COVID-19 Forum Questions and Answers
May 13th, 2020

_The May 13th members only Forum was focused on re-introducing gynecological surgery and a number of questions were posted by participants._

_We have compiled the questions, and provided answers from experts within our field, with guidance that is applicable in the Canadian context. With limited published evidence, most answers represent consensus of expert opinion and were considered current at the time of the May 13th_

1. **What is the estimate of elective gynaecology cases deferred during COVID-19? What resources will be required to catch up?**
   - While we do not have access to data with respect to women’s health and gynaecology, we do know that gynaecology is a fairly significant percentage in most hospitals
   - It is anticipated that there will be staged ramp-ups, and that individual departments will determine what their own ramp-up looks like. Tertiary and abulatory centres will differ, there will need to be lists, and approaches will need to have flexibility built in.

2. **Who makes the decisions regarding prioritization?**
   - It is important to start to do the work now – the longer some surgeries are delayed, the more significant the issues may be that arise from delays. It is important to see where your program sits on the P3/P4 dashboard – you may have to advocate for your position! It is encouraging that Alberta is a bit ahead of the other provinces in this process and they seem to be getting the access that they require. Once again, it is anticipated that this will be variable across the country and it is important for us all to be at the table and to advocate. Remember that decisions in the past were often allocated politically!
3. **How will gynaecological surgery be prioritized relative to other specialties?**

- We need to advocate strongly for our patients in this process moving forward, ensuring that there is a fair and equitable peri-operative process. This may not be the “usual” way to do things, and it will be important to questions the process at every step of the way. – it will be important to question.

- Guidelines were created with the SOGC on what to do during COVID-19 with patients with endometriosis and pain. We need to make sure that patients that require surgery are prioritized up the list because of the time sensitivity, because their disease is suffering because of the delay, etc. (i.e., abortions, REI)

4. **Is there likely to be support for ambulatory elective surgical centres, outside hospitals?**

- This is a great opportunity to advocate for support going forward, because a large portion of the gynaecological surgeries could be done in an ambulatory setting. Presumably, these would have to be prioritized similarly (i.e., depending on PPE, limitation of medications etc).

5. **There has been much debate at local and provincial levels about rest time post intubation/extubation. What are people doing at their own hospitals?**

- One centre reports resting for 25 minutes post intubation and ex-tubation, whether the case is symptomatic or not. That said, there is some debate from IPAC about the need for this at all.

6. **Is there any thought to regionalizing surgeries (with academic surgeons coming out to community hospitals) or will it all be done within individual hospitals?**

- There is an opportunity for this in some regions – there have been preceptorships related to minimally invasive surgery skills. That said, the OR time has been cut so drastically that all the cases will not be able to be addressed.

- How survey care is given needs to be changed. Some ideas include:
  - Centralized booking
  - Which surgeries can be done in a community vs a tertiary care setting

7. **For those who have started up cases again, how many are following a “pause” after intubation and after extubation to allow for the aerosols to be flushed out of a
positive pressure OR room? We have started up 1/2 OR day per two weeks per GYN in our level I centre and we can only book two or three “urgent” cases during that time to allow for the extra 15min before and after intubation/extubation. I am hearing this is not necessary anymore based on IPAC. Any suggestions/ideas/what is everyone else doing?

- It is important that you follow local IPAC guidance
- One centre reports that their process is that if a patient passes screening and are deemed a safe surgical candidate, the list is run normally.

8. Our hospital system was designed for 85% occupancy and has been over capacity for years. - are any provinces discussing establishing that as a permanent - and safer - way of functioning for the future? Is there an opportunity for advocacy?

- The issue of 85% capacity will be a problem in the future. There is a need to actually increase capacity with more OR time, more beds, etc. The 85% generates a large backlog of cases. The question is around how do we balance the protection of surgical beds with the urgency of other procedures? Advocacy is always a good idea. Some thoughts include:
  - Weekend ORs?
  - Evening ORs?
  - Increased throughput with the goal of being more efficient in the OR? (which will be a problem for teaching hospitals where learning slows things down)