



Information for patients about the new [consensus statement](#)

SARS-CoV-2 infection, COVID-19 and timing of elective surgery

SARS-CoV-2 is the name of the **virus**.

COVID-19 is the **disease** caused by the virus.

In the UK, up to 1 in 5 people have had COVID-19 and those who have had the infection may come to need surgery for other conditions. The timing of that surgery needs to be considered carefully.

Patients who have an operation within the first seven weeks after a SARS-CoV-2 infection do worse than patients who did not have the infection.

We have made recommendations for adults having a planned operation, also known as an 'elective operation'. The first is around shared decision-making. This means the patient, their family and the healthcare team having good information. Patients should consider the benefits, risks and alternatives to surgery, as well as considering what would happen with no treatment. Important factors in making this decision also include understanding how the patient's health is, and how much better it could get with preparation for surgery.

Recommendations

1. The timing of surgery after SARS-CoV-2 infection should involve shared decision-making between the patient and their healthcare team. The important factors are:
 - a. How severe was the infection?
 - b. Does the patient still have COVID-19 symptoms?
 - c. How is the patient's general health (before they had SARS-CoV-2 and after it) and what activities can they do to improve this?
 - d. What is the surgery for, and will it get worse while waiting?
 - e. How complex is the surgery?
2. Be aware that surgery soon after SARS-CoV-2 infection can be a problem:
 - a. For 10 days after mild/moderate disease and 15–20 days after severe disease or for patients who are severely immunosuppressed (which means dampening of

the body's ability to react to infection and includes people who have had steroids):

- i. Planned surgery should not be considered.
 - ii. If emergency surgery is needed during this period, the medical staff will take special precautions to reduce the risk of accidental infection of others from the patient.
- b. Within 7 weeks of SARS-CoV-2 infection, planned surgery should not be scheduled. The exception is if the surgical condition risks rapidly causing major problems without an operation. A balance of risks needs to be discussed.
3. There are differences with how bad the infection was:
- a. Everyone should continue with precautions in case they have infection with no symptoms and to prevent getting infected during treatment. For patients, this means self-isolation before surgery and afterwards. Other things within healthcare should continue, such as screening of staff for infection and creating areas where patients having planned surgery are away from those with possible COVID-19 or unscreened people. The time in healthcare places should be as short as possible.
 - b. Patients who had a positive test but no symptoms, or a mild COVID-19 infection should wait at least 7 weeks before a planned operation.
 - c. Patients who still have COVID-19 symptoms, 'Post-COVID-19 syndrome', or 'Long COVID' need special attention. Their risk of death or complications after surgery is higher than other patients. Therefore, delaying surgery beyond 7 weeks should be considered, balancing this risk against their type of surgical condition. They need specialist assessment by the full team and a personalised plan.
 - d. Patients who were treated in hospital for COVID-19 need special attention.
4. The time before surgery should be used by the patient to prepare, including improving fitness and getting help from other health professionals.
5. Patients awaiting surgery who are offered a vaccine are recommended to accept this. Where possible the vaccine should be given several weeks before surgery, so it can take effect.

These recommendations are based on evidence available at the time of publication. They may be revised in the future.

This consensus statement was written by:

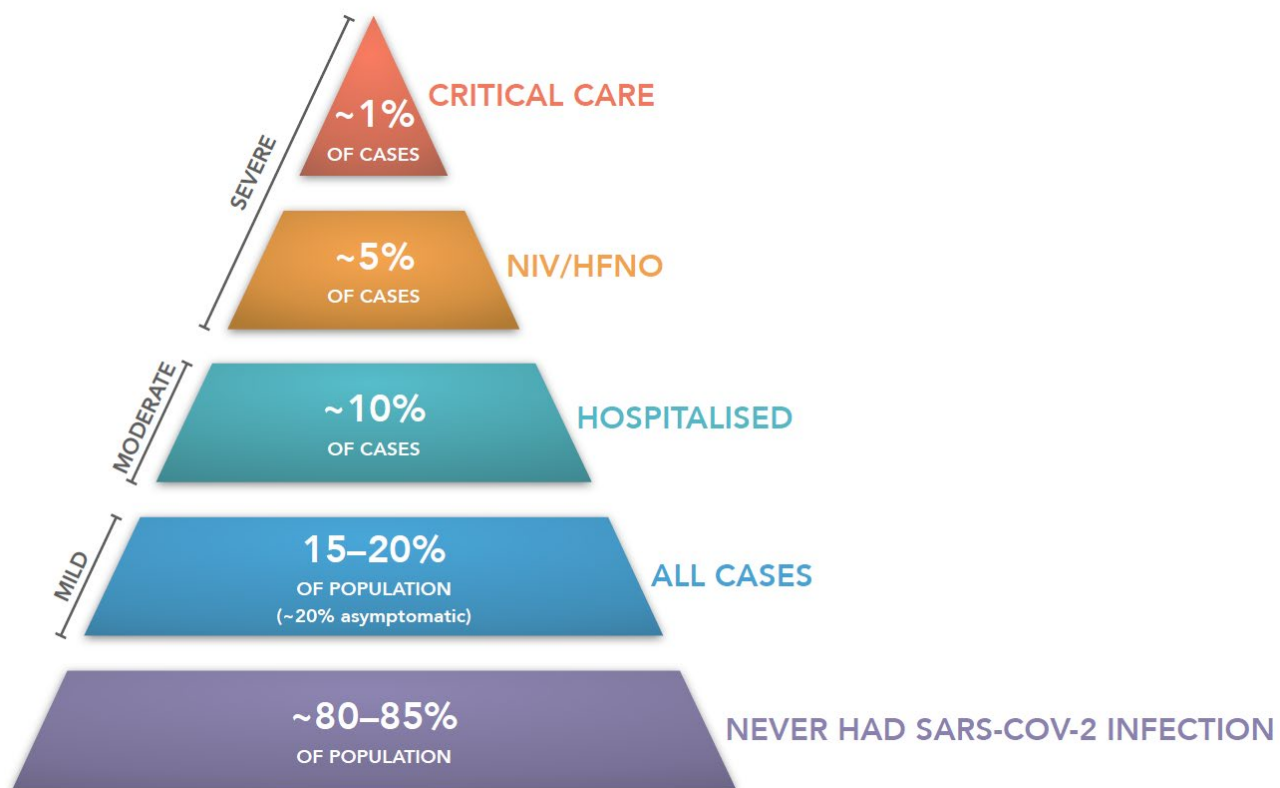
- [Association of Anaesthetists](#)
- [Centre for Perioperative Care](#)
- [Royal College of Anaesthetists](#)
- [Royal College of Surgeons of England](#)
- [Federation of Surgical Specialty Associations](#)

There are resources for patients at www.cpoc.org.uk/patients.

The full paper about this is available at: [SARS-CoV-2 infection, COVID-19 and timing of elective surgery – Anaesthesia](#)

[SARS-CoV-2 infection, COVID-19 and timing of elective surgery — ICM Anaesthesia COVID-19 \(icmanaesthesiacovid-19.org\)](http://www.icmanaesthesia.org)

Figure 1. How many people have had SARS-CoV-2 infection



NIV/ HFNO= specialised oxygen treatment on the wards (non-invasive ventilation or high-flow nasal oxygen)

Hospitalised = admitted to hospital including those with simple oxygen treatment

~ = approximate