COVID 19: Elective Case Triage
Guidelines for Surgical Care

Gynecology

1.3: Gynecology (Temple University) (v3.23.20)

Suggestions for handling the scheduling of OB/Gyn surgical cases during COVID19 pandemic.

Emergency surgeries *(no delay)*
- Ectopic pregnancy
- Spontaneous abortion
- Adnexal torsion
- Rupture tubal-ovarian abscess
- Tubal-ovarian abscess not responding to conservative therapy
- Acute and severe vaginal bleeding
- Cesarean section
- Emergency cerclage of the cervix based on pelvic exam/ultrasound findings

Surgeries that if significantly delayed could cause significant harm

- Cancer or Suspected cancer
  - Ovarian, Tubal or Peritoneal cancer
  - Ovarian masses cancer is suspected
  - Endometrial cancer and endometrial intraepithelial neoplasia
  - Cervix cancer
  - Vulvar cancer
  - Vaginal cancer
  - Gestational Trophoblastic Neoplasia
- Cerclage of the cervix to prevent premature delivery based on history
- Pregnancy termination (for medical indication or patient request)

Surgeries that could be delayed for a few weeks

- Chorionic villus sampling/amniocentesis (CVS is performed between 11 and 14 weeks of gestation; amniocentesis is performed 15-22 weeks of gestation)
- D&C with or without hysteroscopy for abnormal uterine bleeding (pre- or postmenopausal) when cancer is suspected
- Cervical conization or Loop Electro-Excision Procedure to exclude cancer
- Excision of precancerous or possible cancerous lesions of the vulva
Surgeries that can be delayed several months

- Sterilization procedures (eg, salpingectomy)
- Surgery for fibroids (sarcoma is not suspected)
  - Myomectomy
  - Hysterectomy
- Surgery for endometriosis, pelvic pain
- Surgery for adnexal masses that are most likely benign (eg, dermoid cyst)
- Surgery for pelvic floor prolapse
- Surgery for urinary and/or fecal incontinence
- Therapeutic D&C with or without hysteroscopy with or without endometrial ablation for abnormal uterine bleeding and cancer is not suspected
- Cervical conization or Loop Electro-Excision Procedure for high grade squamous intraepithelial lesions
- Infertility procedures (eg, hysterosalpingograms, most elective embryo transfers)
- Genital plastic surgery
- Excision of condyloma acuminata (if cancer is not suspected)

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