University Health Network
Guidelines for Surgical Patients with COVID +ve Result

For patients that require surgery and have tested positive in the last 90 days, IPAC should be contacted during working hours prior to decision regarding surgery as some patients will not require cancellation.

Note: Once a patient has swabbed positive, repeat COVID testing pre-operatively is NOT required within 90 days.

Booking Scheduled Surgery

- Patients that have been delayed/postponed due to COVID +ve result will be notified by the preadmission clinic prior to booking surgery date to assess them for isolation and surgery at day 10 post-symptom onset date or day 10 post positive test date (if asymptomatic).
  - Preadmission to call IPAC to review symptom status and clear the patient from isolation.
- For patients who are asymptomatic or with mild illness:
  - surgery should be delayed at least 10 days following the positive test result or onset of symptoms, and should only proceed once symptoms have resolved and/or cleared by IPAC.
- For patients who have had severe symptoms, hospitalized for symptoms, or immunocompromised*:
  - surgery should be delayed for at least 20 days and should ONLY proceed once symptoms have resolved and/or cleared by IPAC.
- Fitness for surgery in all cases will need to be approved by anesthesia.

Isolation Clearance

- For patients with mild illness:
  - Isolation is discontinued at day 10 after symptom onset date as long as the patient is clinically improved. The patient is no longer infectious by this time.
- For patients requiring intensive care or are severely immunocompromised*:
  - Isolation is discontinued at day 20 after symptom onset date as long as the patient is clinically improved. The patient is no longer infectious by this time.
  - Clearance testing is NOT required to remove isolation for patients who are COVID+ within previous 90 days.

*Immunocompromised Patients: Solid organ transplant, Bone marrow transplant, high dose steroids, chemotherapy, other immunosuppressives.