**Literature search results**

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| **Name:** | **Search date: 24/04/2020** | **Time Taken:** 73 mins |
| **Search query:** Currently we are performing CT chest (low dose) on patients coming in for urgent elective  surgery (e.g cancer) but have no idea how likely we are to pick up COVID-19 changes and if this is worth doing in patients who are asymptomatic. Our patients have usually  self-isolated for the last 14 days as well…. | | |
| **Sources searched: Embase, Medline, Clinical Key and NICE** | | |
| **Limits: None** | | |
| **Search terms used in HDAS:**   |  | | --- | | #1 (surg\* OR (interventional ADJ2 procedure)).ti,ab | | #2 exp "SURGICAL PROCEDURES, OPERATIVE"/ | | #3 (1 OR 2) | | #4 (cancer).ti,ab | | ((CT OR Computed tomography) AND Chest).ti,ab | | #5 (COVID\* OR "2019-nCoV" OR 2019nCoV OR nCoV2019 OR "nCoV-2019" OR "COVID-19" OR COVID19 OR "CORVID-19" OR CORVID19 OR "WN-CoV" OR WNCoV OR "HCoV-19" OR HCoV19 OR "2019 novel\*" OR Ncov OR "n-cov" OR "SARS-CoV-2" OR "SARSCoV-2" OR "SARSCoV2" OR "SARS-CoV2" OR SARSCov19 OR "SARS-Cov19" OR "SARSCov-19" OR "SARS-Cov-19" OR Ncovor OR Ncorona\* OR Ncorono\* OR NcovWuhan\* OR NcovHubei\* OR NcovChina\* OR NcovChinese\* OR SARS2 OR "SARS-2" OR SARScoronavirus2 OR "SARS-coronavirus-2" OR "SARScoronavirus 2" OR "SARS coronavirus2" OR SARScoronovirus2 OR "SARS-coronovirus-2" OR "SARScoronovirus 2" OR "SARS coronovirus2").ti,ab | | #6 exp CORONAVIRUS INFECTIONS/ | | #7 exp CORONAVIRUS/ | | (#5 OR #6 OR #7) AND #3  (#5 OR #6 OR #7) AND #3 AND #4 |   **Please let us know if you would like any additional keywords added to the search or if the search requires amending.** | | |
| **Comments about the results:**  **How?** I have used the search terms that you provided in your original request, alongside further synonyms and alternative terminology, to formulate the search strategy. I have searched the above databases and used Boolean operators to ensure the highest success rate. I have also hand sifted the final results.  **What?** I have found the following articles that I believe answer your search query. Here are some that I think are most relevant, the rest can be found at the end of this document.  **The following guidance was issued by the Royal College of Radiologists.** [Guidance for pre-operative chest CT imaging for elective cancer surgery during the COVID-19 Pandemic](https://www.rcsed.ac.uk/media/681117/protocol-for-pre-op-ct-during-covid-19-pandemic-2.pdf) [PDF]  Source:  [Royal College of Radiologists - RCR](https://www.evidence.nhs.uk/search?om=%5b%7b%22srn%22:%5b%22Royal%20College%20of%20Radiologists%20-%20RCR%22%5d%7d%5d&q=CT+surgery+COVID&sp=on) - 15 April 2020 - Publisher: Royal College of Radiologists  This guidance relates to the use of chest CT prior to elective cancer surgery only (Priority 2 and 3 - NHSE Guidance). This guidance is likely to evolve over time as further data becomes...  **I have also included general guidance from the Royal College of Surgeons and a search on Clinical Key retrieved a Clinical Trial registered with the title** [Evaluation of a COVID-19 Screening Strategy Combining Chest Low Dose CT and RT-PCR Test for Patients Admitted for Surgical or Interventional Procedures During the COVID 19 Outbreak](https://www.clinicalkey.com/#!/content/clinical_trial/24-s2.0-NCT04355715) | | |
| **Requesting full text papers:** If you would like to consult the full text of any of the papers from the search, please email [library@uhbristol.nhs.uk](mailto:library@uhbristol.nhs.uk) with the full bibliographic details.  Please be aware that we cannot request full text papers for conference abstracts as the abstract you see is all that has been published. | | |
| **Disclaimer:** Every effort has been made to ensure that the information supplied is accurate, current and complete. However for various reasons it may not represent the entire body of information available. No responsibility can be accepted for any action taken on the basis of this information. Searching the literature retrieved the information provided. We also recommend checking the relevance and critically appraising the information contained within when applying to clinical decisions. | | |
| **Feedback:** It would be really useful for the future development of our literature search service if you could complete this short feedback survey: <https://www.surveymonkey.com/r/9PBVQKT>. | | |

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| **C:\Users\thornalleycla\Pictures\download (13).png** |
| Nothing to add |

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| **Other resources** |
| **Royal College of Surgeons**  <https://www.rcseng.ac.uk/coronavirus/joint-guidance-for-surgeons-v2/>  Here are the daily updates from the RCSENG  **Thursday 9 April:** The four surgical Royal Colleges, together with the Royal College of Radiologists, jointly issued the intercollegiate [guidance for pre-operative chest CT imaging](https://www.rcsed.ac.uk/news-public-affairs/news/2020/april/intercollegiate-guidance-for-pre-operative-chest-ct-imaging-for-elective-cancer-surgery-during-the-covid-19-pandemic) for elective cancer surgery during the COVID-19 Pandemic.  **Wednesday 8 April:** NHS England and the Academy of Medical Royal Colleges have published specialty guidance on the management of essential cancer surgery for adults during the pandemic ([link to hub](https://www.england.nhs.uk/coronavirus/secondary-care/other-resources/specialty-guides/#cancer), [link to PDF](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/C0239-Specialty-guide-Essential-Cancer-surgery-and-coronavirus-v1-70420.pdf)) |

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| CLINICAL TRIAL  [Evaluation of a COVID-19 Screening Strategy Combining Chest Low Dose CT and RT-PCR Test for Patients Admitted for Surgical or Interventional Procedures During the COVID 19 Outbreak](https://www.clinicalkey.com/#!/content/clinical_trial/24-s2.0-NCT04355715)  First received on April 17, 2020. Last updated on April 17, 2020.  Use lay language. This research aims to improve the screening for COVID-19 upon admission to the Montpellier University Hospital for an act under general anesthesia or at high risk of transmission of the virus. Indeed, routine nasal swabs present many false negatives (60 to 70%) and many patients with the coronavirus have little or no symptoms. Performing a chest CT scan can reveal early signs very suggestive of viral pneumoniae due to the new coronavirus without additional risk compared to a simple chest X-ray (no injection of contrast medium, low exposure). The objective is to assess the sensitivity of the diagnosis of COVID-19 by carrying out a nasopharyngeal RT-PCR and a low dose thoracic scanography at the hospital admission of patients scheduled to a procedure under general anesthesia or at risk of aerosolization (surgery, endoscopy, procedures involving risk of interventional radiology) in order to limit the risks of transmission to healthcare professionals or other patients and to rationalize the use of protective equipment. This is an observationnal research without modification of care in the setting of COVID-19 pandemia. All clinical and biological data will be issued from routine care and medical charts. Routine use of CT scan and nasal swabs is an institutional approved strategy. Serologic tests will be performed as soon as availlable from serum collection collected after routine blood analysis. All data will be anonymously recorded after information and non-opposition of the patient.   |  |  | | --- | --- | | Status | Active, not recruiting | | Condition | COVID 19 | | Study Type | Observational | | Official Title | Evaluation of a COVID-19 Screening Strategy Combining Chest Low Dose CT and RT-PCR Test for Patients Admitted for Surgical or Interventional Procedures During the COVID 19 Outbreak |   Further study details (as provided by National Institutes of Health Clinical Center (CC))   |  |  | | --- | --- | | Enrollment | 200 | | Start Date | April 1, 2019 |  |  |  | | --- | --- | | Minimum Age Eligible for Study: | 18 Years | | Maximum Age Eligible for Study: | 99 Years | | Genders Eligible for Study: | All |   Inclusion criteria: - Scheduled or unscheduled surgical or interventional procedure with at least one night in hospital - Chest CT-scan within the first 24 hours - Nasopharyngeal swaps within 24 hours before or after hospital admission Exclusion criteria : - Age under 18 years - Patietn with restriction of freedom - Vital surgical emergency - Direct admission to the COVID dedicated hospital - Opposition to data utilization  Contacts and Locations  Please refer to this study by its ClinicalTrials.gov identifier: NCT04355715  Uh Montpellier   |  |  | | --- | --- | | Facility: | Montpellier, 34295, France |   Sponsors and Collaborators  University Hospital, Montpellier   |  |  | | --- | --- | | First Received: | April 17, 2020 | | Last Updated: | April 17, 2020 | | ClinicalTrials.gov Identifier: | NCT04355715 | |

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| http://www.cochranelibrary.com/application/static/images/Cochrane_Logo.png |
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| **Database results** |
| [1. [Management strategy for the resumption of regular diagnosis and treatment in gastrointestinal surgery department during the outbreak of coronavirus disease 2019 (COVID-19)].](#10b6c970-a538-e3a3-5d5c-55aa5aeba7da-1)  [2. [Treatment strategy for gastrointestinal tumor under the outbreak of novel coronavirus pneumonia in China].](#d4c85703-8781-e23d-6344-8cd203526bda-2)  **1. [Management strategy for the resumption of regular diagnosis and treatment in gastrointestinal surgery department during the outbreak of coronavirus disease 2019 (COVID-19)].**  **Author(s):** Zhen, L; Lin, T; Zhao, M L; Chen, H; Chen, T; Guo, W H; Zhao, L Y; Liu, H; Hu, Y F; Yu, J; Li, G X  **Source:** Zhonghua wei chang wai ke za zhi = Chinese journal of gastrointestinal surgery; Apr 2020; vol. 23 (no. 4); p. 321-326  **Publication Date:** Apr 2020  **Publication Type(s):** Journal Article  **PubMedID:** 32306596  **Abstract:**Acute abdomen, abdominal trauma, gastrointestinal bleeding and gastrointestinal tumors are the main conditions that are routinely treated in gastrointestinal surgery department with high incidence and critical condition. These conditions need emergency or selective operations. During the outbreak of the coronavirus disease 2019 (COVID-19), it's a great challenge for us to meet the patients' requirement under the situation. As the COVID-19 was brought under control in China, the Department of General Surgery in Nanfang Hospital resumed regular medical services gradually. Based on our clinical practice, the four major measures of strengthening pre-hospital screening, perioperative prevention and control, medical staff protection, and ward management were adopted. These main measures include the strict implementation of the appointment system and triage system before admission; the conduction of epidemiological and preliminary screening of viral nucleic acids; the chest CT examination during the perioperative period to re-screen COVID-19; the reduction of the risk of droplets and aerosol transmission; the minimally invasive surgery combined with enhanced recovery program in order to reduce patient's susceptibility and shorten the length of postoperative hospital stay; the reinforcement of specific infection control training for medical staff; the strict implementation of hierarchical protection; the establishment of gastrointestinal surgery prevention and control system; the rehearsal of emergency exercise; the installation of quarantine wards; the screening and management of family care-givers; the strict disinfection of environment and materials. Our preliminary practice shows that following the work guidelines issued by the Guangdong Province COVID-19 Prevention and Control Office and adopting precise management strategies in combination with the specific clinical features of gastrointestinal surgery, it is possible to safely resume regular care for the patients and comply to epidemic control at the same time.  **Database:** Medline  **2. [Treatment strategy for gastrointestinal tumor under the outbreak of novel coronavirus pneumonia in China].**  **Author(s):** Chen, Y H; Peng, J S  **Source:** Zhonghua wei chang wai ke za zhi = Chinese journal of gastrointestinal surgery; Feb 2020; vol. 23 (no. 2); p. I-IV  **Publication Date:** Feb 2020  **Publication Type(s):** Journal Article  **PubMedID:** 32074786  **Abstract:**The outbreak of the novel coronavirus pneumonia (NCP) has become a public health emergency in China. Chinese authorities and health agencies had devoted great efforts to control this disease. As surgeons specialized in the treatment of gastrointestinal tumors, we should always be aware of the prevention for NCP and incorporate this awareness into every detail of clinical practice. For the patients with gastrointestinal tumors, pre-admission screening should be done in order to rule out NCP. Real-time RT-PCR panel and chest CT scan should be conducted for patients with fever (>37.3℃), travel history to Hubei Province within 14 days, or contact history with residents from Wuhan district within 14 days. Prevention measures for both medical staffs and the screen-negative admitted patients should also be enhanced because false negative is possible. Medical instruments should be properly discarded or disinfected according to standardized procedures established by the local center for disease control and prevention (CDC). Surgical operation should be reduced at a minimal level to prevent cross infection in this special period.Surgical intervention for benign tumor should be postponed. For malignant tumor, multidisciplinary therapy (MDT) is recommended and non-surgical anti-tumor therapy should be selected with higher priority. Neoadjuvant therapy is highly recommended for gastrointestinal cancer at advanced stages that meet the indications of NCCN guideline (gastric cancer T stage ≥ 2/rectal cancer T stage ≥ 3/unresectable colon cancer). Gastric or esophagogastricjunction (EGJ) malignant tumor with obstruction can be managed with gastric tube decompression or stent placement to relieve the symptoms. Transnasal enteral feeding tube intubation/percutaneous endoscopic gastrostomy could be adopted to ensure enteral nutrition supply. For colorectal malignancy with simple intestinal obstruction, stent placement can achieve a high success rate, which not only helps avoid emergency surgery, but also creates a better condition for subsequent surgery. Transcatheter arterial embolization for hemostasis is an alternative choice for gastrointestinal tumor with bleeding. However, emergency operation still must be performed for patients with acute uncontrolled bleeding, obstruction or after other alternative treatment measures fail. All cases with suspicious or confirmed with NCP must be reported to the local CDC department. All invasive intervention must be performed in a designated isolation area. Tertiary prevention measure must be adopted for all anesthetists with additional face mask or medical goggle protection to prevent respiratory droplet transmission. Preventive enterostomy is preferable in lower digestive tract surgery. Thoroughly disinfecting the operating room after surgery is necessary. Fever after surgery must be carefully differentiated whether it's caused by post-surgery abdominal infection/inflammation or NCP. Single-room isolation and related examinations should be performed according to the standard procedures. We believe that with the unprecedentedly joint efforts of doctors and patients, we will eventually win this war against NCP.  **Database:** Medline  Strategy 842308   |  |  |  |  | | --- | --- | --- | --- | | **#** | **Database** | **Search term** | **Results** | | 2 | Medline | (surg\* OR (interventional ADJ2 procedure)).ti,ab | 1831176 | | 21 | Medline | exp "SURGICAL PROCEDURES, OPERATIVE"/ | 3123918 | | 22 | Medline | (2 OR 21) | 4028687 | | 3 | Medline | (cancer).ti,ab | 1650223 | | 4 | Medline | ((CT OR Computed tomography) AND Chest).ti,ab | 36449 | | 5 | Medline | (COVID\* OR "2019-nCoV" OR 2019nCoV OR nCoV2019 OR "nCoV-2019" OR "COVID-19" OR COVID19 OR "CORVID-19" OR CORVID19 OR "WN-CoV" OR WNCoV OR "HCoV-19" OR HCoV19 OR "2019 novel\*" OR Ncov OR "n-cov" OR "SARS-CoV-2" OR "SARSCoV-2" OR "SARSCoV2" OR "SARS-CoV2" OR SARSCov19 OR "SARS-Cov19" OR "SARSCov-19" OR "SARS-Cov-19" OR Ncovor OR Ncorona\* OR Ncorono\* OR NcovWuhan\* OR NcovHubei\* OR NcovChina\* OR NcovChinese\* OR SARS2 OR "SARS-2" OR SARScoronavirus2 OR "SARS-coronavirus-2" OR "SARScoronavirus 2" OR "SARS coronavirus2" OR SARScoronovirus2 OR "SARS-coronovirus-2" OR "SARScoronovirus 2" OR "SARS coronovirus2").ti,ab | 6571 | | 6 | Medline | exp CORONAVIRUS INFECTIONS/ | 10731 | | 7 | Medline | exp CORONAVIRUS/ | 12291 | | 8 | Medline | (5 OR 6 OR 7) | 21285 | | 23 | Medline | (22 AND 4 AND 8) | 10 | | 9 | Medline | (2 AND 3 AND 4 AND 8) | 1 | | 10 | Medline | (2 AND 4 AND 8) | 7 | | 11 | EMBASE | (surg\* OR (interventional ADJ procedure)).ti,ab | 2526366 | | 20 | EMBASE | exp SURGERY/ | 4714006 | | 24 | EMBASE | (11 OR 20) | 5383269 | | 12 | EMBASE | (cancer).ti,ab | 2338861 | | 13 | EMBASE | ((CT OR Computed tomography) AND Chest).ti,ab | 72964 | | 14 | EMBASE | (COVID\* OR "2019-nCoV" OR 2019nCoV OR nCoV2019 OR "nCoV-2019" OR "COVID-19" OR COVID19 OR "CORVID-19" OR CORVID19 OR "WN-CoV" OR WNCoV OR "HCoV-19" OR HCoV19 OR "2019 novel\*" OR Ncov OR "n-cov" OR "SARS-CoV-2" OR "SARSCoV-2" OR "SARSCoV2" OR "SARS-CoV2" OR SARSCov19 OR "SARS-Cov19" OR "SARSCov-19" OR "SARS-Cov-19" OR Ncovor OR Ncorona\* OR Ncorono\* OR NcovWuhan\* OR NcovHubei\* OR NcovChina\* OR NcovChinese\* OR SARS2 OR "SARS-2" OR SARScoronavirus2 OR "SARS-coronavirus-2" OR "SARScoronavirus 2" OR "SARS coronavirus2" OR SARScoronovirus2 OR "SARS-coronovirus-2" OR "SARScoronovirus 2" OR "SARS coronovirus2").ti,ab | 6529 | | 15 | EMBASE | exp CORONAVIRUS INFECTIONS/ | 11976 | | 16 | EMBASE | exp CORONAVIRUS/ | 13273 | | 17 | EMBASE | (14 OR 15 OR 16) | 24155 | | 18 | EMBASE | (11 AND 12 AND 13 AND 17) | 3 | | 19 | EMBASE | (11 AND 13 AND 17) | 15 | | 25 | EMBASE | (24 AND 13 AND 17) | 25 | |