

June 9, 2020

Dear Colleagues,

The safety of our patients and entire health care team continues to be our number one priority. As such, AdventHealth Clinical continuously reviews the organization's various testing strategies, evaluates the evidence and scientific studies and makes recommendations for best practices.

Key tenants of preoperative testing for elective invasive procedures (e.g., surgery, cardiac catheterizations, interventional radiology):

- COVID-19 patients have a higher risk of mortality
- Symptomatic patients should be clinically improved and cleared of virus before invasive procedures
- Goal is to test as close to planned procedure as possible

Currently, elective invasive procedures should be scheduled at least 96 hours in advance to allow appropriate time for preoperative testing and resulting, and is the responsibility of the surgeon or proceduralist.

COVID-19 testing turnaround time is exceeding 96 hours for many of our patients in a number of our markets. When current testing constraints prevent COVID-19 PCR tests to be resulted within 96 hours of invasive procedure, collection time frame **can be extended to seven days**, as long as:

- Patient is counseled by surgeon or proceduralist and understands the potential increased risks associated with COVID-19
- Patient follows strict self-quarantine from time of testing to procedure, in addition to the routine screening for symptoms and risk factors prior to the scheduled procedure
- Patient must remain asymptomatic and attest to self-quarantine

If a case is determined urgent or emergent, and a patient's test result is not available prior to the scheduled procedure, it should not be automatically canceled. It is the physician's responsibility to determine if it is in the patient's best interest to reschedule or proceed as planned. Physicians should apply an abundance of caution and every procedure should be evaluated on an individual basis.

This preoperative testing process keeps safety at the forefront of our clinical care and enables surgeons, proceduralists and patients to make evidence-based decisions regarding the potential risk of a procedure with COVID-19.

Sincerely,

[SIGNATURES HERE]

(1) Myles, Paul S., Maswime, Salome. Mitigating the risks of surgery during the COVID-19 pandemic. *Lancet* 2020; published online May 29. [https://doi.org/10.1016/S0140-6736\(20\)31256-3](https://doi.org/10.1016/S0140-6736(20)31256-3)

(2) COVIDSurg Collaborative. Mortality and pulmonary complications in patients undergoing surgery with perioperative SARS-CoV-2 infection: an international cohort study. *Lancet* 2020; published online May 29. [https://doi.org/10.1016/S0140-6736\(20\)31182-X](https://doi.org/10.1016/S0140-6736(20)31182-X)