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Re: Testing recommendation for COVID-19 (SARS-CoV-2) in patients planned for surgery – continuing the service and ‘suppressing’ the pandemic

Sir,

A recent publication by Al-Muharraqi recommends a COVID-19 testing protocol which involves both PCR and antibody testing for planned crucial head and neck surgical patients.¹ Using the flowchart, surgery would proceed with the exception of where a positive PCR result is obtained in which case the patient would be allowed to recover from the illness and surgery postponed. We solely implemented a PCR testing strategy for all preoperative elective surgical patients in our institution on 31st March. Patients are risk-assessed for the urgency of their planned operation and those that require surgery are tested the day before at a testing centre on the hospital grounds. Real-time reverse-transcription PCR (RT PCR) is performed on nasopharyngeal specimens using Altona Diagnostics RealStar[®] SARS-CoV-2 RT-PCR kit to detect B-βCoV and SARS-CoV-2 specific RNA with results available later that day. In the event that a positive patient is identified, surgery is postponed due to the worse outcomes described in patients undergoing prolonged procedures (should they develop symptomatic infection in the postoperative period).² From 31st March–29th April we identified one new case of COVID-19 from 114 patients tested: a positivity rate of 0.88%. However, as testing took place during a period of national lockdown when medically-vulnerable individuals were advised to ‘cocoon’ or minimise all interaction between themselves and others, a low positivity rate was expected. It is likely that COVID-19 will be a public health issue for the foreseeable future and therefore surgeons will have to develop strategies to manage this risk. As only emergency and urgent surgeries are currently taking place, now is the optimal time to hone these strategies. Whilst we observed a low positivity rate with our preoperative testing strategy employing PCR alone, we would expect this figure to increase as public health restrictions ease. The challenges and limitations of antibody testing are well described and therefore we chose not to include it method in our preoperative screening programme.³ As highly sensitive molecular point-of-care tests become increasingly available, preoperative testing can become even more streamlined allowing for testing on the day of the planned procedure to provide maximum reassurance of a negative COVID status at the time of the procedure.

Ethics statement/confirmation of patients’ permission

Not applicable.

Conflict of interest

We have no conflicts of interest.

Reference

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