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American College of Surgeons Recommendations Concerning Surgery Amid the COVID-19 Pandemic Resurgence

With the resurgence across the country of Coronavirus Disease 2019 (COVID-19) case numbers, our societal vigilance on physical distancing and personal protection must be maintained and strengthened, while waiting for the availability of safe and effective vaccines as well as other preventative and therapeutic measures. As we head into the coming months, the American College of Surgeons believes there should be a consistent policy that protects essential medical services including surgery.

Surgeons have been at the forefront of patient care throughout the pandemic, redeploying to care for patients in intensive care units and emergency departments, as well as leading hospital responses to responding to COVID-19. Surgeons continue to care for COVID-19 patients while also handling surgical patient care.

The many state-issued moratoriums on “non-essential” surgical services when the pandemic began led to significant delays in provision of needed surgical services and a backlog of postponed procedures that is only recently abating. Among the many lessons learned over the past six months is that the provision of “appropriate and needed” surgical services can be performed safely when patients have undergone appropriate risk assessment and testing, and when surgeons, anesthesiologists, nurses, and other health care workers have not only appropriate personal protective equipment (PPE) but are also regularly tested and have resources to support their emotional well-being.

We previously published and continue to update recommendations for maintaining surgical services and for adjusting up or down depending upon a number of important considerations (see [Joint Statement: Roadmap for Maintaining Essential Surgery during COVID-19 Pandemic](#)¹). These recommendations include Regional Cooperation, supply chain flow, including the availability of PPE, COVID-19 testing, case prioritization, and various specific issues for perioperative care of COVID-19 patients. Appropriate tools such as the MeNTS (Medically necessary time sensitive procedures) scoring system² provide institutions a useful framework to effectively and ethically triage patients for surgical care while taking into account local case incidence, hospital capacity, PPE, and other factors. Certain circumstances allow surgical services to continue with appropriate planning and decision making.

As such, we recommend that decisions to adjust surgical services up or down should occur at a local level driven by hospital leaders including surgeons and in consultation with state government leaders. The decisions should be based on local case incidence, ongoing testing of staff and patients, aggressive

use of appropriate PPE, and physical distancing practices. Local selection of cases performed should be based on urgency of patient needs, staff availability and health, and hospital bed capacity, but not by wide-reaching regulation and blanket ordinances. Surgical capacity can be safely maintained by following these recommendations, and will also prevent excessive backlogging of cases, which could cause treatment delays for patients who need surgical care. A multidisciplinary team should oversee guidelines for delivery of surgical services³ at each local care site with all previously learned lessons considered.

References

1. American College of Surgeons. Joint Statement: Roadmap for Maintaining Essential Surgery during COVID-19 Pandemic. Available at: <https://www.facs.org/covid-19/clinical-guidance/roadmap-maintain-essential-surgery>. Accessed October 27, 2020.
2. Prachand VN, Milner R, Angelos P, et al. Medically Necessary, Time-Sensitive Procedures: Scoring System to Ethically and Efficiently Manage Resource Scarcity and Provider Risk During the COVID-19 Pandemic. *J Am Coll Surg*. 2020;231(2):281-288. doi:10.1016/j.jamcollsurg.2020.04.011
3. American College of Surgeons. COVID-19. Elective Case Triage Guidelines for Surgical Care. Available at: https://www.facs.org/-/media/files/covid19/guidance_for_triage_of_nonemergent_surgical_procedures.ashx. Accessed October 27, 2020.

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