AFS COVID-19 Recommendations for Triage of Foregut Patients Needing Surgical Procedures

For guidelines on the use of laparoscopy, AFS recommends following recommendations from SAGES (https://www.sages.org/category/covid-19/) and the ACS (https://www.facs.org/covid-19/clinical-guidance), and for endoscopic cases use the joint AGA and ACG guidelines (https://gi.org/2020/03/15/joint-gi-society-message-on-covid-19/)

Surgical foregut issues may generally be categorized

1. Benign disease
    a. GERD
    b. Swallowing disorders
    c. Gastroparesis
    d. Hiatal Hernia
2. Malignant Disease
    a. Disease amenable to endoscopic resection
    b. Disease requiring surgical resection

EMERGENCY CASES

It is appropriate to consider surgical intervention necessary on an emergency basis, REGARDLESS OF COVID STATUS when there are:

1. Patients with hemodynamic instability, including shock and perforated viscus
2. Clinical presentation with clinical suspicion of ischemic bowel (e.g. gastric volvulus with pneumatosis, active bleeding)
3. Change in clinical status where new or worsening symptoms emerge altering the patient's baseline
    a. Including hernia, incarceration or strangulation.
4. Cases where endoscopic resolution can avoid patient admission or surgical diversion
    a. Management of leaks via endoscopic stent placement with the discretion to minimize trips to the operating room or endoscopy suite.
    b. Retrieval or exchanging endoscopically placed prosthesis
        i. i.e. Removal of a stent or replacement of a stent

Urgent Cases

Cases in which delay of more than a few weeks very likely would result in significant harm to the patient, including adverse clinical outcomes that would require hospitalization, loss of critical function, or death Surgery can be scheduled non-emergently, still appropriate to consider during ongoing COVID crisis). RAPID COVID TESTING SHOULD BE PERFORMED. IF POSITIVE DAY OF SURGERY, ATTEMPT TO DELAY UNTIL PATIENT IS NO LONGER SHEDDING VIRUS. IF NEGATIVE DAY OF SURGERY, PROCEED.

1. Malignant Disease where the procedure (surgery or endoscopy) is pertinent to the timeline to avoid negative outcomes for the patient, e.g. permitting further dissemination of disease due to delay.
2. Paraesophageal hernia presenting with obstructive symptoms (e.g. chest pain, frequent but not intractable vomiting,
3. Nutritional compromise where malnutrition and weight loss are a cause of concern
    i. Progressing of dysphagia beyond the patient's baseline
    ii. Sequela from prior stapled surgery including bariatric surgery or prior foregut surgery
    iii. Progression of stricture compromising the patient's ability to nourish
4. Recurrent aspiration due from gastric or esophageal source (e.g. GERD, achalasia)

Semi-Urgent Cases

Cases in which an intervention is needed, but can be delayed temporarily until COVID critical supply /risk issues for patient and health-care providers improved)

1. Primary or revisional cases where symptoms can be managed successfully at home by ongoing care or medical therapy.
2. Primary bariatric surgery for weight loss as a requirement to proceed with an organ transplant or to avoid significant other co-morbidities.

Elective Cases

Cases that can be delayed without threat to organ or patient injury, should be delayed until risk issues to patient and health-care providers minimal)

1. Primary or revisional bariatric surgery for weight loss as a primary goal.
2. Foregut cases for chronic disease (i.e. GERD) that has no threat to organs or patient.