COVID-19 and elective surgeries: 4 key answers for your patients

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Urgency is always at the forefront of health care provision. During the COVID-19 pandemic, however, there are more patients in need of immediate and attentive care than is typical.

In weighing the health system's most urgent needs, the Centers for Medicare & Medicaid Services (CMS) on March 17 offered recommendation for the postponement of non-essential adult elective surgeries and medical and surgical procedures to conserve resources. The AMA and the Centers for Disease Control and Prevention (CDC) are closely monitoring the COVID-19 global pandemic. Learn more at the?AMA COVID-19 resource center?and consult the?AMA's physician guide to COVID-19. What do these potential postponements mean for patients? Two surgeons offered their insight.

Why are elective surgeries on hold?

Containing the spread of COVID-19 and conserving resources—most notably personal protective equipment and ventilators—were key factors in the recommendation to postpone elective surgeries.

Because of those factors, the AMA offered praise for the recommendation after it was released.

The CMS guidance "on adult elective surgery is a vital step is allocating resources during the pandemic," said AMA president Patrice A. Harris, MD, MA. "As hospitals and physician practices plan for anticipated surges of patients needing care for COVID-19 infections, health professionals must use their expertise to develop allocation policies that are fair and safeguard the welfare of patients. The CMS guidance offers needed flexibility to physicians by allowing them to consider the imperative of resource conservation, especially personal protective equipment."

"The nation's physicians know challenging days are coming," Dr. Harris said. "We are preparing for it and are grateful that the federal government understands that physicians need to have flexibility when

responding to this threat."

What qualifies as elective surgery?

That determination is being made by individual physicians and health care organizations. Speaking generally, if cases are emergencies or have some urgency—meaning a condition will significantly worsen if surgery is not performed—they are not considered elective surgeries.

David Welsh, MD, is a general surgeon at Margaret Mary Health and Decatur County Memorial Hospital, in Batesville, Indiana. He offered up hernia surgeries as an example of how a condition can be both emergent and elective. If a patient has a hernia that has been getting larger and may cause pain, it's unlikely to be considered an emergency, so that patient would likely be asked to wait on their surgery. If a hernia becomes incarcerated, it's an emergency because the contents of the hernia's sack may become ischemic due to compromise of the blood supply. "Most everybody can agree that something that is done for purely screening purposes is elective," said Dr. Welsh, an AMA member. "Things that are done for conditions that have been present for some time, those surgeries may be able to wait another few weeks or another couple months."

What should you do if your surgery is postponed?

A surgeon may not be able to operate on your condition today, but that doesn't mean they are totally out of reach. If you have questions, reach out.

"Patients need to know that your surgeons are here for you," said Karen J. Brasel, MD, MPH, a professor and trauma surgeon at Oregon Health & Science University. "In my system, surgeons are seeing patients and answering patient questions through electronic media. They are still working and having both virtual visits and responding both synchronously and asynchronously to patients."

When should you expect to get your procedure?

As is the case with so many aspects of American life during the COVID-19 pandemic, it's hard to sketch out definitive timelines for when elective surgeries will again be on the docket.

"It really does depend on when the [COVID-19] curve is flattened," said Dr. Brasel, an AMA member. "We don't think that COVID-19 is going to be cured and go away. Efforts at reducing and prohibiting elective operations are not based on the fact that we think COVID-19 will be gone in six or eight weeks. They are based on the fact that we think production and supply of personal protective

equipment will be at a point that hospitals will be able to handle the volume from a bed perspective and we will be able to once again use personal protective equipment for elective surgery."