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BRANCH STANDARD PROPOSAL FOR THE REOPENING OF AESTHETIC PLASTIC SURGERY WHILE CONTAINING THE SPREAD OF COVID-19 DURING THE PERIOD FROM APRIL 20th 2020 UNTIL NORMALIZATION

KINDLY NOTICE THAT THESE ARE GUIDELINES TO OPERATE ON COVID-19 NEGATIVE INDIVIDUALS ONLY, NOT INFECTED PATIENTS OR SUSPECTED CASES.

THERE WILL ALWAYS BE A SMALL PORTION OF ASYMPTOMATIC PATIENTS. WE CAN NEVER ELIMINATE THE RISK, BUT WE CAN REDUCE IT TO A MINIMUM.

THESE GUIDELINES ARE MORE SPECIFIC TO AESTHETIC SURGERY PROCEDURES. YOU OUGHT TO ADD THEM TO YOUR HEALTH AUTHORITIES GENERAL GUIDELINES.

WITHOUT THE EFFECTIVE CONTROL OF THE COVID-19 PANDEMIC IN THE COUNTRY ITSELF AND AMONG THE POPULATION, THESE GUIDELINES WOULD NOT SERVE THE PURPOSE THEY WERE WRITTEN FOR.

MANAGEMENT OF COVID-19 IS ESSENTIAL BEFORE YOU AIM FOR A REALISTIC AND SAFE APPLICATION OF THESE GUIDELINES (I.E. RATIO OF VIRAL TRANSMISSION TO HEALTHY INDIVIDUALS SHOULD BE LOWER THAN 1).

INTERGRATE/MODIFY WHAT YOU THINK IS MORE PRACTICAL AND/OR AVAILABLE IN YOUR OWN COUNTRY/COMMUNITY.

DO NOT WAIT FOR HEALTH AUTHORITIES TO DECIDE FOR YOU BUT PROVIDE THEM THE POSSIBILITY TO RATHER COMMENT AND ENDORSE WHAT YOU THINK IS BEST FOR YOUR SPECIALITY.

BE PROACTIVE AND START PLANING FROM NOW. I WISH YOU GOOD LUCK.

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TELEPHONE-BASED SCREENING OF ALL PATIENTS ONE DAY BEFORE ADMISSION AND REPEATED UPON ADMISSION

1 Do you feel sick? YES NO

2 Are you currently experiencing fever? YES NO

3 Are you currently experiencing cough? YES NO

4 Were you tested for coronavirus? YES NO

5 If yes: was the test positive? YES NO

6 Are you in quarantine? YES NO

7 Are any of the people you live with in isolation or quarantine? YES NO

8 Have you been traveling outside Norway (your country) within the last 14 days? YES NO

9 Have you had cold / flu symptoms during the last 14 days? YES NO

If the answer to one or more questions is YES, the patient should be rejected. Forms should be scanned and added to the patients record and inserted as a note into the journal.

EXTENDED PROCEDURES AT THE CLINIC

1 Door sign with a screening questionnaire and other precautionary measures such as maintaining a two-meter distance etc. In case of a positive screening result, the patient should not be allowed to enter the clinic.

2 All patients need to be screened for elevated temperature.

3 On arrival, all patients need to wash their hands with soap and water.

4 All activities are adjusted to avoid queuing, and placed so that a 2-meter distance can be maintained.

5 Ensure a 2-meter gap between patients sitting in the waiting room. Take sufficient time for consultations - 30 minutes for controls and 60 minutes for new consultations. Extend opening hours if needed.

6 Restrict/eliminate the use of cash.

7 NO handshakes. Adhere to a rigorous cough and hand hygiene.

8 Establish distance between patients on the post-operative care unit.

9 Have only one patient on surveillance at a time, when keeping a 2-meter distance cannot be realized. Relatives are only allowed to pick up patients at the hospital entry.

10 Make 2-meter markings at the entrance, in the waiting room and the post-operative care unit.

SUGGESTED EXTENSION OF CLINICAL PROTECTION MEASURES – EMPLOYEES

1 Do not handshake, comply with cough and hand hygiene, and follow local work clothing guidelines.

2 To minimize the spread of infections through objects, remove all non-essential furniture and equipment such as magazines, coffee machines, etc.

3 Regular liquor washing of door handles, card terminals, surfaces etc.

4 Ensure patient compliance with distance and infection control rules.

5 Use disposable gloves with every patient contact.

6 Personnel with respiratory symptoms, cough or fever should not be at work. A 7-day asymptomatic interval is required before work is resumed.

7 Responsible physicians and general managers of companies have joint responsibility for the implementation of extended infection control measures.

8 The entire staff must be taught extended infection prevention measures.

9 In waiting rooms, a minimum of a 2-meter safety distance must be respected.

10 Patients are encouraged to NOT socialize with people outside their household for at least one week after surgery.

11 All surfaces in the operating room need to be washed between two consecutive procedures.

12 Operations need to be structured so that distance between employees can be facilitated.

MEDICAL ASSESSMENTS TO BE MADE DURING THIS PERIOD.

1 Avoid major combination procedures with increased risk of complications such as circumferential abdominal plastic, abdominal surgery combined with breast reduction or breast lift, thigh plastic and the like.

2 Avoid prolonged interventions exceeding 3 hours.

3 Avoid high-risk patients such as patients with high BMI and smokers. Select ASA 1 and 2 (see appendix).

4 Be extra careful in the preoperative assessment and avoid risk groups.

5 The clinic must have established readiness to address postoperative complications.

6 The entire team should use facial masks in the operating room.

7 Treatment: wear gloves during all patient contact.

8 During intubation: anaesthesia personnel should use headgear with neck and visor and mouth bandage for intubation.

9 In the case of Rhinoplasty, all staff members should use at least an all-face head mask extended to the neck. However, this procedure is considered to be among Aerosol Generating Procedures (AGP) by health authority and therefore, certain precautions should be applied to the infected patient or patient suspected to be Covid-19 positive. This means that there is an increased risk for infections so that glasses as well as FFP 3 masks should be used by the whole team working in the operating room. It is up to you as surgeon to decide whether to use such equipment or not if you consider your healthy patient to be an asymptomatic carrier.

10 Consider starting with consultations and checking the first days of April 20 to give the staff a good insight into the new procedures.

11 Use of total face masks on the dermal and ablative laser as well as procedures that could cause splashing.

With best regards,

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