

Management of ENT Patients During the Coronavirus Pandemic at Universitas Academic Hospital

Reports from Iran, Italy and China have reported a higher rate of infection and mortality in doctors working in ENT and personnel working in the ENT theatres. High viral loads have been found in the nasal cavity, nasopharynx and oropharynx of patients infected with coronavirus, even when asymptomatic. ENT procedures are associated with aerosolization of the virus.

No procedures are to be performed in the ENT clinic.

Local anaesthetic and decongestant sprays should not be used.

Nasal endoscopy and fiberoptic laryngoscopy should be performed only in patients when absolutely required e.g. patients with stridor. Full PPE must be worn (N95 respirator, eye protection, boots or shoe covers and gown).

Audiology services are stopped.

Full PPE must be worn for tracheostomy changes in patients who are COVID-19 positive/status unknown.

Only emergency and urgent surgical procedures are to be performed. Wherever possible, patients should initially be managed conservatively e.g. patients with quinsies should initially be treated with iv antibiotics and only drained if there is no improvement. Tracheostomies must be performed only if absolutely required e.g. patients with fixed upper airway obstruction.

If practical, patients should be tested for coronavirus preoperatively. Inform the lab so that the sample is included in the next batch.

For COVID-19 positive/status unknown patients:

- Full PPE must be worn by all staff in the operating theatre.
- Operating theatre staff should be kept to a minimum.
- Jet ventilation must not be used for laryngoscopies. Patients must preferably be intubated if possible.
- Powered instruments should not be used during sinonasal and laryngeal surgery.
- Operating theatre should not be used again until the next morning.



These guidelines will be continuously updated as the situation develops.

References:

American Academy of Otolaryngology-Head and Neck Surgery. New Recommendations Regarding Urgent and Nonurgent Patient Care. <https://www.entnet.org/content/new-recommendations-regarding-urgent-and-nonurgent-patient-care-0>. Published 20 March 2020

Australian Society of Otolaryngology Head and Neck Surgery. Guidance for ENT surgeons during the COVID-19 pandemic. <http://www.asohns.org.au/about-us/news-and-announcements/latest-news?article=78>

Chan JYK, Wong EWY, Lam W. Practical Aspects of Otolaryngologic Clinical Services During the 2019 Novel Coronavirus Epidemic: An Experience in Hong Kong. JAMA Otolaryngol Head Neck Surg. Published online March 20, 2020. doi:10.1001/jamaoto.2020.0488

Europe's Doctors Repeat Errors Made in Wuhan, China Medics Say.

<https://www.bloomberg.com/news/articles/2020-03-17/europe-s-doctors-getting-sick-like-in-wuhan-chinese-doctors-say>

Harrison L, Ramsden, J, Winter S, Rocke J, Heward E. Guidance for Surgical Tracheostomy and Tracheostomy Tube Change during the COVID-19 Pandemic. <https://www.entuk.org/tracheostomy-guidance-during-covid-19-pandemic>

Patel, ZM, Hwang, PH, Nayak, JV, Fernandez-Miranda, J, Dodd R, Sajjadi H, Jackler RK. Statement From: Stanford University School of Medicine Departments of Otolaryngology-H&N Surgery and Neurosurgery van Doremalen N, Bushmaker T, Morris DH, et al. Aerosol and Surface Stability of SARS-CoV-2 as Compared with SARS-CoV-1. N Engl J Med. 2020 Mar 17. doi: 10.1056/NEJMc2004973

Yaneza M. ENTUK Guidelines for changes in ENT during COVID-19 Pandemic.

<https://www.entuk.org/entuk-guidelines-changes-ent-during-covid-19-pandemic>

Zou L, Ruan F, Huang M, et al. SARS-CoV-2 Viral Load in Upper Respiratory Specimens of Infected Patients. N Engl J Med. 2020 Mar 19;382(12):1177-1179. doi: 10.1056/NEJMc2001737.



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