

**Guidelines for laparoscopy and thoracoscopy (using mechanical insufflation)  
during COVID-19 pandemic  
Version 3  
4/14/2020**

Until the transmissibility of the COVID-19 virus is established, we recommend the following precautions when performing operations that require mechanical insufflation, including laparoscopy and thoracoscopy.

1. **All patients undergoing operations that require insufflation** are to be treated as potentially being infected with COVID-19, even if testing is negative. **Surgeons and staff will wear PPE (either N-95 respirators with protective eyewear such as face shields, or N-95 respirators with orthopedic ventilated hoods to protect the face and neck, or PAPRs) for ALL laparoscopies or thoracoscopies.** Note: The three PPE options are thought to provide equivalent safety. Because of the limited supply of PAPRs, these respirators must be arranged well in advance of the operation via the Command Center. Of course, PPE also includes sterile gowns and gloves in the operating room.
2. **Instruments and port sites are to be kept clean of blood and body fluids.** After removal of a laparoscopic instrument, the instrument should be wiped clean with saline-soaked gauze, followed by a dry gauze, prior to reinsertion. Port sites should be wiped clean prior to removing the trocar to prevent spray of blood/fluid.
3. **Avoid excessive pneumoperitoneum pressure,** and use the minimum settings necessary to achieve adequate operative visualization.
4. When using 12mm da Vinci trocars, please **use the appropriate reducers** for 8mm instruments. Avoid using 5mm instruments in the 12mm da Vinci trocar.
5. **Use the lowest possible power settings for electro surgical dissection** to minimize creation of surgical smoke. If **Bovie electrocoagulation** is used for superficial wounds, this **should include the suction aspirating device** to evacuate the plume.
6. **Avoid excessive, prolonged electrical coagulation,** fulguration, and ultrasonic dissection (greater than three seconds).
7. If a specimen is to be extracted or the intracorporeal portion of the operation has been completed, **evacuate the carbon dioxide** either through a mechanical filter (e.g., Plume-Away device) or via a closed suction system such as a laparoscopic suction-irrigator.
8. **N-95 respirators are to be deposited in the recycling bins.** Grossly contaminated or damaged N-95 masks should be discarded. (See "COVID 19 Universal Precautions in the IPP", version 3 dated 4/14/2020, for further details about conservation of N-95 masks.)

We will monitor the knowledge base and literature surrounding the COVID-19 pandemic and may modify these recommendations during the coming days and weeks as standards evolve and testing improves.

Thank you to the Working Group that originated these guidelines.

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