



## Joint RCOG / BSGE Statement on gynaecological laparoscopic procedures and COVID-19

Our members have asked us to investigate possible increased risks of transmission of COVID-19 during gynaecological laparoscopic surgery, particularly related to the potential generation of COVID-19 contaminated aerosols from CO<sub>2</sub> leakage and the creation of smoke from the use of energy devices.

The risk of generating contaminated aerosols may potentially be lower with laparotomy<sup>1</sup>. However, to our knowledge, with the current few data, there is no evidence of an increased risk of COVID-19 transmission during gynaecological laparoscopic surgery when Personal Protective Equipment (PPE) is used.

COVID-19 has been found in faeces presumably thorough transmission from the naso-pharynx with ingestion into the gastrointestinal tract (29% of cases) and in blood samples in approximately 1% of cases<sup>3</sup>. Thus, operations involving the bowel may have different implications than in gynaecology.

Laparoscopic surgery is associated with reduced morbidity, shorter hospital stays and quicker return to daily activities<sup>2</sup>, all of which will benefit the patient, and make better use of hospital resources, particularly at the time of the current pandemic.

In the absence of evidence that COVID-19 transmission is increased by the generation of contaminated aerosols during gynaecological laparoscopic surgery, the BSGE recommends:

- All theatre staff should use PPE during all operations under general anaesthetic whether by laparoscopy or laparotomy and infection control practices should be followed, as determined by local and national protocol.
- Non-surgical methods of treatment should be actively recommended to reduce the risk of COVID-19 transmission to health care workers, and reduce the need for hospital admission, provided they are a safe alternative (for example but not limited to methotrexate for unruptured ectopic pregnancy).
- Gynaecological operations that carry a risk of bowel involvement, however small (for example but not limited to tubo-ovarian abscess), should be performed by laparotomy.
- Elective gynaecological operations that have a risk of bowel involvement (for example but not limited to excision of recto-vaginal endometriosis, adhesiolysis) should be deferred.
- For other gynaecological laparoscopic operations (for example but not limited to ruptured ectopic pregnancy, ovarian cyst accident) the port positioning and instrument choice should be according to the surgeon and hospitals usual practice to minimise time in theatre and the risk of operative complications.



- Suction devices, smoke evacuation filters, retrieval devices and swabs should be used to:
  - prevent aerosol transmission: remove smoke, aerosol and the CO<sub>2</sub> pneumoperitoneum during operations
  - prevent potential droplet transmission: avoid explosive dispersion of body fluids when removing trocars and retrieving specimens
- There is a high risk of explosive dispersion of body fluid when the uterus is removed from the vagina at total laparoscopic hysterectomy. Swabs, suction and retrieval devices should be used to minimise droplet transmission and consideration should be given to performing an open hysterectomy, on a case by case basis.
- Only evacuate surgical smoke via the tap on ports when attached to a smoke evacuation filter and / or by direct suction using a vacuum suction unit.
- Only evacuate the pneumoperitoneum via direct suction using a vacuum suction unit.

#### References

1. Alp E, Bijl D, Bleichrodt RP, Hansson B, Voss A. Surgical smoke and infection control. *J Hosp Infect.* 2006; 62:1-5.
2. Snyman L, Makulana T, Makin JD. A randomised trial comparing laparoscopy with laparotomy in the management of women with ruptured ectopic pregnancy. *S Afr Med J* 2017;107: 258-263.
3. Wang W, Xu Y, Gao R, Lu R, Han K, Wu G, Tan W. Detection of SARS-CoV-2 in Different Types of Clinical Specimens. *JAMA* 2020 Mar 11. doi: 10.1001/jama.2020.3786.

**This statement has been produced rapidly to meet a need without undergoing the usual level of peer review scrutiny due to the current emergency. It does not form a directive but should be used by individual health care practitioners to inform their practice.**