

## **Adult Elective Surgery and Procedures Recommendations during COVID-19 Pandemic:**

***Adapted from CMS Adult Elective Surgery and Procedures Recommendations (4.7.20)***

<https://www.cms.gov/files/document/covid-elective-surgery-recommendations.pdf>

***Limit all non-essential planned surgeries and procedures, including dental, until further notice.***

To proactively address COVID-19, critical resources such as ventilators and personal protective equipment (PPE) must be preserved and exposure of patients and staff to the SARS-CoV-2 virus limited. This document features [CMS guidance](#) to limit non-essential adult elective surgery and medical and surgical procedures, including all non-essential dental procedures and includes a CMS tiered chart of procedures. These considerations will assist in the management of vital healthcare resources during this public health emergency.

Dental procedures use PPE and have one of the highest risks of transmission due to the close proximity of the healthcare provider to the patient. To reduce the risk of spread and to preserve PPE, it is recommended that all non-essential dental exams and procedures be postponed until further notice. See the American Dental Association [Coronavirus Center for Dentist](#) for more information.

A tiered framework is provided to inform health systems as they consider resources and how best to provide surgical services and procedures to those whose condition requires emergent or urgent attention to save a life, preserve organ function, and avoid further harms from an underlying condition or disease. At all times, the supply of PPE, hospital and intensive care unit beds, and ventilators should be considered. Therefore, while case-by-case evaluations are made in consultation with the hospital, surgeon, provider, and patient, we suggest that the following factors to be considered as to whether any planned surgery should proceed:

- Supply of PPE to the facilities in the system
- Staffing availability
- Bed availability, especially intensive care unit (ICU) beds
- Ventilator availability
- Health and age of the patient, especially given the risks of concurrent COVID-19 infection during recovery
- Urgency of the procedure.

CMS Tiered Framework				
Tiers	Action	Definition	Locations	Examples
Tier 1a	Postpone surgery/ procedure	<b>Low acuity surgery/healthy patient-</b> outpatient surgery Not life threatening illness	HOPD* ASC** Hospital with low/no COVID-19 census	-Carpal tunnel release -EGD -Colonoscopy -Cataracts
Tier 1b	Postpone surgery/ procedure	<b>Low acuity surgery/unhealthy patient</b>	HOPD ASC Hospital with low/no COVID-19 census	-Endoscopies
Tier 2a	Consider postponing surgery/procedure	<b>Intermediate acuity surgery/healthy patient-</b> Not life threatening but potential for future morbidity and mortality. Requires in-hospital stay	HOPD ASC Hospital with low/no COVID-19 census	-Low risk cancer -Non urgent spine & Ortho: Including hip, knee replacement and elective spine surgery -Stable ureteral colic  -Elective angioplasty
Tier 2b	Postpone surgery/ procedure if possible	<b>Intermediate acuity surgery/unhealthy patient-</b>	HOPD ASC Hospital with low/no COVID-19 census	
Tier 3a	Do not postpone	<b>High acuity surgery/healthy patient</b>	Hospital	-Most cancers -Neurosurgery  -Highly symptomatic patients
Tier 3b	Do not postpone	<b>High acuity surgery/unhealthy patient</b>	Hospital	-Transplants -Trauma -Cardiac w/ symptoms -limb threatening vascular surgery

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