

Colleagues,

We just wanted to provide an update on information we are receiving here at MUSC regarding the corona virus, how it may impact all of us, and thoughts on best ways to manage our patients.

It is becoming apparent that ENT surgeons, as well as anesthesiologists are at higher risk of getting infected due to our involvement in the airway. Reports are coming in from around the world reporting fatalities in otherwise healthy ENT surgeons – not just the elderly. This risk appears to be highest in endoscopic nasal cases including one report where all 14 individuals in an OR became infected. This risk also applies to outpatient endoscopy. These procedures often involve powered decongestant/anesthetic sprays which aerosolize viral particles, as well as risks of direct inhalation from patient to the scope and/or provider. Studies have shown that these viral particles can remain viable on inert surfaces for days.

At MUSC we have cancelled all clinics and ORs for 2 weeks. The only exceptions are advanced cancers, impending airway compromise and infections with CNS or other complications. We are trying to handle as many patients as possible using telehealth visits or phone calls. In other words, our clinics should have few, if any patients in them. We are doing this to minimize exposure of patients, providers, staff and even families who are exposed in our waiting rooms. PPE supplies are also going to be in demand as this pandemic continues and we need to conserve PPE for life threatening indications and patients/providers that really need them.

If a patient does need endoscopy or a procedure (for example angioedema, epiglottitis), then we are recommending our providers take all precautions re: PPE. If time permits, we recommend COVID testing when possible before any “urgent” airway procedure. This testing may be needed twice separated by 24 hours to confirm negativity.

If patients are COVID positive and require airway intervention, then N95 masks may not be adequate to prevent spread. In China, PAPRs (Powered, Air Purifying Respirators) were required to control the spread.

If folks have further questions, please see the AAO-HNS website:  
<https://www.entnet.org/content/academy-supports-cms-offers-specific-nasal-policy>

We will continue to send periodic updates as this situation evolves.

Thank you.