

SCTS Consensus Recommendations for Elective Thoracic Surgery after COVID infection

Approved by the thoracic surgery committee 11.1.2023

Introduction

A previous multi-centre study reported the risk of death after surgery was increased after COVID infection but returned to baseline after 7 weeks if patients had recoveredⁱ. This report was based on patients operated early in the COVID pandemic. At that time patients were not vaccinated, and disease severity and mortality was greater. Subsequently a joint specialty consensus statement in 2021 supported this positionⁱⁱ. This was reiterated in an update in 2022 which acknowledged that though the omicron variant (in the context of increasing immunity and the death of many high-risk persons) was associated with less severe disease, risks of surgery before 7 weeks remained elevatedⁱⁱⁱ.

As of late 2022, in GB & Ireland almost all patients are fully vaccinated, and disease severity is less. There is also variation in pre-operative screening for COVID.

In the light of changing disease severity and higher levels of immunity in the community what should the practice be regarding COVID infection and delaying thoracic surgery? Cancer pathways encourage early surgery if the risk is acceptable. There is concern that a delay for 7 weeks may lead to upstaging of a patient with cancer and have an overall adverse prognosis.

Question

Do we have to wait for 7 weeks once COVID infection has been detected or can we offer elective surgery earlier?

Variation in practice

Some SCTS centres now offer elective surgery 2 weeks after detection of COVID based on their anecdotal experiences. Surgery is offered to patients who have no symptoms.

Methods

The thoracic forum and SCTS thoracic surgery community were polled to ascertain local practices. We asked teams to submit information after discussing with their microbiologists. Following this we discussed in the SCTS thoracic sub-committee and invited colleagues to participate in a consensus meeting.

These short Guidelines/Recommendations are provided to support decision making

Consensus-based Recommendation

Pre-operative COVID testing should be undertaken according to local protocols bearing in mind guidance from public health authorities.

- The surgical-anaesthetic team should continue to individualise care.
- A risk-benefit assessment based on clinical judgement should be undertaken weighing up the operability of the patient and resectability of the lesion after 7 weeks (delayed surgery) or earlier.
- The patient should be informed of the relative lack of high-quality evidence to inform practice and that the decision is being made pragmatically.

- Early surgery may be considered under the following non-exclusive circumstances.

Elective Surgery early post COVID infection

- Features of such patients may include
 - Disease which is likely to change adversely in operability or resectability with a delay
 - Fully vaccinated
 - Asymptomatic
 - Negative COVID test at 2 weeks
 - PS 0-1

- It is not essential to repeat CT scan or PFTs but this could be considered for further reassurance.

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Elective Surgery 7 weeks or more after COVID infection

- Features of such patients may include
 - Disease which is unlikely to change adversely in operability or resectability with a delay
 - Not fully vaccinated
 - Persistent symptoms after 2 weeks
 - Positive COVID test at 2 weeks
 - PS2-3
 - Immunocompromised Patients
 - Other severe co-morbidities
 - Borderline PFTs for major lung resection

- In such cases repeat
 - CT scan should be considered
 - Lung function and other tests of fitness should be considered
 - Further delay may be required unless there is a high confidence of recovery
 - Other treatments could be considered.

Recommendation for analysis of surgery of Pre-op COVID positive patients

- Outcomes of operations carried out in COVID+ patients should be recorded to inform later guidelines. If possible, prospective data collection is encouraged.

References:

ⁱ COVIDSurg Collaborative; GlobalSurg Collaborative. Timing of surgery following SARS-CoV-2 infection: an international prospective cohort study. *Anaesthesia*. 2021 Jun;76(6):748-758. doi: 10.1111/anae.15458. Epub 2021 Mar 9. PMID: 33690889; PMCID: PMC8206995.

[Timing of surgery following SARS-CoV-2 infection: an international prospective cohort study - PMC \(nih.gov\)](#)

ⁱⁱ El-Boghdadly K, Cook TM, Goodacre T, Kua J, Blake L, Denmark S, McNally S, Mercer N, Moonesinghe SR, Summerton DJ. SARS-CoV-2 infection, COVID-19 and timing of elective surgery: A multidisciplinary consensus statement on behalf of the Association of Anaesthetists, the Centre for Peri-operative Care, the Federation of Surgical Specialty Associations, the Royal College of Anaesthetists and the Royal College of Surgeons of England. *Anaesthesia*. 2021 Jul;76(7):940-946. doi: 10.1111/anae.15464. Epub 2021 Mar 18. PMID: 33735942; PMCID: PMC8250763.

[SARS-CoV-2 infection, COVID-19 and timing of elective surgery - PMC \(nih.gov\)](#)

ⁱⁱⁱ El-Boghdadly K, Cook TM, Goodacre T, Kua J, Denmark S, McNally S, Mercer N, Moonesinghe SR, Summerton DJ. Timing of elective surgery and risk assessment after SARS-CoV-2 infection: an update: A multidisciplinary consensus statement on behalf of the Association of Anaesthetists, Centre for Perioperative Care, Federation of Surgical Specialty Associations, Royal College of Anaesthetists, Royal College of Surgeons of England. *Anaesthesia*. 2022 May;77(5):580-587. doi: 10.1111/anae.15699. Epub 2022 Feb 22. PMID: 35194788; PMCID: PMC9111236.

[Timing of elective surgery and risk assessment after SARS-CoV-2 infection: an update: A multidisciplinary consensus statement on behalf of the Association of Anaesthetists, Centre for Perioperative Care, Federation of Surgical Specialty Associations, Royal College of Anaesthetists, Royal College of Surgeons of England - PubMed \(nih.gov\)](#)

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