



**MALAYSIAN SOCIETY OF ANAESTHESIOLOGISTS
&
COLLEGE OF ANAESTHESIOLOGISTS, AMM**



**MALAYSIAN SOCIETY OF ANAESTHESIOLOGISTS &
COLLEGE OF ANAESTHESIOLOGISTS, ACADEMY OF MEDICINE OF MALAYSIA**

**UPDATE on GUIDELINES ON ELECTIVE SURGERY AND ANAESTHESIA
FOR PATIENTS AFTER COVID-19 INFECTION
(19th March 2022)**

Dear Members,

The main objective of this update from the MSA and the CoA is to address the timing for elective surgery after COVID-19 infection specifically on the duration of 7 weeks stated in the following two recent guidelines.

1. <https://associationofanaesthetists-publications.onlinelibrary.wiley.com/doi/epdf/10.1111/anae.15699>
2. <https://www.apsf.org/news-updates/asa-and-apsf-joint-statement-on-elective-surgery-and-anesthesia-for-patients-after-covid-19-infection/>

We recommend an individualised pragmatic approach based on the following criteria:

1. The timing of elective surgeries or procedures after Covid-19 infection is based on the urgency of surgery taking into consideration patients' conditions following the infection, infectious state, vaccination status and the disease process for which the surgery/procedure is indicated.
2. Currently, 7 weeks is a reasonable cut-off point in obtaining the maximal benefits of performing surgeries with minimal perioperative complications. If surgeries are done before 7 weeks, there needs to be awareness of some potential risks of Covid-19 related perioperative complications which will need to be informed to the patient and the benefit of performing surgery in that period to be clearly determined.
3. To wait for more than 7 weeks' post-COVID 19 infection may not be practical for cases of malignancy and other semi-urgent indications. The decision to proceed with surgery before recovery from Covid-19 infection is a shared decision that should take into consideration the risks of viral transmission and Covid-19 related perioperative risk versus primary disease progression if surgery is delayed.
4. Where feasible, the surgeries should be scheduled after the deisolation period of 10 days for asymptomatic or mild infections when Covid-19 transmission-based precautions can be discontinued and risks of transmission to healthcare workers and other patients are minimized.

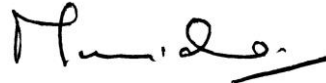
For patients with moderate to severe infection or immunocompromised patients a period of 20 days as per previous MSA CoA guidelines released in 2021 remains the same.

- 5 The perioperative risks, as a result of a recent Covid-19 infection irrespective of the vaccination status, must be disclosed to the patient and documented in the informed consent.
- 6 When time permits, vaccination is to be encouraged at least 2 weeks before surgery.
- 7 Emerging new knowledge on the effects of mass vaccination on infectivity, reinfection, infection by Covid-19 variants, and recovery from Covid-19 with new treatment will necessitate updates of these guidelines.

Yours sincerely



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