

250 Determining Timing of Surgery in the COVID-19 Pandemic: Experience from an E.N.T Department in A Hospital Admitting Patients With COVID-19

A. Lovett, E. Jones, V. Visvanathan

Royal Stoke University Hospital, Stoke-on-Trent, United Kingdom

Introduction: The COVID-19 Pandemic has led to significant impact on elective services, with over 1.1 million patients waiting over the 18-week target for consultant-led care. Resumption of elective procedures has been left to the discretion of individual units depending on COVID-19 infection rate, access to testing and PPE, and the co-ordination of other services. We present an audit to determine timing of surgery and assess post-operative mortality associated with COVID-19 infection.

Method: Prospective data collection was undertaken between 5th October 2020 and 1st November 2020, inclusive. With the exclusion of nasal packing and flexible nasoendoscopy, all patients operated on within the E.N.T department were reviewed. Inpatient hospital records were reviewed for the 30-day follow-up period.

Results: A total of 98 patients underwent surgical procedures during the audit period. All patients were operated on in a hospital admitting patients with COVID-19. Ninety-five percent of patients were elective, and all-but-one had a period of isolation and negative SARS-CoV-2 PCR swab prior to operation in a dedicated non-COVID operating theatre. Twenty-eight patients had a peri-operative admission; one patient was advised to isolate on discharge following confirmed COVID-19 contact. Of the total cohort, only one patient died in the 30-day follow-up period; no updated SARS-CoV-2 PCR swab was recorded.

Conclusions: With increasing numbers of elective procedures required, these results provide otolaryngologists with reassurance. We recommend that those awaiting elective surgery should have a negative SARS-CoV-2 PCR swab and period of isolation prior to operation, combined, and be cared for in a dedicated non-COVID setting.