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OF AUSTRALIA AND NEW ZEALAND

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CSSANZ RECOMMENDATIONS DURING COVID-19 PANDEMIC

Covid-19 is a highly infectious disease caused by SARS-CoV-2 coronavirus. The infection is spread through contact and by respiratory droplets and aerosols. Faeco-oral transmission has been identified.

Colorectal surgeons in Australia and New Zealand will continue to care for patients during the pandemic and many members will have been involved in planning for the pandemic response in their local area. Whilst the situation is constantly changing, the following recommendations and guidelines may assist and guide members during the crisis. There are likely to be significant changes in provision of colorectal surgical services for at least 6-12 months.

Outpatients and Consulting- Should be ideally performed by telephone consultation. New MBS item numbers are available for these consultations. See attached. If an urgent face-to-face consultation is required, social distancing should be employed and the use of PPE considered.

Elective Surgery- As of March 24th, the Prime Minister of New Zealand stopped all non-urgent elective surgery as part of a Level 4 emergency response. On the 25th of March the Prime Minister of Australia restricted elective surgery in Australia to Category One and urgent Category 2 cases. In Australia the decision was subsequently deferred for private hospitals until April 1st . CSSANZ supports members continuing to perform surgery for colorectal cancer and other selected urgent cases during the pandemic response. In the coming weeks, elective surgery is likely to be severely restricted, if not stopped. Members need to plan for this eventuality.

Pre-screening- Consideration should be given to instituting pre-screening for patients undergoing both urgent elective and emergency major surgery with CT chest and rapid screening tests once they become available. This is already occurring in some “COVID” hospitals such as RPA in Sydney.

Use of laparoscopy –There are suggestions that laparoscopy increases the risk of aerosalization of COVID-19. This has been demonstrated for laparoscopy with C02 for other viruses. Use of filters and appropriate suction devices is essential. Consideration of an open approach to surgery may be warranted.

Emergency Surgery - CSSANZ members will be operating on emergency patients with known COVID-19, and depending on the local trajectory of disease, there may come a time when all surgical patients will be assumed to be COVID-19+. Surgeons need to be aware of protocols for PPE and what local availability of PPE is in their region.

Multidisciplinary Meetings- Should be virtual. Different platforms are available**.** Most centres are using Zoom or Microsoft teams.

Chemotherapy- There are likely to be local guidelines regarding systemic treatment of cancer patients during the COVID crisis (South Australian guidelines attached). Any immunosuppressed patient is at increased risk of contracting COVID-19. The virus appears to preferentially impact lymphocyte counts. For patients currently undergoing treatment, this should be continued provided local facilities are available. For new patients, urgent cases should be referred as standard. Consideration should be given to minimizing immunosuppression and limiting the use of chemotherapy in older patients and patients with only limited benefit expected from treatment. Regimens such as total neoadjuvant therapy and consolidation chemotherapy are not ideal currently.

Radiotherapy- Consideration should be given to the use of short course radiotherapy rather than long course chemoradiotherapy for locally advanced rectal malignancy.

Surgical Teams – Larger surgical units in public hospitals should consider dividing their staff into teams with no physical contact between teams, to hopefully enable quarantining to occur without complete disruption to services if team members become positive to COVID-19.

Endoscopy- Upper gastrointestinal endoscopic procedures have a high risk of aerosol transmission and should be avoided. Only urgent procedures such as for upper GI bleeding and food bolus obstruction should be performed at the moment

Colonoscopy – Multiple recommendations from different societies and institutions have been released (GESA guidelines attached). Most institutions are currently performing elective Category One/Urgent procedures. This is likely to change rapidly and colonoscopists should have a local plan for how to manage emergency cases including use of appropriate PPE