

### 743 Establishing COVID-Secure Surgery: Maintaining Urgent Elective Surgery During The COVID-19 Pandemic

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**Introduction:** The COVID-19 pandemic continues to impose significant direct burdens on secondary healthcare services in the UK and around the world. Maintaining timely and safe delivery of major urgent elective surgery throughout the pandemic is essential if we are to continue to treat cancer and other time-critical surgical conditions. Our Trust established a COVID-secure hospital within the Trust to deliver urgent elective surgical care.

**Method:** Basic demographics, operative interventions and 30-day outcomes of consecutive patients undergoing major surgery at our COVID-secure site were collected between June-November 2020. Major surgery was defined as patients requiring admission to the Post Anaesthetic care unit (PACU). PACU provides Level 2 care for 23 hours before discharging patients to the ward.

**Results:** 279 consecutive patients were included. PACU admission >23 hours were associated with increased total length of stay (LOS) ( $p = 0.004$ ), 30-day complications ( $p < 0.0001$ ), higher rate of transfer to a 'COVID-hot' hospital ( $p = 0.01$ ) and nosocomial COVID-19 infection ( $p = 0.051$ ). Compared to spinal anaesthesia, epidural anaesthesia was associated with PACU admission breach ( $p = 0.02$ ), increased total LOS ( $p = 0.01$ ), increased transfer to the 'hot' sites ( $p = 0.03$ ) and 30-day complications ( $p = 0.06$ ).

**Conclusions:** Establishing a COVID-secure site enabled continuation of major urgent elective surgery within a viral pandemic. Level 2 support is essential to ensure safe delivery of complex surgery at 'cold' sites. This study has identified clinically relevant advantage with the use of adjuvant spinal anaesthesia in preference to epidural. Enhancing critical care services is essential to minimise patient transfer to 'hot sites' and limit nosocomial COVID infection.