



**ASSOCIATION OF GYNAECOLOGICAL ENDOSCOPY SURGEONS OF NIGERIA (AGES)**  
**ADVISORY DURING THE COVID-19 PANDEMIC.**

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**INTRODUCTION:**

Coronavirus 2, or SARS-CoV-2 disease (COVID-19) is a global public health concern that was declared as a pandemic by WHO because of the large number of infected people worldwide. The disease first emerged in December 2019, when a mysterious illness was reported in Wuhan, China.<sup>1-3</sup>

The most common symptoms of the disease include fever, cough and fatigue.<sup>4-7</sup>

Others are headaches, haemoptysis, diarrhoea, rhinorrhoea, sneezing, sore throat, and dyspnoea.<sup>4-7</sup> Pneumonia a hallmark of the disease causes acute lung injury (ALI) and acute respiratory distress syndrome (ARDS) which leads to pulmonary failure and death.<sup>6,7</sup>

Currently there are no specific treatment or vaccines against COVID-19 infection. Hospitals, healthcare workers and supplies all over the world are stretched to the limits in combating the dreaded Corona virus.

**ADVANTAGES OF MAS**

Laparoscopic and hysteroscopic surgeries are associated with lower morbidities, less effects on the immune system, shorter hospital stays, early ambulation, return to work and normal activities which are beneficial to the patient and the hospital system especially at this period of Covid-19 pandemic.

The procedures can be done on the basis of elective or emergency cases. Gynaecological emergency laparoscopic surgeries are used for the evaluation of acute abdominal pain and the treatment of many common acute abdominal disorders.<sup>9</sup> These include but not limited to ectopic pregnancy, ovarian cyst torsion, salpingo-oophoritis and endometriosis.

**RISK OF COVID-19 IN LAPAROSCOPIC AND HYSTEROSCOPIC SURGERY**

There are concerns with possible increased risk of Covid-19 transmission to healthcare workers during laparoscopic and hysteroscopic procedures. This is probably due to the formation of Covid-19 contaminated aerosols during surgery especially during intubation and from the effect of the gases used during pneumoperitoneum ie potential contaminants may be from CO<sub>2</sub> leakage, creation of smoke from energy devices and splashing of contaminated body fluids from pressurized uterine cavity during hysteroscopy. Currently, there is paucity of evidence upon which to base clinical practice and guidelines. However, the joint RCOG and BSGE and the AAGL recommendations were that all theatre staff should use PPE during all operations under general anaesthesia whether by laparoscopy or

laparotomy, and infection control practices should be followed according to local and national protocols. Non-surgical methods of treatment should be recommended to reduce the risk of COVID-19 transmission to healthcare workers.

## **ROLE OF AGES**

As an association with members engaging in minimal access surgeries with perceived increased transmission of the Corona virus via aerosols, we need to have a common goal in combating this disease most especially when we are practicing **in a low resource setting** with various challenges including constraints of getting PPE and respirator masks, state of the art theatre environment to prevent the disease among others as well as scarcity in getting a patient tested to confirm her status before surgery.

## **RECOMMENDATIONS**

Despite the paucity of evidence upon which to base clinical practice, members are advised to follow these recommendations:

1. During the pre-operative preparation, look out for the risk factors for Covid 19 infection like recent travel to an endemic area or signs and symptoms of the infection. You could also ensure COVID-19 test is done where possible when the clinical criteria are met. For the clinical criteria see the screening criteria for suspected COVID-19 cases in the “Handbook of COVID-19 Prevention and Treatment”.
2. Postpone all elective cases for now especially when there is no threat to life.
3. If it is considered necessary to perform laparoscopic surgery, this should be performed only by very experienced surgeons. Surgeries should be delayed in non-emergency cases for 28 days in suspected cases until tested. However, if procedure is an emergency proceed with open surgery where there is no experienced laparoscopist available.
4. All cases are to be managed as if they are positive for COVID-19. Use of PPE including FFP3 or N95 respirator, long-sleeved gown, and eye protection are recommended. Minimum number of staff should be in the theatre to prevent transmission of the virus.
5. Members are advised to use open surgery over laparoscopic surgery for now. This is because open surgery has a lower risk of disseminating aerosol of COVID-19 and spreading the virus to patients and staff compared to laparoscopic or hysteroscopic surgeries.
6. Intraoperatively, the risks of transmission are high with intubation, CO2 insufflation, explosive dispersion of body fluids when removing trocars and retrieving specimens per abdomen or vagina. There is also high risks of effluent of aerosols and droplets during hysteroscopy because of uterine distension. Hence, use appropriate full recommended preventive clothing for Covid-19 and also avoid explosive dispersion of body fluids during laparoscopic hysterectomy and evacuate surgical smoke using a suction or smoke extraction unit
7. Post-operative care can be managed via phone calls or telemedicine.
8. Confirmed cases of COVID-19 should be referred to centers that are well equipped to take care of such cases.

## **SUMMARY**

Coronavirus 2, or SARS-CoV-2 disease (COVID-19) is a global public health concern. There is paucity of evidence to advise on best practice. Elective gynaecological endoscopic surgeries are better postponed until the virus is contained. Emergency surgeries are better done through open surgeries

than laparoscopy or hysteroscopy but if or when laparoscopy or hysteroscopy is considered, health personnel in theatre must be appropriately kitted and all standard precaution should be observed to prevent COVID-19 infection. When COVID-19 is highly suspected or confirmed, refer patients to centers equipped in taking care of such cases.

## REFERENCES

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This practice advisory will be updated from time to time as more evidence is available. Note that members are not under any compulsion to follow this recommendation.

Yours sincerely,

## AGES Covid-19 Recommendation Review Committee

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