SCTS
Society for Cardiothoracic Surgery
in Great Britain and Ireland

Current Recommendations Regarding Screening for COVID-19 in Patients Undergoing Cardiothoracic Surgery

Dear Colleagues,

Our specialty is now considering how to proceed during the pandemic and how we can continue to offer surgery to our cardiac and thoracic patients.

There is some concern of potential significant increase in morbidity and mortality by operating on patients who may be unknowingly COVID positive. Whilst the evidence base is limited, a protocol for pre-operative screening of patients with symptoms, nasopharyngeal swabs and CT scanning before cardiac and thoracic surgery has been implemented initially at Barts, followed by several other centres, including Liverpool and Manchester. To the best of our knowledge, since implementation, there has been no mortality in patients operated in these centres. The Royal College of Radiologists and all 4 Surgical Royal Colleges have endorsed CT scans for all cancer surgery which require level 2/ 3 critical care postoperatively.

The St Bartholomew's Hospital Theatre Standard Operating Protocol for COVID-19 (8th April 2020) (specifically pages 2-5 & 7-8) and the Joint Royal Colleges Guidance for Pre-Operative Chest CT Imaging for Elective Cancer Surgery During the COVID-19 Pandemic (9th April 2020) are attached for further details.

The consent process is most important in these uncertain times. Patients need to be informed of the uncertainty of their post-operative course during this pandemic, and consider the balance of risk either delaying their surgery or having alternative treatments. This requires extra time and compassion for our anxious patients. As we get more experience, the consent process will be more informed. A detailed discussion should be documented in the patient's notes regarding the conversation with the patient, explaining the risks of developing COVID post-operatively and its complications versus the risks of not operating. Consideration should also be made for discussing all patients in an MDT pre-operatively to ensure all factors are considered by a multi-disciplinary group of clinicians.

The SCTS recommends this as 'Best Practice' and would advise the membership to consider this in order to minimise the risk to patients.

This guidance will need to evolve rapidly as there are resource implications that will limit our specialty delivering cardiothoracic surgery, which in turn has the potential to cause harm to our untreated patients. The SCTS will collaborate with other groups to reach consensus on protocols in non-COVID: cases; theatres; level 3 and level 2 facilities, which are safe for patients and staff and allows timely delivery of cardiothoracic surgery.

Yours sincerely,

Simon Kendall
President, SCTS