

# Laparoscopy and COVID

- Concern for Aerosolization of Viral Particles During Laparoscopy
  - “The data referenced was on the detection of other viruses in surgical smoke. While no data exists on COVID-19 in this regard, assuming that this virus shares those properties would lead to the approach showing the most abundance of caution.” SAGES*
- Emergent/Urgent Laparoscopic Cases:
  - Appendicitis
    - “Appendectomy for acute appendicitis (depending on institutional resources outpatient or short stay should be considered for uncomplicated appendicitis in order to maintain hospital beds; depending on available resources patients with complicated appendicitis should receive parenteral antibiotics and percutaneous drainage if an abscess is present) ” ACS*
  - Pyloric Stenosis (consider open technique)

# Options:

- Test all pre-op patients (risk of false negative test)
- Perform Open Procedure
- Use non-operative treatment (appendicitis)
- Use Filtration System during Laparoscopy
  - Conmed Airseal device with Smoke Evac
  - Lexion Insufflow device with Smoke Evac
- Airseal Smoke Evac filters particles as small as 0.01microns
- COVID particles 0.12 microns (0.06-0.14 microns)

# Laparoscopic Case in COVID suspicious or positive patient

- Use Airseal Device with Smoke Evacuation system
  - Can be attached to 5, 8, 12mm ports
  - Cannot be used with 4mm ports
- Other Option is Lexion Insufflow with Smoke Evac System
  - Staff not as familiar with this product
  - More cumbersome, more parts
  - Advantage - heats/humidifies pneumo, prevents desiccation
  - Disadvantage – no system in place for evacuation of pneumo

# Approved for Children >20kg



AirSeal<sup>®</sup> System  
now for **pediatric** surgery

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# Steps of Procedure

- Partial Nursing/OR staff in-serviced; if agree will have all Nursing/OR staff in-serviced
- See Modules emailed out



# Technique for final desufflation and disposal of pneumo

- When nearing end of procedure, decrease pressure to low (5mmHg)
- When finished, remove working ports (visualization)
- Place obturator back through Insufflation trocar
- Turn insufflation to OFF – this circulates pneumo back into filter – said to remove approx. 90% of pneumo
- Suction out remaining pneumo or attach insufflation port to included secondary tubing and attach to suction canister