

Recommendations of the Mexican Association of General Surgery A.C. Back to another normality in surgery

Recomendaciones de la Asociación Mexicana de Cirugía General A.C. De regreso a otra normalidad en cirugía

Juan Roberto Torres Cisneros,* Salvador Francisco Campos Campos‡

The Mexican Association of General Surgery (AMCG), a leading organization integrated by physicians specialized in general surgery, in compliance with its purpose, which is to strive for a better scientific preparation of its members and to ensure the practice of the profession and specialty in a framework of safety for patients and health professionals, with the scientific information available so far, is allowed to make the following recommendations for the resumption of elective surgery programs:

A. General considerations: COVID-19 and surgery

- Some pathologies can be treated medically and not surgically, without implying a risk for the patient.
- Delays in the treatment of some surgeries may favor complications in patients and carry a poor outcome.
- There are reports in the international literature on the development of respiratory complications in a higher percentage than usual and an increase in perioperative morbimortality in surgical patients with SARS-CoV-2 infection (COVID-19), either known preoperatively or not known and developed postoperatively.
- Surgery and general anesthesia of patients with SARS-CoV-2 (COVID-19) infection are

high-risk procedures for contamination of the surgical team involved, especially during airway management.

- Consider the availability of resources for the creation and maintenance of patient transfer circuits and non-COVID-19 areas for the performance of surgical procedures.
- It is important to continuously evaluate the epidemiological conditions of the population, where the geographical area and the hospital center are located, so to know the risk of infection of patients and health professionals.
- Avoid or control as much as possible the procedures that generate aerosols and splashes and use the corresponding personal protective equipment.
- Ensure hospital admission on the same day of surgery. Limit as much as possible the number of days of hospital stay.
- Restriction of the number of visitors and companions as much as possible during the hospital stay.
- Strict adherence to the recommendations on physical distancing, hygiene and use of masks by patients, visitors, accompanying persons and professionals during the hospital stay.
- Active surveillance and separation of elective surgery circulation for the isolation

* President of the Mexican Association of General Surgery 2019-2020.

‡ Ex-President of the Mexican Association of General Surgery.

Received: 06/15/2020
Accepted: 07/07/2020



How to cite: Torres CJR, Campos CSF. Recommendations of the Mexican Association of General Surgery A.C. Back to another normality in surgery. Cir Gen. 2020; 42 (2): 124-125.

of those patients who develop symptoms or signs compatible with COVID-19.

B. Regarding the exclusion of patients with active infection (COVID-19) prior to scheduled surgical procedures, we recommend:

- Generate and adapt preoperative protocols and processes with the institution to exclude patients with active SARS-CoV-2 infection.
- Carry out an initial clinical and epidemiological history evaluation approximately 14 days prior to surgery to detect symptoms or risk of COVID-19.
- Strictly recommend and control physical distancing and protective measures for patients two weeks prior to surgery to reduce the chances of infection.
- Rule out active SARS-CoV-2 infection by performing a PCR for SARS-CoV-2 by nasopharyngeal swab as close to surgery as possible, ideally within 72 hours prior to surgery.
- Perform a second evaluation of the clinical and epidemiological history in the anesthesiologist's preoperative assessment prior to surgery to detect symptoms or risk of COVID-19.

C. In case of emergency surgery we suggest:

- Consider every patient as a possible carrier of COVID-19 until proven otherwise.

- Given the impossibility of having a PCR test result for SARS-CoV-2 quickly and expeditiously, it is recommended to perform a preoperative chest CT scan to identify possible COVID-19 infection.
- Reserve the indication for routine use of SARS-CoV-2 serology (IgG and IgM) to diagnosis of suspected cases based on the clinical context.

D. To minimize the risk in health professionals it is recommended:

- Consider every patient as a possible carrier of COVID-19 until proven otherwise.
- Continuous information and updating of health professionals regarding the disease and the use of personal protective equipment (PPE) in particular.
- Strict frequent hand washing following the recommendations of the World Health Organization.
- The use of surgical mask N95 or similar by professionals.
- The use of additional protection (FFP2 mask or higher, splash gown and screen or closed goggles) in procedures that may generate aerosols.

Correspondence:

Juan Roberto Torres Cisneros, MD

E-mail: jrobertotorres@amcg.org.mx

www.medigraphic.org.mx