



جمعية الرعاية الجراحية التجميلية

PLASTIC SURGERY CARE SOCIETY

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08/08/2018

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SAUDI PLASTIC SURGERY CARE SOCIETY (SPSCS) Recommendations Regarding Elective, Non-Essential and Urgent Patient Care During COVID-19 Pandemic

In response to the COVID-19 pandemic, SPSCS recognizes that all elective and non-essential procedures should be delayed during the outbreak. These measures will help flatten the curve by reducing the risk of viral transmission and limiting the burden on the existing health system while maintaining essential services and keeping patients and providers safe.

Therefore, the Saudi Plastic Surgery Care Society, has assembled the following guidance:

- Protect yourself and your family by practicing social distancing, hand hygiene even at home if indicated. Make sure to follow all institutional recommendations if you become ill or sustain a significant exposure.
- It might be necessary to exclude the possibility of COVID-19 infection before any patient is considered for surgery.
- Only limb or lifesaving surgeries should be allowed during this critical period.
- Exposure to general anesthesia in COVID-19 patients even if asymptomatic can lead to serious complications including pneumonia and respiratory failure.
- Follow hospital/national guidelines on operative management of COVID-19 patients.
- Each institution will need to assess its own crisis standard of care plans and coordinate those within their hospital system.

I- Elective and Cosmetic Procedures

- 1) It is strongly recommended to postpone all elective, cosmetic and non-essential surgeries. This will not only decrease the flow of potentially infected and asymptomatic patients but will also free up anesthesia machines for ventilators. In addition, this would also protect staff and preserve PPE in case of shortage.
- 2) Preferentially, use telemedicine for visits, if available and whenever possible, thereby, limiting patients travel to the hospital.



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II- Trauma and Burns

- 1) If urgent surgeries (e.g. hand trauma, lacerations, tissue coverage) must be performed, consider utilizing regional blocks to facilitate same-day discharge. It is also recommended that you minimize the number of staff in the operating room to decrease risk of exposure as well as decrease personal protective equipment (PPE) use.
- 2) The issue of performing surgery in light of the COVID-19 pandemic and the potential consequences must be mentioned to the patients and health care providers and should be included in the written consent. This should indicate the potential for increased exposure as a result of the procedure itself, as well as the potential risks and complications that may occur postoperatively.
- 3) Consider the proper use of long-term dressings to decrease the frequency of dressing changes, preserve PPE and staff time required to do these dressings.
- 4) Utilize all available media channels and distribute trauma and burn care and prevention pamphlets in addition to first aid messages.

III- Oncoplastic Surgery and immediate breast reconstruction

- 1) The urgency of performing Oncoplastic reconstruction should be evaluated on a case by case basis.
- 2) Immediate breast reconstruction is elective and should be delayed (This does not include wound coverage issues of the chest/breast).
- 3) If immediate breast reconstruction is considered, avoid prolonging the procedure and postpone performing concurrent contralateral balancing procedures.

IV- Reconstruction to other parts of the body that will be exposed due to an urgent procedure such as infection debridement, trauma and cancer resection.

- 1) Plastic surgeons should be available to provide such coverage if needed.
- 2) If coverage or reconstruction can be postponed by utilizing long or short term dressing care without compromising outcome, this should always be considered as primary management in the meantime.

Approved by the SPSCS Executive Committee, 11 April 2020