ANZGOSA and ANZMOSS Guidelines for Triaging Upper GI and Metabolic/Bariatric Surgery during the COVID-19 pandemic

Version	3
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Approved by	ANGOSA and ANZMOSS

Purpose and Scope

In response to the COVID-19 pandemic non-urgent surgery was suspended in both Australia and New Zealand in an attempt to both conserve resources (including PPE and surgical supplies), ensure capacity for an anticipated surge in COVID-19 cases as well as protect both patients and staff from the risk of COVID-19 infection.

The initial guidelines were developed by the ANZGOSA & ANZMOSS Boards as a general guide to assist our members and medical directors when making decisions around what could be reasonably deemed "urgent" Upper GI and Bariatric surgery during this unprecedented crisis. These current guidelines pertain only to Australia, and will only be current for the week commencing 27 April for **one week**, given the changing clinical environment. Members from New Zealand should consult the MOH National Framework Document and their Local District Health Boards for advice on which procedures may occur at this time.

Background

On 21 April the Prime Minister of Australia announced a plan for an increase in Elective Surgery to occur over the next few weeks. This announcement was made in response to Australia's success in flattening the curve, our low rates of COVID related hospitalisation and new data on stocks of PPE. National Cabinet agreed that from 27 April 2020, all category 2 and some category 3 procedures can recommence across the public and private hospital sectors. The category 3 procedures specifically nominated as being able to be performed included:

- IVF
- Screening programs (cancer and other diseases)
- Post cancer reconstruction procedures (such as breast reconstruction)
- Procedures for children under 18 years of age.
- Joint replacements (incl knees, hips, shoulders)
- Cataracts and eye procedures
- Endoscopy and colonoscopy procedures

In addition to this statement, Health Minister Hunt released a joint statement with peak professional bodies including the AMA, RACS, RANZCA and private health providers. Their central aim was to increase the availability of elective surgery in a safe and equitable way, on a nationally consistent basis

for public and private patients. They acknowledge the selection of patients to undergo elective surgery will ultimately be a clinical one. They provided the following guiding principles:

- Procedures representing low risk, high value care as determined by specialist societies
- Selection of patients who are at low risk of post-operative deterioration
- Children whose procedures have exceeded clinical wait times
- Assisted reproduction (IVF)
- Endoscopic procedures
- Screening programs
- Critical dental procedures.

Both statements recognise the need to maintain PPE and ICU capacity in the case of a surge in COVID-19 numbers in the future. They also anticipated the need for monitoring, and estimated that the system could expect to realistically provide care to 25% of the usual number of patients. They also note that it is anticipated that this is the first phase of increased elective activity and that there will be a graduated return to more normal levels of activity if the COVID-19 pandemic continues to be contained in Australia.

Australian recommendations for week commencing 27 April 2020

Previous ANZGOSA/ANZMOSS guidelines have focused on the triage of emergency and category 1 and 2 elective patients. These current guidelines have been updated to focus only on category 2 and 3 elective patients as it now expected that all category 1 elective patients can now potentially access care. Whilst exemplars have been provided, these guidelines are not intended to be exhaustive, and it is recommended that every case is considered on its merits.

Any decision to operate must also take into consideration the available local resources. These resources include but are not limited to PPE, negative pressure theatres, appropriately trained staff and ICU access. Capacity must also be maintained to allow for a possible requirement for the health system to respond to a future surge in COVID-19 cases.

Conditions that are common to all general surgical specialties are not considered in the scope of this document. We recommend members follow the GSA and GESA guidelines where appropriate (reference at end of document).

Category 2 – needing treatment within 90 days. Their condition causes pain, dysfunction or disability. Unlikely to deteriorate quickly and less likely to become an emergency

Note: In previous guidelines only high category 2 cases were considered in this category. These current guidelines expand the category to include all category 2 patients.

- Incarcerated hiatus hernia with obstructive symptoms, pain or anaemia requiring transfusion or iron infusion
- Prolapsed or eroded Gastric Band
- Reversal of gastroplasty/gastric stapling for significant symptoms (regurgitation or severe reflux)
- Anastomotic strictures requiring dilatation to maintain nutritional requirements
- Gastric sleeve narrowing requiring dilatation to maintain nutritional requirements, conversion to bypass if significant symptoms and unable to maintain nutrition
- Fundoplication for patients with complicated reflux such as recurrent aspiration, recalcitrant peptic strictures or other situations which are requiring significant interventions
- Achalasia
- Pharyngeal pouch causing recurrent aspiration or impeding nutrition
- Metabolic/Bariatric Surgery for patients requiring this procedure prior to organ transplantation or as treatment for endometrial cancer

Category 3 – Needing treatment at some point in the next year. Their condition causes pain, dysfunction or disability. Unlikely to deteriorate quickly.

Whilst no Upper GI, Metabolic/Bariatric procedures were listed as category 3 procedures that are able to proceed in next two weeks (week starting 27 April) by the Prime Minister, it is the opinion of our Societies that some Upper GI, Bariatric/Metabolic procedures fulfil the criteria recommended by the Health Minister and Specialist bodies as "*Procedures representing low risk, high value care*".

In making these recommendations, we considered the following to be important inclusion factors:

- Situations were there is expected ongoing deterioration OR significant adverse effects on quality of life AND an absence of other interim treatment options AND expected significant response to surgery
- Lower anaesthetic and surgical risk with regards to short and intermediate term complications and resource consumption.
    - Revisional surgery should not be performed unless there is an urgent indication (as listed in the Category 2 procedures) given they have a three times higher adverse event rate (*BSR Semi-Annual Report, December 2019*)

All decisions to proceed with category 3 cases must considered in the context of local resources and competing clinical demands. The principles of equity of care and clinical priority must remain paramount. These cases should not displace patients who have conditions that require more urgent care (Category 1 or 2).

Given that these recommendations are likely to be broadened in 2 weeks, if the COVID-10 caseload remains low, members are encouraged to consider if these procedures could reasonably be undertaken once the restrictions to elective access are eased.

High-value, low-risk procedures that may be considered if local resources allow and they do not impede the care of Category 1 and 2 patients:

Metabolic/Bariatric Surgery:

- Where this surgery is considered a reasonable alternative to, or requirement before, joint replacement or IVF treatments.
- Intracranial hypertension with visual changes
- Endometrial hyperplasia
- Obesity hypoventilation syndrome/severe obstructive sleep apnoea or evidence of evolving pulmonary hypertension
- Poorly controlled type II diabetes
- Heart failure (symptomatic dyspnoea) with preserved ejection fraction
- NAFLD with suspected active NASH or fibrosis

Other relevant guidelines

Members are directed to these other relevant guidelines that may help support decision making:

GESA	https://www.gesa.org.au/public/13/files/COVID-19/Triage_Guide_Endoscopic_Procedure_26032020.pdf
American College of Surgeons	https://www.facs.org/covid-19/clinical-guidance/elective-case/thoracic-cancer
	https://www.facs.org/covid-19/clinical-guidance/elective-case/metabolic-bariatric
GSA	https://www.generalsurgeons.com.au/media/files/News/DOC%202020-03-29%20COVID-19%20Guidelines%20for%20General%20Surgery_FINAL.pdf
ISDEA	https://isde.net/covid19-guidance

PM (Aust) media release 21 April 2020	https://www.pm.gov.au/media/update-coronavirus-measures-210420
Joint Statement Minister Hunt and professional societies	https://www.asa.org.au/wordpress/wp-content/uploads/News/eNews/covid-19/20-04-21%20Hunt%20-%20Joint%20Media%20Statement%20-%20Elective%20surgery%20restrictions%20eased.pdf
Bariatric Surgery Registry Semi-Annual Report 2019	https://www.monash.edu/medicine/sphpm/registries/bariatric/reports-publications