

COVID-19 Health Mandate 005, Revised on April 7, 2020
Attachment C
Non-Urgent or Elective Procedures and Surgeries

Issued: April 7, 2020

By: Governor Mike Dunleavy
Commissioner Adam Crum, Alaska Department of Health and Social Services
Dr. Anne Zink, Chief Medical Officer, State of Alaska

Following ongoing guidance from the Centers for Disease Control and Prevention (CDC) that healthcare facilities and clinicians should prioritize urgent and emergency visits and procedures now, the State of Alaska is clarifying non-urgent or elective procedures that are to be postponed or canceled under COVID-19 Health Mandate 005. **These actions can conserve staff personal protective equipment (PPE) and patient care supplies, ensure staff and patient safety, and expand available hospital capacity.**

Non-urgent or elective procedures include, but are not limited to, those identified by the American College of Surgeons, Elective Case Triage Guidelines for Surgical Care found at <https://www.facs.org/covid-19/clinical-guidance/elective-case>:

1. Breast Cancer Related: <https://www.facs.org/covid-19/clinical-guidance/elective-case/breast-cancer>

Cases that should be deferred:

- Excision of benign lesions-fibroadenomas, nodules, etc...
- Duct excisions
- Discordant biopsies likely to be benign
- High risk lesions-atypia, papillomas, etc...
- Prophylactic surgery for cancer and noncancer cases
- Delayed SNB for cancer identified on excisional biopsy
- cTisN0 lesions-ER positive and negative
- Re-excision surgery
- Tumors responding to neoadjuvant hormonal treatment
- Clinical Stage T1N0 estrogen receptor positive/progesterone receptor positive/Her2 negative tumors
- Inflammatory and locally advanced breast cancers

2. Cancer Surgery:

See <https://www.facs.org/covid-19/clinical-guidance/elective-case/cancer-surgery>

3. Cardiac Surgery:

See <https://www.facs.org/covid-19/clinical-guidance/elective-case/cardiac-surgery>

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4. **Colorectal Cancer Related:** <https://www.facs.org/covid-19/clinical-guidance/elective-case/colorectal-cancer>

Diagnoses that could be deferred three months:

- Malignant polyps, either with or without prior endoscopic resection
- Prophylactic indications for hereditary conditions
- Large, benign-appearing asymptomatic polyps
- Small, asymptomatic colon carcinoids
- Small, asymptomatic rectal carcinoids

Alternative treatment approaches to delay surgery that can be considered:

- Locally advanced resectable colon cancer - Neoadjuvant chemotherapy for two to three months followed by surgery
- Rectal cancer cases with clear and early evidence of downstaging from neoadjuvant chemoradiation - Where additional wait time is safe - Where additional chemotherapy can be administered
- Locally advanced rectal cancers or recurrent rectal cancers requiring exenterative surgery - Where additional chemotherapy can be administered
- Oligometastatic disease where effective systemic therapy is available

5. **Emergency General Surgery:**

See <https://www.facs.org/covid-19/clinical-guidance/elective-case/emergency-surgery>

6. **Gynecological Surgeries:** <https://www.facs.org/covid-19/clinical-guidance/elective-case/gynecology>

Procedures and surgeries that could be delayed for a few weeks:

- Chorionic villus sampling/amniocentesis (CVS is performed between 11 and 14 weeks of gestation; amniocentesis is performed 15-22 weeks of gestation)
- D&C with or without hysteroscopy for abnormal uterine bleeding (pre- or postmenopausal) when cancer is suspected
- Cervical conization or Loop Electro-Excision Procedure to exclude cancer
- Excision of precancerous or possible cancerous lesions of the vulva
- Surgical abortion - healthcare providers are to postpone surgical abortion procedures unless the life or physical health of the mother is endangered by continuation of the pregnancy during the period of postponement

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Procedures and surgeries that can be delayed several months:

- Sterilization procedures (e.g., salpingectomy)
- Surgery for fibroids (sarcoma is not suspected)
 - Myomectomy
 - Hysterectomy
- Surgery for endometriosis, pelvic pain
- Surgery for adnexal masses that are most likely benign (e.g., dermoid cyst)
- Surgery for pelvic floor prolapse
- Surgery for urinary and/or fecal incontinence
- Therapeutic D&C with or without hysteroscopy with or without endometrial ablation for abnormal uterine bleeding and cancer is not suspected
- Cervical conization or Loop Electro-Excision Procedure for high grade squamous intraepithelial lesions
- Infertility procedures (e.g., hysterosalpingograms, most elective embryo transfers)
- Genital plastic surgery
- Excision of condyloma acuminata (if cancer is not suspected)

7. **Metabolic and Bariatric Surgery:** <https://www.facs.org/covid-19/clinical-guidance/elective-case/metabolic-bariatric>

May be delayed for months without threat to life or organ damage:

- Bariatric: primary gastric bypass, sleeve, duodenal switch, gastric band
- Revisions for weight gain

8. **Neurosurgery:**

See <https://www.facs.org/covid-19/clinical-guidance/elective-case/neurosurgery>

9. **Ophthalmology:**

See <https://www.facs.org/covid-19/clinical-guidance/elective-case/ophthalmology>

10. **Orthopaedic Procedures:**

See <https://www.facs.org/covid-19/clinical-guidance/elective-case/orthopaedics>

11. **Otolaryngology:**

See <https://www.facs.org/covid-19/clinical-guidance/elective-case/otolaryngology>

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12. **Pediatric Surgery:** <https://www.facs.org/covid-19/clinical-guidance/elective-case/pediatric-surgery>

Circumcisions should be postponed, except for the following:

- Documentation of infection with failure of medical management in a child or adult
- Newborn circumcision at the bedside in the immediate postnatal period prior to the newborn going home

Delay results in minimal patient risk:

- Vascular access device removal (not infected)
- Chest wall reconstruction
- Asymptomatic inguinal hernia
- Anorectal malformation reconstruction following diversion
- Hirschsprung disease reconstruction following diversion
- Inflammatory bowel disease reconstruction following diversion
- Enterostomy closure
- Breast lesion excision (i.e. fibroadenoma)
- Branchial cleft cyst/sinus excision
- Thyroglossal duct cyst excision
- Fundoplication
- Orchiopexy
- Bariatric surgery
- Splenectomy for hematologic disease
- Cholecystectomy for biliary colic
- Repair of asymptomatic choledochal cyst

13. **Plastic Surgery:**

See <https://www.facs.org/covid-19/clinical-guidance/elective-case/plastic-surgery>

14. **Thoracic Cancer Surgery:** <https://www.facs.org/covid-19/clinical-guidance/elective-case/thoracic-cancer>

Cases that should be deferred:

- Predominantly ground glass (<50% solid) nodules or cancers
- Solid nodule or lung cancer < 2 cm
- Indolent histology (e.g. carcinoid, slowly enlarging nodule)
- Thymoma (non-bulky, asymptomatic)
- Pulmonary Oligometastases - unless clinically necessary for pressing therapeutic or diagnostic indications (i.e., surgery will impact treatment)

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- Patients unlikely to separate from mechanical ventilation or likely to have prolonged ICU needs (i.e., particularly high-risk patients)
- Tracheal resection (unless aggressive histology)
- Bronchoscopy
- Upper Endoscopy
- Tracheostomy

15. Urology:

See <https://www.facs.org/covid-19/clinical-guidance/elective-case/urology>

16. Vascular Surgery:

See <https://www.facs.org/covid-19/clinical-guidance/elective-case/vascular-surgery>