

How might COVID-19 affect my ENT operation and me?

Information for patients whose operation has been postponed due to the COVID-19 pandemic

The worldwide COVID-19 pandemic has had a huge impact on resources and the ability to provide healthcare across the UK. This is a general information leaflet about why your operation has been postponed at this time.

As the number of COVID-19 cases requiring treatment in hospitals starts to decline, the ENT community has been making plans so that we can restart elective (planned) operations. Restarting operations is not as simple as going back to exactly how we worked before COVID-19. We have to make sure that we minimise the chance of COVID-19 infecting a patient or staff member while caring for you. This is a general information leaflet.

The worldwide community does not know how long the COVID-19 pandemic will last. Many countries (including the UK) are past the **first** peak, but like the Spanish flu, there may be future, **larger** peaks. During the first peak, the ENT community has been caring for patients with cancer, patients with ENT emergencies and working alongside our Intensive Care colleagues. ENT departments have also been conducting remote clinics (via telephone or video).

Before the next peak of COVID-19, ENT departments will try to perform as many operations as possible. All cases have been ranked in order of clinical need and given a clinical priority. Currently, ENT departments are working towards operating on patients where a very long delay can make the condition dramatically worse, cause more problems or cause the condition to become inoperable. ENT teams may not be able to operate on all patients in this category before the next peak of COVID-19. When there are too many cases of COVID-19, elective operations will stop. ENT surgeons will not be able to do as many operations at such times because of the protective equipment and decontamination processes between each patient.

Your operation has been classified as a type of operation that can be postponed for a period without the condition becoming dramatically worse or inoperable. Surgery is still required in the future but the risk of becoming infected with COVID-19 (and having a serious illness or dying) is greater than postponing your operation at this time.

Some operations (e.g. tonsillectomy) have a high chance of requiring a second, emergency admission to hospital, thus increasing the number of people you come in to contact with (on your journey to hospital and while in hospital), thus increasing your chance of catching COVID-19. Operations on the nose or ear have a high chance of spreading COVID-19 to staff members if you did not realise you already had COVID-19 and your tests were 'false-negative' (i.e. gave a negative result when the result should have been positive). COVID-19 is a new disease and the ENT worldwide community is constantly developing new ways to protect you and staff from COVID-19.

Thank you for your understanding and patience during this time. Please make sure you continue to take the medication (including sprays, drops or tablets) recommended by your ENT team. To improve your general health please try to keep your weight down to within the normal range for your age i.e. Body Mass Index (BMI) between 20 and 25 (see <https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/>).

Please contact your local ENT department if you have any questions.

Examples of some operations that can be postponed:

- Thyroid operations where cancer is not suspected or confirmed
- Adenoidectomy
- Tonsillectomy
- Mastoid surgery for discharge (exposure of the brain or damage to the facial nerve not imminent)
- Repairing an ear drum or ossicles
- Nasal surgery for nasal blockage
- Sinus surgery (where cancer is not suspected or confirmed)
- Surgery for hearing loss where a delay will not affect speech development
- Surgery on the voicebox (where cancer is not suspected or confirmed, or where there are no problems with a blocked airway)
- Surgery on a pharyngeal pouch (if the patient does not have lots of chest infections).