource conservation must also be considered

American Society of Anesthesiologists (ASA) and Anesthesia Patient Safety Foundation (APSF)
• Facilities in areas with growing incidences of COVID-19 to reduce non-urgent surgical, diagnostic, and interventional procedures. Urgency of procedures exists along a continuum and those not time-critical should be rescheduled to a date when community transmission is no longer taking place.

Centers for Disease Control and Prevention (CDC)
• Healthcare facilities with substantial community transmission or impact of COVID-19 are advised to cancel elective and non-urgent procedures.

U.S. Surgeon General
• Hospital & healthcare systems, PLEASE CONSIDER STOPPING ELECTIVE PROCEDURES until we can #FlattenTheCurve! Each elective surgery you do: 1) Brings possible #Coronavirus to your facilities 2) Pulls from PPE stores 3) Taxes personnel who may be needed for #COVID—19 response

Ambulatory Surgery Center Association (ASCA)
• First and foremost, if a procedure can be safely postponed without additional significant risk to the patient, it should be delayed until after the pandemic. The current and ongoing efforts to isolate our population and create social distancing are essential steps in saving lives by shortening and ultimately ending the COVID-19 pandemic.

American Society for Gastroenterology Endoscopy (ASGE)
• Reschedule nonurgent endoscopy services.

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ix @Surgeon_General (Jerome Adams, US Surgeon General), Twitter, 03/14/2020,  
https://twitter.com/Surgeon_General/status/1238798972501852160?s=20
