



Guidance for Pre-Operative Chest CT imaging for elective cancer surgery during the COVID-19 Pandemic

Background:

- Part of the NHSE response to the COVID-19 pandemic involves the maintenance of some urgent services including cancer surgery.
- The risk of respiratory complications may be exacerbated by operating on unknowingly undetected COVID positive patients who undergo major surgery and mechanical ventilation. Neither naso- / oropharyngeal swabs (PCR) or CT-scanning are particularly sensitive for the SARS-Cov-2 virus and have false negative rates 25 to 30%
- For this reason, it is important we have consensus agreement for the appropriate screening of pre-operative patients. All patients should have been asymptomatic for at least 7 days prior to surgery, have been socially isolating for 14 days with shielding and have Covid-19 negative naso / oropharyngeal swabs within 48 hours of the procedure according to local infection prevention control guidance.
- This guidance relates to the use of chest CT prior to elective cancer surgery only (Priority 2 and 3 - NHSE Guidance). This guidance is likely to evolve over time as further data becomes available.
- Patients who present as abdominal emergencies who have an abdominal CT in their diagnostic investigations should also have a Chest CT scan (ref —Updated General Surgery Guidance on Covid-19 – Intercollegiate / ASGBI 5 April 2020).

Practical recommendations:

- Radiographers should wear basic personal protective equipment (PPE) for patient protection.
- Patients should be directed straight to the scanner, thus avoiding waiting areas.

- Ideally the hospital's 'clean' scanner should be used and these patients should be scanned first on the list to decrease risks to the patient.
- The CT should be wiped down prior to use with disinfectant wipes according to local policy.

Imaging recommendations:

- Due to its low sensitivity and the low pre-test probability of disease, computed tomography should only be deployed in very specific circumstances
- Preoperative Chest CT scanning should be undertaken in patients whose preoperative assessment indicates that they will need level II/III Critical Care in their postoperative recovery
- This particularly applies to thoracic surgery and complex upper abdominal surgery (oesophageal, gastric, hepatic and pancreatic)
- Screening for other complex, high risk surgeries should be determined by careful discussion with the duty radiologist by the individual treating teams, based on the likelihood of respiratory compromise and / or critical care support postoperatively. However, it should only be considered if positive CT findings would change the patient's immediate surgical management.
- **A negative CT cannot be interpreted as a signal to omit the use of PPE by staff.**

CT Findings Pathway

Normal

- Proceed to surgery

Indeterminate

- Repeat full clinical assessment including bloods and throat swabs
- Consider repeat CT in 1-2 weeks
- If no change or resolution proceed to surgery

Classical features of COVID-19

- Postpone surgery
- Reassess in 2-4 weeks depending on respiratory symptoms and urgency of cancer surgery



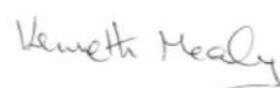
Professor S Michael Griffin
President
Royal College of Surgeons
of Edinburgh



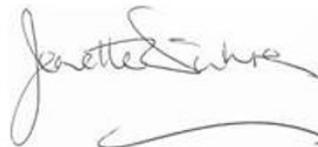
Professor Derek Alderson
President
Royal College of Surgeons of
England



Professor Jackie Taylor
President
Royal College of Physicians
and Surgeons of Glasgow



Mr Kenneth Mealy MD FRCSI
President
Royal College of Surgeons in
Ireland



Dr Jeanette Dickson
President
The Royal College of Radiologists

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