

Patient information: new statement about timing of elective surgery soon after infection with the virus causing COVID-19

Your operation may be delayed if you test positive for the virus causes COVID-19.
A new statement analysed evidence and added some advice.

Why might my operation be delayed?

Studies of people who had COVID-19 just before or after their surgery show that they had more complications and an increased risk of dying. The risks of chest problems, blood clots or death are about 3 or 4 times greater for a full 7 weeks following COVID-19. These risks are increased even if the patient had no symptoms from COVID-19 (i.e. just a positive test).

What timings are important?

Within 10 days of your planned surgery date	If you have a positive test, or COVID-19 symptoms, elective surgery should not take place because you may be infectious to others (as well as risks to you).
Between 10 days and 7 weeks before your planned operation date	Reduce your risks of catching COVID-19. If meeting people, consider social distancing, wearing a facemask, opening windows or meeting outdoors. If you test positive or have COVID-19 symptoms: <ul style="list-style-type: none"> You MUST inform your surgical team. Elective surgery may need to be delayed. Your health professional may undertake a risk assessment with you to decide whether the risks of delaying are worse than the risks of problems with surgery and COVID-19.
At any time before surgery	Please ensure you stay healthy and prepare for surgery: <ul style="list-style-type: none"> Ensure you have had a full course of vaccinations including a 3rd dose/booster. Vaccination reduces the chance of getting COVID-19 and of spreading it as well as reducing the severity of the illness if you get it. Regular exercise, nutrition and stopping smoking reduce complications from surgery by 30–80%. There is more information here: www.cpoc.org.uk/patients

How will the peri-operative team decide with me whether to go ahead with surgery?

- There should be a [Shared Decision Making](#) discussion with you. This means a senior clinician being clear about the **B**enefits, **R**isks, **A**lternatives and what happens if you do **N**othing (BRAN).
- The team will do this risk assessment in steps:

STEP 1 = They will assess your underlying (baseline) risk. Examples include:

Examples	High risk	Intermediate risk	Low risk
Surgery	Most inpatient surgery on the bowel, liver, bile duct, head and neck, heart, lungs or major blood vessels. Complex surgery on kidneys, urinary tract, bones or soft tissues	Other types of surgery (such as: breast, uncomplicated bone, soft tissue and plastic surgery)	Most outpatient eye surgery. Minor body surface surgery
Patient	Frail, unfit, unwell or with significant underlying health conditions	Moderately fit and without frailty	Fit and well

STEP 2 = They will add your additional risk of having problems from a recent COVID-19.

Each of these risk factors adds an additional risk:

- Age over 70 years
- The presence of any severe underlying health condition
- Major surgery
- Ongoing COVID-19 symptoms
- COVID-19 illness that required hospitalisation

STEP 3 = They will consider the risk of delaying surgery. For example, if your condition progresses.

STEP 4 = Understanding all the risks, the outcome should be agreed:

Outcome:	<i>Delay for at least 7 weeks after infection or positive test</i>	<i>Proceed</i>	<i>Undecided</i>
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