



Indian Association of Surgical Oncology

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Updated IASO Covid-19 Guidelines. – 16th April 2020

Dear Colleagues,

India has endured a three week lockdown which most of us have never seen in our lifetime. We have managed to slow down the spread, but we need to go a long way. The infections in our nations are focally concentrated in certain hotspots and some districts have not identified any case till now. And the uncertainty still remains with no clear solution in sight. We were in a huge shortfall of resources and manpower, but in these 3 weeks, we have been able to acquire some resources, though still not enough. We now can only pray that the crisis will be over in the coming weeks, but we will have to be prepared for the worst.

Cancer is a mortal disease for which we cannot continue to delay treatment further. If untreated or undertreated, many patients are bound to lose their lives prematurely. India has more than 100000 new cases of cancer per month. A vast majority of them are aggressive. Any further delay is detrimental to the very success of cancer care. The tradeoff between preventing the spread of COVID disease and Cancer therapy is debatable and difficult to have scientific evidence towards the same. Moreover in a large and heterogenous country like ours, wherein Healthcare infrastructure, the Manpower and the patient profiles are different, it is an arduous task to have uniformity in guidelines of the way forward.

We now face 2 new clinical situations during our professional activity.

First is that the patient may be Covid positive and the results of therapy are associated with increased morbidity and mortality.

Secondly, the patient can be a risk to the healthcare workers and the contacts may be forced into quarantine for inadvertent exposure, plus risks of mortality. Apart from Manpower, exposure to certain vital regions of a hospital may force shut down of critical regions leading to a major break in the hospital activity.

Our suggestions will be overruled by any fresh Orders or diktats which may come from the local or national government authorities from time to time.

Broad guidelines.

Regional considerations

Various regions are being mapped as Red (hot spot), Orange/White(covid non hotspot) and Green Zones (no case) depending on the number of cases in the said region. Green zones are the ones with very low risk of COVID cases.

1. Those in the Green Zones, (who have not seen any Covid-19 case since the last 24 days), are encouraged to scrupulously begin treating curable cancers with due care. This will avoid a burden in case of a delayed spread of the epidemic. It is prudent and presently unlawful in many districts to encourage patients to cross boundaries for therapy unless the required facilities are not available.

2. Those in the RED Zone(zones with more than 6 active cases, or doubling of cases in less than a week), they can continue with the previous guidelines and take utmost care before treating patients.

3. For those in Orange/White zones, Oncologists need to begin work with diligence.

General.

Cancer Surgeries, if planned, must be simple and short and with low morbidity with minimal blood loss.

Prioritise Surgeries with high chances of cure when given early treatment.

Avoid surgery with doubtful benefits and for poor prognostic diseases.

Avoid surgical time and manpower associated with extensive surgery like micro vascular reconstruction, laparoscopic lengthy procedures, breast reconstruction, major Liver & Oesophageal Resections etc.

Please refer to our earlier Guidelines dated 25th March, 2020 for Organ wise guidelines.

Words of caution for Surgeons and Anaesthetists:

The experience of China strongly suggests High morbidity (40%) and mortality (20%) of patients after Elective surgery for florid Covid 19 infection post-operatively. Also there is high risk of Corona infection amongst the Surgeons and Anaesthetists when operating on a confirmed/suspected Covid 19 case.

COVID Testing-

All patients who are selected for Surgery should preferably have RT-PCR Covid testing done within 3- 4 days from the time of surgery. Please bear in mind that there can be significant false negative reports during the Incubation period. However, we do not have any better option with better negative predictability. Rapid Antibody test is again not very specific. Due to the lack of perfect detection test, we recommend Universal precautions to all cases.

The Recommendations from Institutes in China and some European countries is to put the patients on quarantine for 14 days and if they remain symptom - free, to take them up for surgery on 15th day. This may not a practical solution in all places in India.

The IASO has already requested the ICMR to permit Pre-treatment Covid testing in their notifications.

Personnel Protection

The IASO encourages senior Oncologists over the age of 60 and those with Co-morbidities to refrain from clinical activity during the Covid 19 crisis, especially if there are alternative facilities and manpower available.

OPDs:

Appointments should be kept to minimum. Telemedicine facility should be used whenever possible, especially for Follow up cases.

Triaging should be done before entering the OPD complex to identify the suspected Covid 19 patients.

Strict social distancing should be practised in OPDs. All patients and staff should wear standard triple layer surgical mask and hand hygiene should be strictly ensured. Crowding at waiting areas should be avoided. If required, patients can wait in their cars for their turn.

MDT can be done on Internet. Following New members in MDT are advisable- Respiratory physician, Anaesthetist and if required one member of Covid task force of Hospital

Follow up.

Delay follow up visits and communicate online.

Keep patients aware of Covid-19 and their responsibilities.

Telemedicine

The MCI has permitted doctors to rationally use telemedicine to avoid physical movement for trivial reasons. Telemedicine is a professional service and should be used as much as possible. Utilize the help of peripheral doctors to deal with mild symptoms and care.

OTs

Full Universal protection with PPEs, including Face shields/ Goggles and N 95 Masks, are strongly recommended for all OT staff. Special care should be taken during Intubation by the Anaesthetists or Head & Neck surgeons and Endoscopists. Laparoscopic surgeries should be avoided as much as possible. Electrocautery should be used in a minimal setting and should be accompanied by suction. Avoid needle stick and stab injuries. Negative pressure inside the OT, if possible, is advisable. Alternatively frequent Air change (25 cycles/ hour) is recommended. After the surgery is over the OT should be cleaned with PerOxyacetic acid/ 0.5- 1% Sodium Hypochlorite/ Gluraldehyde/ Benzalkonium chloride etc. Most commonly used Fumigants are effective and frequent fumigation is preferred.

Also it is advisable to keep the OT personnel to minimum and club the operations on specific dates.. No one except essential staff should stay inside OT while intubation and extubation. Donning and doffing of PPE should be demonstrated to all staff, and should always be monitored by an observer. The removed PPE/Masks should be carefully discarded. The staff should be encouraged to take a body wash after doing positive/suspected case, before changing to their dress.

Thankfully, in the last 3 weeks, we have been able to manufacture PPEs in our country and it is but a matter of some more time that PPEs will be freely available and affordable.

Work in teams which don't mix with other teams. Keep teams (Staff) in reserve in case of emergency.

The Healthcare workers also should take adequate precaution not to carry infection to the outside world including their own homes.

Regular interaction should be done over phone or digitally to know well being of all colleagues.

Avoid travel/movement of Healthcare personnel and try to make them stay on campus whenever possible.

Keep the morale of patients and Healthcare workers high.

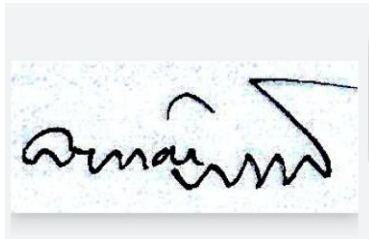
Summary: Where there is no scope of Neo-adjuvant treatment, Surgery should be considered at an early date on Non-Covid patients like Ca- Gall Bladder, Early Bladder Tumours, Renal Cell Ca, Early Ca- Endometrium, Early Head & Neck Cancers etc..

Also, procedures which can be done under Spinal/ Regional block- to be considered.

Please once again remember these are only guidelines created taken into consideration the risks- benefits of Cancer treatment during the Corona Virus Pandemic. Ultimate decisions have to be taken after discussion in MDTs on a case-to-case basis by the treating Oncologist, taking into account the local resources. This may not have any validity in the Court of Law.

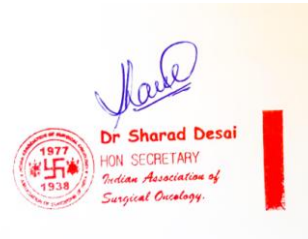
Acknowledgements:

All the EC Members of IASO for their kind inputs in making this Guideline. This will be updated from time to time depending upon the situation.



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