BOPSS
BRITISH OCULOPLASTIC SURGERY SOCIETY

Published 17th April

Update Guidance on Infection Risk and Personal Protective Equipment (PPE) for Oculoplastic Surgery during the COVID-19 Pandemic

This document is advisory and individual clinicians must assess each case in light of local policy and equipment availability. Only urgent oculoplastic procedures which cannot be delayed should be performed during the current crisis.

(A) PPE Recommendations for Oculoplastics Surgery

In line with PHE's advice the following PPE is appropriate in any oculoplastic procedure.

Fluid repellent surgical gown

Disposable gloves

Eye protection/ face shield

Fluid resistant face mask i.e. a surgical mask (Type IIr)

(B) PPE for High Risk/Aerosol Generating Procedures (AGP)

For procedures which generate aerosols, in particular lacrimal procedures, other procedures involving the nasal or sinus cavities, open suctioning, and orbital surgery using power tools, and when working in theatres where AGPs are being performed by others, PHE guidance should be followed and the higher level of PPE detailed below should be used. For prolonged procedures, under local anaesthetic in close proximity to the patient, there should be an individual risk assessment to consider whether higher level of PPE is warranted.

- Fluid repellent surgical gown
- Double surgical disposable sterile gloves
- Eye protection and face shield
- Filtering face piece with respirator FFP3 face mask type.

All disposable PPE should be removed and disposed of as healthcare waste. Meticulous hand hygiene is to be performed immediately on removal of PPE. All patients should be encouraged to wear a fluid resistant face mask, if practical, during and after procedures as well as clinic consultation.

(C) General measures:

Due to the potential for aerosols to be generated by breathing, speech, coughing or sneezing, the following measures may also reduce risks during surgery:

Optimising theatre airflow and liaise with the anaesthetist to reduce the

exposure of all members of the surgical team to the patient's exhaled air.

Draping and masking the patient where possible, with minimal dialogue during the procedure.

- Adhesive drapes which form a barrier to exhaled air between the patient and the surgeon
- Minimising the length of the procedure.
- Increasing the operating distance by using a microscope or loupes if practical.
- Pooling cases which require FFP3 protection to a single list to make best use of limited equipment.

Advice will change as new evidence comes to light and BOPSS and RCOphth will continue to update members.

Useful supporting links and documents:

https://www.gov.uk/coronavirus
https://www.hse.gov.uk/
Canadian Lacrimal Soc advice. https://www.bopss.co.uk/bopss-uploads/Position-Statement-COVID-19-Lacrimal-Surgery-April-7_COS.pdf
http://www.bapras.org.uk/docs/default-source/covid-19-docs/ppe-guidance-for-plastic- surgeons---bapras-branding.pdf?sfvrsn=2
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