

Determining the optimal timing for surgery following SARS-CoV-2 infection

Study design:

- Prospective, observational international cohort study.

Aims:

- To determine the optimal timing of surgery following SARS-CoV-2 infection;
- To determine assess key global surgical indicators, such as postoperative mortality.

Inclusion criteria:

- **All hospitals worldwide can participate, including hospitals that have not admitted SARS-CoV-2 infected patients.**
- Patient inclusion criteria
 - Any operation (elective or emergency) done in an operating theatre by a surgeon, excluding minor procedures. Day case surgery and inpatient surgery included.
 - Any SARS-CoV-2 status (positive at any time, negative, not tested).
 - All ages including children and adults.
 - All surgical specialties including: *acute care surgery, breast surgery, cardiac surgery, colorectal surgery, general surgery, gynaecology, hepatobiliary surgery, neurosurgery, obstetrics, oesophagogastric surgery, ophthalmology, oral and maxillofacial surgery, orthopaedics, otolaryngology, paediatric surgery, plastic surgery, thoracic surgery, transplant surgery, trauma surgery, urology, vascular surgery.*

Data collection:

- 7-day data collection period, with 30-day follow-up for each patient.
- A mini-team of up to three collaborators per specialty will collect data during each 7-day data collection period. Data collection periods should start between 1 – 31 October 2020.
- Multiple mini-teams may participate at the same hospital, either collecting data in different specialties, or in the same specialty during distinct 7-day blocks.
- Data will be collected and stored online through the secure REDCap web application.
- All consecutive eligible patients should be included.

Outcomes:

- Primary outcome: 30-day mortality.
- Secondary Outcomes:
 - In-patient mortality
 - 30-day postoperative pulmonary complications (pneumonia, ARDS, unexpected ventilation)
 - 30-day venous thromboembolism
 - 30-day Clavien-Dindo grade

Local Approvals:

- Principal investigators at each participating site are responsible for obtaining necessary local approvals in line with their hospital's regulations.

Authorship:

- All collaborators will be included as PubMed-citable co-authors on resulting publications.