

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

### Information for those who have been offered surgery during 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 you have been offered surgery at this time.

As the number of 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 leaflet gives you some general information about what you should know and think about if you have been offered surgery at this time.

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. If your ENT department has contacted you, they believe that you would benefit from having your operation soon. ENT departments may not be able to operate on all patients in this category before the next peak. 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.

#### Testing for COVID-19 before your operation

You must tell your surgeon if you (or anyone in your household) develops any symptoms of COVID-19 including during the 14 days before your operation.

The symptoms are:

- new loss of smell
- continuous cough
- fever.

Your surgeon may also use an extended list of COVID-19 symptoms.

You will be tested for COVID-19 before your operation. This will occur twice (usually at 7 days and 48 hours before your operation). If the tests are positive your operation will be postponed, unless it is urgent or for cancer.

Sometimes the test result can be negative, when you in fact have COVID-19 – this is called a ‘false-negative’. COVID-19 is a new disease and tests have been developed quickly and are

updated all the time. This is why you will have two COVID-19 tests, to reduce the likelihood of a false-negative result. The exact timing of your tests depends on your hospital's COVID-19 policy.

If your child is undergoing surgery, your child and at least one parent will be tested for COVID-19 at 7 days and 48 hours before surgery.

Other tests that may be required are a blood test (lymphocyte count percentage) and a CT scan of your chest.

### **Self-isolation before your operation**

Before your tests, you must self-isolate for 14 days before your operation. Others in your household should also minimise external contacts wherever possible.

If your child is undergoing an operation, your child and at least one parent should observe self-isolation.

### **Risk of acquiring COVID-19**

A person (either a patient or staff member) may not know that they have COVID-19, as there is a short period (usually 5 days) where a person does not have any symptoms. Staff members will be wearing masks and other protective equipment while they are at work. When you attend for your operation you will be asked to wear a face covering that covers your nose and mouth. Face coverings and masks help catch droplets that spread when we speak. COVID-19 may be contracted whilst journeying in to hospital, from another patient or from a staff member.

The journey to and from hospital and time spent in hospital may increase the chance of contracting COVID-19 due to the number of people you may encounter.

To minimise the number of people you, other patients and staff members encounter, we ask that you enter the hospital on your own. If you cannot walk very far one person may accompany you. One person can come in to the hospital and pick you up after your operation.

Unfortunately, you may not be allowed to have visitors while you are in hospital. Please check with your local hospital if they can provide a computer-tablet so that you can video-call your family during your stay.

### **Surgery and COVID-19 infection**

You may have two negative COVID-19 tests but still have COVID-19. This means that both your tests had "false-negative" results. The true effect of COVID-19 infection in patients who have had an operation is not known at present because COVID-19 is a new illness, and only life-threatening operations, or operations for advanced cancer have been performed during the peak of the pandemic.

Some countries have reported an increased number of problems with a patient's lungs (called respiratory complications).

Surgery may decrease or challenge your body's natural immunity and increase the chance of catching COVID-19. There are also some conditions that make a person more likely to have a severe COVID-19 infection.

The older you are (especially if you are 60 years old or older), and/or of Black, Asian or minority ethnic heritage you are more likely to have a severe COVID-19 infection.

The medical conditions that make a person more likely to have a severe COVID-19 infection include:

- chronic lung disease or moderate to severe asthma
- ischaemic heart disease (also known as angina and heart attacks) or cerebrovascular disease (strokes or mini-strokes)
- hypertension (high blood pressure)
- immunocompromised conditions – these include:
  - smoking
  - cancer
  - having a transplanted organ
  - immune-deficiencies
  - HIV or AIDS
  - use of steroids
  - drugs that suppress the immune system
- diabetes
- obesity.

Patients from care homes and nursing homes and those who are frail are also more likely to have a severe COVID-19 infection.

Any of the circumstances or medical conditions listed above can make recovery from surgery more difficult with an increased chance of serious illness or death.

### **Impact of COVID-19 on other resources**

- **Intensive care or High-Dependency support**
  - Your COVID-19 tests may be negative and you do not have COVID-19, however COVID-19 has affected how we deliver care.
  - Where possible, hospitals are trying to perform elective operations (operations that are planned and not emergency operations) in sites separate to where patients with COVID-19 are being treated. Sites without COVID-19 are called 'cold sites'.

- A cold site may be a different hospital in your area or a private hospital where your team (or other consultants) perform the operations. Some hospitals have operating theatres but do not have an Intensive Care Unit (ICU) or High Dependency Unit (HDU).
  - With any operation, there is a small chance that you may need to be admitted to ICU or HDU.
  - If the cold site does not have this facility, you would need to be transferred to another hospital.
  - The hospital where you are having the operation may have an ICU and HDU but the beds may be full and you would need to be transferred to another hospital.
  - It may not be possible to designate a cold site in your area and the hospital is split in to two areas; 'cold' and 'hot'.
- **Emergency readmission**
    - The cold site or Private Hospital may not have the facility to admit emergency patients.
    - If you are discharged home and develop a problem after your operation (this usually occurs within two weeks of discharge) you must go to a hospital with an A&E department.
    - If you need to be admitted, you are admitted under the care of the ENT team and need to be admitted to a hospital where there are ENT emergency on-call facilities and staff. This may be on a 'hot' site.

### Alternatives to surgery

With some conditions, there are alternatives to surgery. You have probably already tried many of them. If you agreed to an operation before the COVID-19 pandemic, some treatments may not have been tried, as surgery was considered the best treatment. However, you may now wish to consider alternatives to surgery. Alternatives to surgery may not have as good results as an operation.

### Consent process

Your team has reviewed your medical records and medication list, plus looked at the reason you are having surgery.

- With this information, they have categorised the reason you need the operation in to one of the groups of operations where the **benefit of operating now outweighs the risks of operating during the post-peak period of the COVID-19 pandemic** (including any relevant conditions or circumstances).
- They will discuss with you the reasoning behind why you have been offered surgery at this point rather than postponing until after the pandemic.
- The benefits and risks of the operation will also be explained to you.
- Alternatives to surgery must also be discussed with you.
- After you have discussed with your surgeon (or a team member) the benefits of the operation and the risks (including the impact of COVID-19 on your care) you may wish to:
  - go ahead with surgery (give your consent for the operation)

- decide to wait to have your operation (in the understanding that your condition may get worse and may not be suitable for surgery in the future, or that delay may cause other problems).

If you wish to go ahead with surgery, you will sign a consent form regarding your operation and a consent form regarding the risks of COVID-19. On the next page is an example of a COVID-19 consent form.

**Remember: consent is a process not a signed form. You can change your mind after you have signed the forms.**

## EXAMPLE of a COVID-19 specific consent form

Addressograph

The following items have been explained and discussed:

- We have discussed the available alternative treatments.
- I have not experienced any COVID-19 symptoms during the last 14 days and have been self-isolating.
- No members of my household or any other contacts have been unwell with COVID-19 symptoms during the last 14 days.
- Coming into hospital may increase my chance of contracting COVID-19. This could be due to carrying or incubating the virus while symptom free, or acquiring infection within the hospital.
- We have discussed the need for pre-operative assessment that should include two recent swab tests, blood tests, and for some patients a CT scan of the chest. I understand that a negative swab result does not always mean a patient is disease-free.
- The outcomes of COVID-19 infection during my recovery period have been discussed. If COVID-19 is contracted while in hospital, recovery from surgery could be more difficult with increased chance of respiratory (chest) complications, serious illness or death.
- If intensive care support is required, this could involve transfer to another hospital.
- Visitors may not be allowed during my stay in hospital, depending on the hospital policy at the time.

Signed:

Date:

Patient

Surgeon

### Pre-operative checklist

- COVID-19 swab 1
- COVID-19 swab 2
- Blood test/lymphocyte count (where applicable)
- CT chest (where applicable)
- Anaesthetic opinion requested