AUA Inside Tract Podcast Transcript
Episode 104

Resuming Elective Surgeries: What Urologists Need to Know

Host: The American College of Surgeons has released guidance to help the surgical community resume elective surgeries in the coming weeks. Dr. Chris Gonzalez, chair of the AUA'S Public Policy Council joins us today to discuss this new guidance. So, how are things in Chicago and at Loyola University Medical Center right now, Dr. Gonzalez?

Dr. Gonzalez: Well, things are not going as well as we'd like. We've continued to still see a slight increase in numbers both in new cases and also in death. Illinois still has a stay-at-home order until April 30 and that also includes Chicagoland. So, if you look at Loyola, we're steady, the number of inpatients. We have roughly 140 to 150 people in our system. We are keeping very close track on our ventilators, we've got 91 ventilators, 61 are being used, 30 are still available and the number of ICU beds is holding stable. We still have some available, not as many as we'd like but obviously we have not seen an acceleration, just a slow increase right now. Our workforce is also steady. We've got about 60 healthcare professionals who are in quarantine or who have been diagnosed with COVID. So, again, we're keeping steady, but we have enough people, we have enough protective gear to keep going. Leadership in Chicagoland has been good. As far as the academic centers and the large systems have gone, there's a regular meeting, regular calls, lawmakers are involved. So, we're doing everything we can. We want to see these numbers turn around a little bit, but right now, they're not.

Host: Can you walk us through the new guidance from the American College of Surgeons?

Dr. Gonzalez: Yeah. This came out on Friday of last week. There also is something from the American Society of Anesthesiologists and American Hospital Association, which is out there and I believe it should be on the AUA website, which is also incorporating these ACS guidelines. So, really what it is, it's t's a guidance. So your local situation is going to dictate what you do. It's not going to necessarily be something you're going to follow this word for word, but you're going to take a look and it's going to make you think about things that you should be thinking about in your local situation. So, really they're looking at whether you're part of a hospital system or you're part of multiple hospitals or ASC, this all would apply. And really the biggest thing is what resources are available. So, they break it down very well into 4 sections with 10 different points that they make. So, number one would be COVID awareness.

So, really, what's going on as far as the incidents in your community? As we talked about, we know exactly what's going on in Chicago. They also talk a little bit about the availability of testing, what kind of tests are you going to use? There's some concern about the rapid tests having a false negative rate as high as 25% to 30%. So, these are things that we're thinking about right now, as far as, you know, vetting these tests to make sure that we're comfortable with them. The one thing that they do say in these guidelines is that the incidence in your local community should be decreasing over a 14-day period before you start thinking about resumption of elective surgery, and I think that's very important to know. So, if cases are going up locally, you really want to be careful about starting elective surgery, and that's some of the guidance that they provide us. But again, what is the availability of testing? We want to test all of our patients, for their safety, for our safety and just for good medicine before they get their procedure.

So, do you have another 700 to 1000 tests lying around if you're going to start elective surgery on a grand scale, and how do you phase that in? The second part is preparedness. So, there are some subpoints on this and some of the things we talked about, what's going on your personal protective equipment. So, how many days on hand, the PPE do you have? I know for instance, at Loyola, we've got 10 days on hand, that's better than five days on hand. About a week ago, we have 87 days on hand for N95 respirators. So, those are important things to know as far as the PPE, know exactly what your bed situation is. So, our hospital's two-thirds full, it's going to be COVID and non-COVID patients. The COVID section is relatively full. The ICU as I just talked about is relatively full, but there is still some capacity. So, if you're going to do big cases, if you're going to do cystectomies, if you're going to do large renal masses with cable thrombus you need to know those things. What's the blood availability in your community? I think that's also something really important to know. What's going on at the OR staff. So, are they... Unfortunately now in a time where people are being furloughed and laid off, so what's the availability of your staff and if they have been furloughed, how quickly can you get them back so many people can get it back within two to three days. So, I think that's extremely important to understand. And what is your capacity and what are your resources?

So, for instance, do you have an ambulatory surgery center? Do you have... What is the main OR? How many rooms do you have? And what's going on with your community hospitals if you're a part of a healthcare system or a region? I think these are all important to know. In urology, we do 70% of what we do is in the outpatient realm, so I think we should have a seat at the table and discussing these things because we would be a very good specialty to start

with elective cases in an outpatient settings because so much of what we do is outpatient. And also depends on the resources that you have. Can you spare the resources from a personnel perspective, from a supply perspective? I think the biggest thing and the one thing I want to emphasize on this podcast is that there needs to be a governance committee, a multi-disciplinary governance committee. So, that's going to be surgical leadership, that's going to be anesthesia leadership, hospital leadership, your CMO, they all need to be working together to understand when is gonna be the right time to start elective surgery, and we as urologists should have a seat at the table because of the important things that we do.

So, again, very important. If you don't know of it to please find out what's going on with that and see if we can get a seat at the table as far as the multi-disciplinary committee that's going to start this particular resumption of elective surgical guidance. As far as patient issues go, patient communication is going to be key. So, the risks and benefits of coming in and getting an elective procedure, what's the testing situation going to be and I think it's important for patients to understand that. And I think the other sub-point is going to be prioritization of protocols. So, what cases are you going to do first? So, there should be some objective standard that you're going off of. We've developed our own here a Loyola for our surgical cases, as far as high-risk cancer, as far as obstruction and emergency cases and going all the way down to the more elective things. But there's definitely guidance on this out there.

The American College of Surgeons provides a link in this particular document as far as some other objective ways that you can to decide which cases should go first and maybe worth a look if you don't have something like that you've developed on your own. So, again, very important to understand that the number of ORs that you have, are you going to break this all out all at once, is it going to be 50% of ORs will be used, and really putting the outpatient procedures in the ambulatory surgery center and putting the inpatient procedures in the main OR I think it's important to know. You don't want to be doing smaller cases in the main OR when you can be doing other cases because resources will be so tight.

Then the last thing is delivery of safe and high-quality chair. And this is just a document, a checklist that the reader can go over and take a look at. There's five phases, so it starts with the preoperative period. So, what are you doing with testing, comorbid conditions of the patient, patient communication, immediate preoperative period? Talking about your timeouts and making sure your checklists are in place. The interoperative period, which is what are you doing during intubation? Should you be out of the room? How long should you stay out of the room? What's the turnover looking like? Do you have a positive

pressure, negative pressure room? All things that are very important to consider. Then the postoperative period and the post-discharge period. So, again, one of the nuances of taking care of patients in this particular era and I think these are the things that will give you insight as far as what you need to think about going forward. As far as discharge, I think it's very important because sometimes the people are coming from centers, are coming from certain homes, is that sometimes they won't take them back. So, that needs to be determined in the preoperative period so patients don't have a problem with their disposition following a procedure, even an elective procedure.

Host: Let's revisit the March decision to postpone elective surgeries. In your opinion, have the efforts been effective?

Dr. Gonzalez: So, we postponed elective surgery on March 13th and then we progressed to only urgent emergent as of March 20th, so this has been over a month now. So, a very, very difficult decision. There was people that were very supportive of this and there were some pushback on, and there's no question about it because this is a big step, but it was the right thing in my opinion. Did it help? I do think it helped, just can't quantify how much it helped. But certainly, I think if you just look at it with the information that we had at the time, we have patients that are somewhat elderly and they've got comorbid conditions. I think bringing them into this environment with everything going on and what we didn't know really would not have been safe or smart medicine. So, yes, I think we did the right thing. But as you know, we've canceled probably 80% to 85% of our cases, or I like to say postpone those cases. So, there's going to be an enormous backlog here. So, the bottom line is that this has come at a cost for us. And I'll talk a little bit more about the finances later.

Host: And what are some of the big concerns facing the surgical community and the patients waiting for procedures right now?

Dr. Gonzalez: Well, the biggest concern are going to be this enormous backlog of cases. So, we had an initial cancellation of cases and postponing these cases and you know, really that's going to be a big deal. As primary care docs are starting to ramp up with telehealth and as urologists are ramping up with telehealth, we're going to start generating more cases. So, those are going to have to be added on to our already enormous backload. So, again, we have to think about these things and imaging is also increasing. So, the number of CT scans, MRI is going to start to increase, it's going to increase our workload as well. So, I think it's so key to take a meticulous log of cases that must be kept and prioritized and that need to be continually updated. So, we don't really cancel, we postpone.

So, if we have to move somebody on a schedule, we always make sure, especially for our surgical patients that there is a disposition. So, if you're not going to go this week, you're going to go three weeks from now and you get a date and we stay in touch with them with our staff. We definitely make sure that we are communicating everything that we know that your case looks like it's probably going to go or it's not going to go and I think the patients really appreciate that. The other thing we've done is we went back and looked at all the cancellations in our clinic and we have gone back and contacted those patients, either rescheduled them for telehealth or if necessary an in-person visit or at least a phone call. So, again, keeping in touch with our patients is extremely important and telemedicine has really helped us with this.

As far as our patients go, we definitely sense this on the telehealth visits or if we see them in person or on the phone is the level of anxiety is quite high. So, obviously, high-risk cancer, high-risk obstruction, sepsis, those things are gonna be taken care of. But if you have an elevated PSA, if you've got low-risk cancer, you're waiting, that takes a toll on people's mental status and it really is difficult. So, again, our communication is extremely important with them. We don't want to trivialize the fact that if somebody needs the urethroplasty or somebody needs a TURP and they're living with a catheter, that's not good for quality of life. So, the quality of life is decreased. All the prosthetics that we put in, these people have to wait. And again, I think they all understand and they've voiced that to us that they understand. However, that does take a toll and that's not a good thing for our patients. Relatively, it's just the uncertainty that's surrounding all of this is really the most difficult thing for our patients and for us. Not so much the elephant in the room is we're all talking about it right now, there was a financial situation. So, like the surgery is the financial engine for many healthcare systems. So, again, the quicker we can get back to work the better but we have to do it in a very safe and a very intelligent way.

Host: Any other considerations for hospitals and surgery centers who are planning to reopen in the coming weeks?

Dr. Gonzalez: Well, I think we talked about a lot of it right now with the ACS guidance document. But again, we talked a little bit about testing. We talked about protective equipment and how many days on hand, how many masks do you have, your OR staffing, your inpatient census, what's going on with the ICU, how many ventilators are available? They are all very, very important. Really communication with patients, the scheduling, their willingness to come in and really so that they fully understand the risks and benefits and the appropriate triage of these patients. And again, we'd also talked a little bit about the importance of the multi-disciplinary team that will make these decisions

that we need to get a seat at the table as surgeons and as urologists to help make these decisions with our leadership.

Host: Is there anything specifically that you want to mention about what the AUA is doing to help ensure your urologist's voice is included in these plans to reopen healthcare facilities?

Dr. Gonzalez: The AUA has been quite busy the last several weeks now. Not they're not busy all the time, but they've been busy the last several weeks with us. So, we've had close communication conference calls with the American College of Surgeons, the Surgical Coalition, the Alliance for Specialty Medicine, and also the AMA. So, really the goals are keeping, what do we need to do to keep physicians whole, how do we decrease the regulatory burden and what do we need to do to keep telehealth and the regulations low on that? You know, some of the other things we're working with CMS and HHS on are loan forgiveness, talking about suspending prior authorization, talking about advanced payment, accelerated payment programs. So, again, we're keeping a very close eye on this because this is having such an effect on doctors and also non-providers globally. We're also keeping an eye on state legislation as far as it relates to COVID and non-COVID and we've done a lot for telehealth as far as giving tips to our members and then also there was a telehealth webinar which was very well received. So, we were trying to keep very up-to-date on all these things and we're working to speak as one, the surgical community right now.

Host: Dr. Gonzalez, do you have any other final thoughts or messages to send to the urology community as we move forward in the fight against COVID-19?

Dr. Gonzalez: Well, I think the biggest thing is these are very uncertain times. So, my message to members is just to take care of yourselves, make sure your mental health is in a good place. Sometimes you have to find diversions, take your mind off this for a while. I know some people are living away from their families and the hardship that that definitely makes. So, just doing the best you can to keep your family together. There's all types of help in your organizations and your institutions and seek that as you need it. I think similarly, we should think about our colleagues, think about our staff, think about our nurses and the please check in with people. It's very, very high times of stress and uncertainty, uncertainty about becoming infected yourself, financial despair, fear for your job. So, I think it's important to communicate those things.

The biggest thing as a leader you want to think about is just being transparent. Regular updates are extremely important, face-to-face meetings are very important, obviously with appropriate social distancing. But I think just making

sure that we all stay in touch and not lose that is extremely, extremely important. One thing that we have heard a little bit about the insurance covered issues from commercial insurers, where there's been some denial of "elective surgery." So, again, there's only anecdotes right now, but if you hear about that, please contact us at the AUA Public Policy and let us know about those things so we will look into that. And I think that's very important in these times that we're getting reimbursed for what we're doing and then as surgeons that we are the ones dictating what's considered elective and what's not, we should not have commercial insurance dictating that to us. I think the last thing, Casey [SP], is just being flexible. So, we're going to talk about ramping up, but then again, you may have a resurgence of cases in your community and keeping an eye on that is extremely important. If that is, then we've got to ratchet back down again. So, again, if you see a recurrence in your area, I think it's very important that you scale back appropriately.

Host: Thank you, Dr. Gonzalez, for your time and your insight in your leadership today.

Dr. Gonzalez: Thank you.