



Patron: His Royal Highness, Sultan of Perak, Sultan Nazrin Muizzuddin Shah

COLLEGE OF SURGEONS, ACADEMY OF MEDICINE OF MALAYSIA



1 May 2020

CSAMM Guidance on gradual resumption of elective surgery during the COVID-19 pandemic

As Malaysia moves into the fourth phase of the Movement Control Order (MCO), the impact of earlier restrictions is starting to be seen. While new cases continue to emerge, the curve appears to be flattening as hoped. Nevertheless, with the expansion of approved services, and relaxation of some preventive measures, we must remain vigilant, should a rebound occur.

New clusters are still developing, although rapid containment, contact tracing and testing are currently preventing nationwide spread. A further challenge will be potential mass movements and gatherings with the advent of Eid-ul-Fitr later this month, should the MCO be lifted. The detection of asymptomatic cases, the rise of cases in the young, developments in patients with no obvious risk factors, virulent strains and identification of viral particles in patient-generated aerosol, give us more pause.

During the rapid escalation of the pandemic, we had advised the cessation of elective surgeries, in view of the need to minimize unnecessary exposure to patients and health care workers (HCW), conserve resources (Personal Protective Equipment - PPE, blood, critical care services) and focus efforts on pandemic planning and action. The following considerations should be weighed, in addition to previously issued guidance, to assist healthcare facilities in decisions regarding timing of recommencement of elective surgeries.

1. Local and national epidemiology

In keeping with the World Health Organization (WHO) Strategy Update (14 April 2020), transitioning to a sustainable low-level or no transmission in the community (in the absence of a vaccine) requires the following:

- i. COVID-19 transmission should be confined to clusters or sporadic cases for 14 days, with numbers well within healthcare facilities' capacity to manage.
- ii. Efforts should have transitioned from focusing on serious cases, to managing all cases regardless of severity. Measures for detection (including contact tracing), testing, isolation and quarantine should be in place, and capacity not exceeded.
- iii. National guidelines for workplace preventative measures are available.
- iv. Measures to contain outbreaks should be in place.
- v. Measures to contain imported cases should be in place.
- vi. The community should be fully engaged in the 'new-normal' of preventive measures – physical distancing, crowd control, PPE etc.



Patron: His Royal Highness, Sultan of Perak, Sultan Nazrin Muizzuddin Shah

COLLEGE OF SURGEONS, ACADEMY OF MEDICINE OF MALAYSIA



2. Hospital alert status

- i. Hospitals should have established task forces to monitor and manage resources. The latter would include staff, testing facilities, critical care beds and ventilatory assistance, PPE and blood bank reserve.
- ii. Elective surgeries should not resume until there is sufficient reserve capacity, over and above that required for managing COVID-19 cases, surgical emergencies and semi-emergencies.
- iii. Disaster response measures should be in place for rapid escalation and de-escalation of elective services depending on need.

3. COVID-19 preparedness

- i. Hospitals should have established containment strategies for isolation of in-patients.
- ii. Workflows for management of COVID-19, Persons Under Investigation (PUI) and non-COVID patients needing surgery must be in place.
- iii. Separate OT facilities for COVID-19 patients and PUIs should be available.
- iv. Staff have been trained in the donning and doffing of appropriate PPE. Note that, while Powered Air Purifying Respirator (PAPR) devices provide better protection during surgery, they are more difficult to don and doff, and contamination may be higher during doffing.
- v. Protocols for consenting COVID-19 patients are in place, including handling of documents.
- vi. Strategies for minimizing and managing HCW physical and mental health issues should be established. These strategies may include segregation and cycling of teams and facilities, HCW surveillance and provision of counseling and other support services.

4. Patient-related Issues

- i. Patient and caregiver management
Clear communication must be provided to patients and caregivers regarding:
 - Hospital access, in-hospital movement restrictions, PPE
 - Screening and testing policies
 - HCW safety practices
 - Additional costs
 - Prioritization of cases
- ii. Prioritization of cases
 - A framework, with multi-disciplinary input, should be established to allow escalation and de-escalation of elective surgeries, depending on the status of items 1-3.
 - A stepwise escalation is recommended, to allow review of outcomes.
 - Case volume per list should be limited in consideration of increased turnover times.
- iii. Post-discharge care
 - Clear workflows must be established for the continued care and follow-up of patients.



Patron: His Royal Highness, Sultan of Perak, Sultan Nazrin Muizzuddin Shah

COLLEGE OF SURGEONS, ACADEMY OF MEDICINE OF MALAYSIA



In summary, we recommend that each hospital should establish strategic plans to manage a possible resurgence of COVID-19 cases, allowing for staffing and resource preparedness, **BEFORE** resumption of elective surgeries. A cautious approach should be taken, with careful case selection, minimization of numbers, continuation of full preventive measures, and de-escalation of cases, should the need arise.

Professor Dr April Camilla Roslani
President
College of Surgeons
Academy of Medicine of Malaysia
Chair
Women in Surgery Chapter

Dato' Dr Selvalingam Sothilingam
Chair
Urology Chapter

Assoc Prof Dato' Dr Hari Chandran Thambinayagam
Chair
Neurosurgery Chapter

Dato' Dr Imi Sairi bin Ab Hadi
Chair
Breast and Endocrine Chapter

Prof Dr Jamal Azmi Mohamad
Chair
Orthopaedic Surgery Chapter

Dr Chew Loon Guan
Chair
Vascular Surgery Chapter

Dr Lim Yang Kwang
Chair
Maxillofacial, Aesthetic, Plastic Surgery Chapter

Professor Dr Raja Amin Raja Mokhtar
Chair
Thoracic & Cardiovascular Surgery Chapter

Dato' Dr Zakaria Zahari
Chair
Paediatric Surgery Chapter

Assoc Prof Datuk Dr Ismail Sagap
Chair
Colorectal Surgery Chapter

Unit 1.6, Level 1, Enterprise 3B, Technology Park Malaysia (TPM)

Lebuhraya Puchong – Sungei Besi, Bukit Jalil, 57000 Kuala Lumpur, Wilayah Persekutuan

Tel : (603) 8723 4700, 8724 5700, 8727 4700 Fax : (603) 8724 2100 Email : secretariat@csamm.asm.org.my Website : www.acadmed.org.my



Patron: His Royal Highness, Sultan of Perak, Sultan Nazrin Muizzuddin Shah

COLLEGE OF SURGEONS, ACADEMY OF MEDICINE OF MALAYSIA



Dr Siow Sze Li
Chair
Upper GI Chapter

Prof Dr Tang Ing Ping
Chair
Otorhinolaryngologists – Head and Neck Surgeons Chapter

References:

1. https://www.who.int/docs/default-source/coronaviruse/covid-strategy-update-14april2020.pdf?sfvrsn=29da3ba0_6
2. <https://www.facs.org/covid-19/clinical-guidance/roadmap-elective-surgery>
3. <https://www.facs.org/covid-19/clinical-guidance/resuming-elective-surgery>
4. Verbeek JH et al. Personal protective equipment for preventing highly infectious diseases due to exposure to contaminated body fluids in healthcare staff. Cochrane Database of Systematic Reviews 2020, Issue 4. DOI: 10.1002/14651858.CD011621.pub4.
5. <https://picsociety.uk/wp-content/uploads/2020/04/PICS-statement-re-novel-KD-C19-presentation-v2-27042020.pdf>
6. <https://www.nature.com/articles/s41586-020-2271-3>
7. <https://www.medrxiv.org/content/10.1101/2020.04.14.20060160v2>