Considerations for Pre-Operative COVID-19 Testing

> Test patients with any signs or symptoms of COVID-19 infection, even if a symptom can be explained by their surgical diagnosis.

> The following asymptomatic pre-operative patients should be tested for COVID-19:
  - Those from outbreak units/facilities (or those with enhanced surveillance).
  - Those who have been instructed by public health to self-isolate.

> Universal pre-operative testing of all patients may be triggered by health authority leadership in areas with high COVID-19 prevalence (recommendation: If test positivity rate exceeds 5% for a sustained period of time, incidence rate is greater than 10.1/100,000, and there are more than two COVID-19 acute care outbreaks in the health authority).

> Interpret a negative COVID-19 test in terms of the clinical context (see pg.11 patient risk category table for guidance). A negative test result may facilitate downgrading the risk category of a patient, if they have no known COVID-19 contact.

> At this time, there is no change to protocols based on immunization status. The immunization status of a health-care worker or patient should not influence infection prevention and control precautions or a patient’s risk stratification.

Proceeding with Surgery with COVID-19 Infection

Decision-making about the timing of surgery requires consideration of many factors to balance the urgency, infectivity and complication risk for each individual patient.

WARNING: Do not delay urgent or emergent surgery for testing or test results.

> Elective surgeries should be delayed until seven or more weeks post infection. The patient must also be symptom-free. Studies have confirmed that there is a higher risk of respiratory complications and mortality for major surgery within six weeks of a COVID-19 infection (see pg.5).

> Prior to surgery (regardless of urgency), determine the patient’s infectivity to help decide surgical timing and protocols.
  - Refer to guidance for community and acute care settings (also see decision tree tool). Evidence continues to evolve.
  - Considerations for determining infectiousness for discontinuing additional precautions:
    - A test-based strategy is not recommended for the majority of patients post-COVID-19 infection. Patients may continue to test positive for many weeks after their illness, but they are no longer infectious.
    - < 60 days post-positive COVID-19 test, the likelihood of reinfection is low. In general, testing should not be performed and surgery can proceed as indicated on an asymptomatic, recovered patient.
    - From 60 days post infection, screen as usual with risk assessment form.

WARNING: The period of communicability may be longer due to the severity of COVID-19 illness or degree of immunocompromise. A test-based strategy might be needed, in consultation with IPC teams.

Please email the BCCDC’s Clinical Reference Group at CRG@bccdc.ca with questions or feedback.