



Guidelines for pre-operative COVID-19 testing for elective cancer surgery

This document updates the previous Intercollegiate guidance (April 15th 2020)

It outlines the process to ensure a consistent approach to screening for COVID in the cancer patient undergoing surgery. This aims to ensure both staff and patient safety by minimising the risk of COVID in the perioperative pathway.

All patients having elective cancer surgery:

- Must have been asymptomatic and self isolated for at least 14 days prior to surgery
- Must have a COVID throat swab within 72 hours of surgery - this can be done at home to prevent the need to visit hospital before admission
- Where practical (if independent) self isolate for 14 days following discharge after surgery
Postpone surgery

Special circumstances:

- **Asymptomatic and living alone but not isolated for 7 days**
 - Postpone surgery
 - Patient to self isolate for at least 14 days and follow as normal
- **Household member with confirmed or suspected COVID symptoms**
 - Postpone surgery
 - Patient to self isolate for at least 14 days and follow as normal
 - Where practical (if independent) self-isolate for 14 days following discharge after surgery
- **Interpretation of results**
 - If throat swab negative, proceed with surgery
 - If a patient is positive for COVID on throat swab then postpone surgery at least by 14 days and repeat swab 48 hours before planned surgery date.

Screening CT Chest

Accumulating evidence clearly demonstrates that a preop CT chest does not add to the detection of Covid 19 in an asymptomatic, isolated and tested patient and is not recommended for screening before elective cancer surgery.

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Association of Upper Gastrointestinal Surgeons
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