

# Providence Oregon letter to surgeons

## Pre-Procedure COVID-19 testing ends at Providence Oregon hospitals on Nov. 7, 2022

Oct. 28, 2022

Dear Surgical Colleagues:

We write today to inform you that **effective Nov. 7, 2022, we will no longer require preprocedural SARS-CoV-2 testing of asymptomatic surgical patients in Oregon Providence hospitals.**

When preprocedural testing was implemented in 2020, it was in part a response to data gathered by the COVIDSurg Collaborative. This group has been at the forefront of researching surgical outcomes in the setting of COVID-19. They conducted two pivotal multi-center, international cohort studies that led to a standard of care for preprocedural testing mandates across the globe. These and other pre-Omicron studies showed increased perioperative mortality and complications. In December of 2021, the COVIDSurg Collaborative began a new study to refresh the evidence base in the post-vaccine Omicron era and their new data supports a practice change in our current approach to asymptomatic SARS-CoV-2 preoperative screening. These studies are summarized below.

- **Mortality and pulmonary complications in patients undergoing surgery with perioperative SARS-CoV-2 infection: an international cohort study. COVIDSurg Collaborative. Lancet May 2020**
  - **Summary:** Study looked at 30-day mortality and postoperative pulmonary complications in patients undergoing surgery who had a SARS-CoV-2 infection diagnosed 7 days before or 30 days after surgery.
  - **Key findings:** Overall 30-day mortality in these patients was 23.8%. Pulmonary complications occurred in 51% of patients with perioperative SARS-CoV-2 infection, which accounted for 82.6% of the deaths.
- **Timing of surgery following SARS-CoV-2 infection: an international prospective cohort study. COVIDSurg Collaborative and GlobalSurg Collaborative. Anesthesia May 2021**
  - **Summary:** Study sought to determine the optimal timing of surgery following SARS-CoV-2 infection. Patients with SARS-CoV-2 infection were compared with patients without infection. 30-day mortality rates were stratified by time from diagnosis of infection to surgery.
  - **Key findings:** Mortality was shown to be increased in patients out to 6 weeks. Surgery performed  $\geq 7$  weeks after diagnosis was associated with a similar

mortality risk to baseline. Patients with ongoing symptoms at the time of surgery had higher mortality than patients whose symptoms were resolved at the time of surgery or who had been asymptomatic (6% vs 2.4% vs 1.3%, respectively).

- **COVIDSurg-3, pending publication results were shared via webinar on Oct. 20, 2022**
  - **Summary:** Study design was similar to the first COVIDSurg paper with the goal of refreshing the evidence base in the post-vaccine Omicron era. Primary outcome was 30-day mortality for patients with SARS-CoV-2 infection 7 days before or 30 days after surgery. They also looked at postoperative pulmonary complications.
  - **Key findings:** Overall 30-day mortality was 5.8%. When data for high income countries was isolated, mortality was even lower: 4.8% overall. This is a major reduction compared with nearly 24% in the original study. Of note, nearly 60% of surgery was emergent and 37% were ASA 3-5. Factors associated with increased mortality and postoperative pulmonary complications include:
    - Unvaccinated status - this effect was significant for patients with symptoms and much less so for asymptomatic patients.
    - Age over 70
    - ASA status 3-5
    - Emergent surgery
    - Symptomatic COVID infection.

The Providence Oregon Surgery Program is committed to patient and caregiver safety and has worked hard throughout the last few years to provide a COVID safe pathway in surgery by following the best evidence available. When evaluating the latest study, we considered the significant reduction in mortality and postoperative pulmonary complications in asymptomatic patients, the potential harms of surgical delay combined with the low prevalence of preprocedural positives in our surgical patients (even at the peak surge the positivity rate was 1-2%) and we have determined that the data no longer supports asymptomatic preoperative testing for surgery patients.

It is worth noting that we are not the first health system to make the decision to stop testing asymptomatic patients. The University of Washington, Mayo Clinic, Legacy Health, and many others preceded us in this change. We will continue to follow the evidence and the experience of other systems who are taking a similar approach, in addition to monitoring our own surgical outcomes to identify any trends of concern.

It is our hope that this will be one less barrier in place to help get our patients their much-needed surgeries.

## Next steps

**Asymptomatic** patients undergoing surgery on or after **November 7, 2022**, will not require a pre-operative COVID test. It is important to note that if your patient reports any COVID-19 symptoms, they should obtain a SARS-CoV-2 test and their planned surgical date should be re-evaluated.

Recommendations for patients with a symptomatic COVID-19 infection remain unchanged, we continue to recommend a delay of elective surgery for 7 weeks from symptom onset when possible. The data in the most recent COVIDSurg study, as well as others, has shown a significant increased risk if the patient is symptomatic at the time of diagnosis and an even higher risk if surgery occurs while symptoms are still present. If surgery is urgent, the patient's age, medical comorbidities, invasiveness of surgery, as well as persistent symptoms should be considered when deciding about timing of surgery.

The surgery program would like to recognize and thank the Virtual Sick Clinic at Providence Medical Group, who, under the leadership of Elise Yarnell and Nell Rafalovich, PA have worked tirelessly to ensure testing for our surgical patients in addition to providing care and support to patients who were experiencing COVID-19 infection.

We would also like to thank Dr. Tessa Collins for her tireless research and commitment to patient safety during this time.

Finally, we thank you and your teams for your patience and understanding during this challenging time.

We hope this news will be welcome to you and ease your way.

Sincerely,

Chuck, Tessa, Colata and Jenn

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