

## MAJOR HEAD AND NECK SURGERY DURING COVID-19

### Scope of this document

Discuss major Head and Neck surgery cases involving upper aerodigestive tract mucosa during Covid-19 pandemic

Tracheostomy guidelines already exist and are not discussed here.

- Major Head and Neck surgery pose significant risks unique to these surgeries because of
  - Extensive exposure to saliva/mucous/upper airway mucosa
  - Long duration surgery so prolong period of exposure (typically 6-12 hours)
  - Use of powered instruments (powered saw and drill)
- Consequences of major head and neck surgery in Covid-19 patient
  - High viral load contamination of theatre and staff
  - Causing more severe disease in those infected resulting in high rates of ventilation and deaths in ENT surgeons internationally
  - Presumed higher post-operative respiratory complications in patients
- PPE must provide protection for the wearer whilst being fit for purpose (must allow adequate vision and accommodate headlight/loupes/use of microscope)
- PPE required if Covid-19 positive patient must be operated on (emergency only) or Covid-19 unknown
  - PAPR
  - Impermeable gown
  - Isolation gown
  - Double hat/balaclava
  - Double glove
  - Shoe cover
- PPE if Covid-19 negative
  - FFP3/N100 mask or PAPR if needed to accommodate headlight/loupes
  - Face shield/visor/goggles
  - Impermeable gown
  - Double hat
  - Double glove
  - Shoe cover
- Recommendations for all major head and neck mucosal surgery cases
  - Pre-operative Covid-19 testing should be mandatory
  - Operate only on test proven negative cases (*except where emergency airway rescue requires surgery*)

- Covid-19 positive patients can have surgery delayed until proven to be negative (estimate 2-4 week delay)
- Negative pressure theatre
- Consultant surgeon operating to minimise operating time
- If reconstruction is needed, 2 surgical teams operating simultaneously to reduce operating time
- Most experienced nursing team
- Consider using powered tools under plastic sheet (remove carefully, rolling plastic sheeting keeping dirty side inside)
- Panendoscopy and MLG performed under plastic sheet
- There should be as few people in theatre as possible
- Correct doffing is essential. Using loupes/headlight increases complexity of doffing and increases risk of contamination. Have a buddy to doff.

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