Sociedade Portuguesa de Cirurgia Plástica,
Reconstrutiva e Estética

[Portuguese Society of Plastic Reconstructive and Aesthetic Surgery]

Recommendations on clinical activity during the SARS-CoV-2 pandemic

April 21, 2020

Dear colleagues,

The initial SPCPRE recommendation on clinical activity during the pandemic provided for an update until April 30, with total restrictions on elective and non-urgent activity. Such recommendations were framed with the period of exponential growth of SARS-CoV-2 infection, and the subsequent rules and recommendations of the General Directory of Health, the Portuguese Medical Association and with the state of emergency declared by the Government.

At the present time, epidemiological data point to restrained growth, and forecasts are for that there is a sequential and partial lifting of restrictions on the country economic activity. We should not, however, neglect any care or caution, being preferable to err on the side of precaution in health activities.
Thus, the Direction of the Portuguese Society of Reconstructive and Aesthetic Plastic Surgery believes that the resumption of clinical activity should be gradual, phased, and always in compliance with all health protection rules for community and individual health, and for the safety of our patients and clinical teams, involving all categories health professionals.
SPCRE's recommendations are especially aimed at plastic surgeons who work in offices, clinics and hospitals that do not have their own institutional regulations for clinical activity during the SARS-CoV2 pandemic. The recommendations are divided by time phases, to be implemented progressively in the weeks and months following the lifting of restrictions by the Ministry of Health and the regulatory entities in the health sector. Although these recommendations are designed for national level, regional and local variations in the state of the viral infection must be weighted.
We appeal to the imperative responsibility of Portuguese plastic surgeons to act within the recommended for the risk of local contagion, given the asymmetries seen in recent months.

The SPCPRE board understands that the recommendations are predictably progressive towards the recovery of total elective clinical activity but, if necessary, there may be setbacks

(implementation of greater restrictions) or even total restriction of clinical activity, if the epidemiological data justify. Any changes will be published by SPCPRE via the usual channels. Naturally, the specific recommendations for the specialty are overweighed by government and regulatory entities of the Health sector recommendations and norms.

INFORMATION

All plastic surgeons should be informed about the prevalence and incidence of SARS-CoV-2 in the community at local and regional level, in order to verify the possibility of adopt or not the progressive lifting of restriction, recommended by the SPCPRE.

- The 75th percentile of the incubation period, until the possible development of symptoms of COVID19, is seven (7) days, the maximum reported being 14 days. Thus, must be verified decreases in incidence of infection in the local community at least two weeks before any lifting of restrictive measures for the exercise of non-urgent or emergent clinical activity
- Even in periods of apparent remission of community contamination, plastic surgeons must be constantly informed of incidence and hospitalization rates (these data may be more informative of the current risk of infection), due to the reporting of new peaks of infection. They should also know the national reality, to adapt mesures and understand the risk associated with the patient and his contacts.
- There are currently screening tests for SARS-CoV-2 infection in widespread use in population. Existing tests are used to screen for infection of people's possible infected contacts, people with increased risk of complications, or symptomatic people. These allow you to test the presence of the virus in the nasopharynx (PCR tests) or the presence of IgM antibodies (the elevation on IgM titration only occurs about 7 days after contagion). Thus, there is no practical, non-invasive and low-cost way that allows professionals to know in advance whether surgery patients are or are not infected with SARS-CoV-2
- Performing elective surgical procedures entails additional risks for patients and clinical teams, so they should be introduced at an opportune time and with strict admission criteria to reduce the risk of contagion. The surgical procedures, planned from Phase 2, will be also introduced progressively - the performance of complex, long-lasting procedures or in patients at higher risk of serious complications should be performed only when (new) increases of the incidence of infected people and hospitalizations is excluded. We can not be responsible for consciously contribute to saturate the existing healthcare capacity to treat critically ill patients and Intensive Care Units, although assuming a usual low probability of such major unwanted events in our patients.
- This restriction excludes urgent and prority surgical treatments for patients of, namely, acute or subacute trauma, infectious or oncological traumatic pathology.

RECOMMENDATIONS

PHASE 1 - from May 4, 2020 (conditioned to the end of the state of emergency)

General recommendations for consultation, professionals and patient circuit:

- Face-to-face consultations: face-to-face consultations that cannot be carried out by teleconsultation can be resumed
    - Safety and personal protection recommendations:
        - The number of interpersonal contacts should be kept to a minimum
        - All professionals who are not indispensable to the functioning of the institution in physical presence should work in teleworking scheme
        - It is pertinent to reduce the opening schedule and to adopt one or two longer intervals (> 2h) during the institution's operation, in order to decrease any viral load present on surfaces
        - The agenda management should allow the minimum number of people to be simultaneously in the waiting room, using all available technologies to give patients real-time communication of schedules and delays
        - Chairs / benches in the waiting room must be arranged in advance to ensure proper distance between patients.
        - All consultation times must be fully respected according to the rules published by the Portuguese Medical Association
        - The time between appointments should be longer than usual, allowing for complete cleaning of the office while aerating it (eg: opening an exterior window after closing the door).
        - Simultaneous crossing of multiple patients in common spaces must be avoided
        - The rules of social distance recommended by the healthcare regulators should be maintained
        - A survey of all patients should be conducted prior to admission on: presence of symptoms of COVID19, co-morbidities that increase the risk of severe disease in case of COVID infection19, and previous contact with people infected or suspect of infection. In the presence of symptoms or suspicious contact, the clinical act postponed and the patient must be instructed to contact the “Saúde 24” line (if he / she has indication for this and has not yet done so); in the presence of co-morbidities the consultation may be postponed, according to the doctor's assessment
        - All professionals must wear a surgical mask
        - A surgical mask should be provided to patients who do not have mask
        - Professionals may use visors or goggles
        - All common use surfaces (waiting room, consulting rooms, WC, counters, payment terminals, etc .; special attention to door handles and frequent contact surfaces) should be disinfected with an appropriate cleaning product every 30 minutes

        - Of particular importance is frequent hand washing or disinfection with alcohol-based antiseptic solution before after any inevitable contact with patients, other professionals or with common-use contact surfaces
        - Doctors and other health professionals should use, at all times, surgical mask. Patients may remove the surgical mask during the consultation needed and clinically justified
        - Whenever possible, communication between offices and professionals who are in other rooms it must be done using a telephone or other means of communication, avoiding unnecessary movements and crossings
        - The disposition of the doctor's desk and the patient's chair in the consultation room should allow (whenever possible and indicated) a minimum distance of 1.5 meters between doctor and patient, and prevent the patient from contacting the desk

General recommendations for non-invasive procedures:

- Non-surgical invasive procedures (eg: dressings with mechanical debridement; medication injection and infiltration; fillers, etc.): can be resumed, fulfilling all the procedures of additional security.
    - Safety and personal protection recommendations (in addition to those mentioned in the previous point):
        - Patients should wear a surgical mask at all times, removing it only when needed for the procedure, replacing it immediately after
        - Health professionals should wear a disposable gown or apron and two pairs of gloves during the procedure
        - In cases with a higher risk of aerosolization or proximity to patient's airways, healthcare professionals should wear FP2 masks. Procedures in oral cavity can produce aerosols and assumes an increased risk of infection of the surgeon and all the others present in the room, so such procedures should only be carried out if strictly necessary, and taking all care individual protection of those present (consider using FFP2 or FFP3 masks (gloves, cap and disposable suit for all the professionals needed in the room); remember that aerosols can be detected for up to 3 hours after the procedure.
        - The material for clinical use to be used must be carefully displayed: prior listing of all the material needed for the procedure is suggested in order to avoid movement of professionals between different divisions during the procedure, or contamination of stored material (eg storage of exposed and unused material)
        - Discarded material must be stored and deposited in the proper containers according to the rules in force
        - Time between procedures should be longer than usual, allowing the correct disinfection of all contact surfaces and ventilation

PHASE 2 - forecast: 14 days after the start of Phase 1 (according to the evolution of epidemiological scenario of SARS-CoV-2 infection)

General recommendations for surgical procedures:

- Elective surgery: only elective surgery with a low complexity and low complication rates:
    - Surgery planning must take in account, at all times, the current status of local and regional hospitalization capacity and Intensive Care Units vacancies
    - Patients proposed for any surgical intervention should undergo a SARS-CoV-2 screening test, by collecting a sample of exudate from the nasopharynx with a swab, and further PCR analysis. The test should be performed 48 hours before surgery. If positive, must be notified to health authorities and surgery postponed until cure for public and individual safety
    - Surgeries that may be performed include all of the following characteristics:
        - low degree of complexity
        - outpatient regime (up to 24h)
        - without predicted need for blood products transfusion
        - predicted duration less than two hours
        - in patients without increased risk factors or poorly controlled pathology
        - patients aged <70 years (non-exclusive criterion, to be assessed individually by each medical team)
    - Regional anesthesia should be prioritized whenever possible
    - In cases where general anesthesia is required, it should be performed under orotracheal intubation, in order to reduce the risk of aerosolization, and making every effort to reduce the possibility of leakage from the ventilation system
    - Individual protection recommendations:
        - change of clothes must be made in a proper space, with closed lockers for exterior clothes storage, and with proper closed containers for used and disposable clothing (white bag); clean OR clothes must be stored in another division
        - Air flow in the operating room should only be changed to negative pressure in emergency surgery
        - OR access doors must be kept closed, opening only when strictly necessary
        - Only people essential to the surgery should be in the operating room (avoidance of observers / students, for example)
        - All healthcare professionals must wear a gown (in addition to the operating room) and surgical mask
        - The surgical team must wear two pairs of gloves and visor / goggles
        - The use of monopolar electrocautery should be avoided (risk of aerosolization) and, in the case of necessity, it should be used preferably with smoke evacuation
        - Anesthesiologist and anesthesia nurse must wear FPP2 mask and visor / goggles during orotracheal intubation

- Surgical procedures on the face (including or not the oral and nasal cavities) can produce aerosols and assume na increased risk of infection for the people in the room, so such procedures should only be carried out if strictly necessary, and taking all care to protect individuals (consider using a FFP2 or FFP3 mask and full-body protection of all the professionals needed in the room); remember that the presence of aerosols can be maintained for up to 3 hours after the procedure.
- During induction of anesthesia and intubation, as well as during patient extubation, only the anesthesiologist and the anesthesia nurse should be present in the operating room; the same is applicable to other procedures with high risk of aerosolization
- All disposable equipment used in surgery should be removed calmly, carefully and deposited in the proper containers (white bag)
- Proper hand washing should take place immediately after removal of personal protective equipment
- Operational assistants must wear two pairs of gloves and an additional gown, not sterile, for each procedure. Whenever they have contact with contaminated material should remove the second pair of gloves and apron, disinfect the first pair of gloves using alcoholic solution and wear a second pair of gloves and apron
- The material for clinical use to be used must be carefully displayed: prior listing of all the material needed for the procedure is mandatory, in order to avoid movement of professionals between different divisions during the procedure or material contamination (eg unused and exposed material)
- Discarded material must be deposited and stored in proper containers according to the rules
- Time between surgeries should be longer than usual allowing the correct disinfection and decontamination times for all contact surfaces; it will be preferable to perform surgeries over the weekend, for example, in order to enable greater spacing between surgeries

- Patient mobilization in the various passages in the operating room must be carried out only by the essential number of employees, taking care to inform the remaining operating rooms to keep the doors closed and avoid contact with other patients / staff during the circuit.
- Visitors should be prohibited as long as there is a high risk of contagion by SARS-COV2 in the community. When there is a low risk, they can be authorized with the necessary precautions - the number of visits per patient must be limited to a minimum (as a general rule, one person per patient) and in reduced periods (15 minutes)
- All professionals should wash their hands frequently or disinfect them with an alcoholic solution
- Essential objects of personal use of the surgical team present in the room (mobile phone, for example) should be kept in a box / disposable

container, close to the exit door, and must be disinfected with an alcoholic solution when entering and leaving the operating room

PHASE 3 [No forecast with current information]

General recommendations for surgical procedures:

- Elective surgery: complex procedures
    - *Recommendations to be defined*

In case of doubt about performing or not of a clinical act, the principle *primum non nocere* should prevail, that is, in case of doubt about any non-urgent procedure it should be postponed until there is total information that allows its conscientious realization.
Since this situation is unprecedented and it is extremely complex to identify all the points where contagion risks exist in our activity, we ask every SPCPRE affiliate for further contributions for elaboration and improvement of these recommendations.
Before the eventual easing of the restrictions contained in Phase 2, the SPCPRE Board will review the present recommendations and publish an updated version.

Cordial greetings,

The board of the Portuguese Society of Plastic Reconstructive and Aesthetic Surgery