

Elective surgery and COVID-19

There is no doubt that the COVID-19 pandemic will impact every aspect of lives around the globe, and nowhere more acutely than in the medical field. Elective surgery, reflecting a very broad range of surgical practices, consumes assets from health systems and expends important resources that could be needed in the treatment of COVID-19 patients who require highly complex medical support.

All the communities in the world must prepare to use their available resources in the best way, seeking to reduce the impact, the morbidity and mortality of patients infected with COVID-19. Decisions regarding surgical procedures will need to take guidance from local staffing and health care support, with a recognition of the demands from the pandemic. The impact can be especially serious in Low-and-Middle-Income Countries.

In order to optimise resources and balance individual needs and those of the general population, FIGO and our Minimal Access Surgery (MAS) committee recommend:

- 1) Suspending elective and non-urgent surgical procedures based on the health resources of each country, and on the response capacity of each health system in particular. The scheduling of benign gynecological elective surgery should be based on the individual conditions of both the patients and the available local and regional resources.
- 2) Patients who may suffer damage or health consequences due to postponing their surgical procedures must be individually evaluated, and undergo surgery according to strict improved protocols for recovery after surgery and, as far as possible, ensuring short hospital stays or outpatient procedures.
- 3) Urgent surgical procedures, both obstetrical and benign gynecological, should not be postponed so as to avoid negative effects on the health of patients who require them. *Gynecological oncology surgical procedures, considered as elective, should not be postponed either.*
- 4) All the members of the health systems must be aware about current biosafety protocols to assure both patients and personal safety. Adequate access to Personal Protection Equipment (PPE) is essential.
- 5) Pregnancy terminations are NOT elective. They are time-sensitive and as such must be allocated the office and surgical care required to provide for the health and well-being of women.
- 6) For patients who do undergo surgery, the operating room environment must provide protective equipment for personnel. Whether patients are symptomatic, infected, at risk or asymptomatic, the potential for COVID-19 must be assumed. Emerging recommendations are such that only anesthesiologists should be in the operating room for intubation or extubation. When using electrosurgery, viral particles may have the potential to spread in the operating room environment, so strategies to reduce risk include, but are not restricted

to: using adequate and sufficient PPE, reducing surgical smoke by using smoke evacuators, and setting electrosurgical units as low as possible or ensuring all surgical material is clean and properly disinfected.

The rapid evolution of the situation forces us to periodically review the measures taken and analyse the clinical, social and economic context derived from each decision taken.

About FIGO

FIGO is a professional organisation that brings together obstetrical and gynecological associations from all over the world.

FIGO's vision is that women of the world achieve the highest possible standards of physical, mental, reproductive and sexual health and wellbeing throughout their lives. We lead on global programme activities, with a particular focus on sub-Saharan Africa and South East Asia.

FIGO advocates on a global stage, especially in relation to the Sustainable Development Goals (SDGs) pertaining to reproductive, maternal, newborn, child and adolescent health and non-communicable diseases (SDG3). We also work to raise the status of women and enable their active participation to achieve their reproductive and sexual rights, including addressing FGM and gender based violence (SDG5).

We also provide education and training for our Member Societies and build capacities of those from low-resource countries through strengthening leadership, good practice and promotion of policy dialogues.

FIGO is in official relations with the World Health Organization (WHO) and a consultative status with the United Nations (UN).