# **Surgery**

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# Minor surgery

#### Condition

Any surgical procedure that does not involve general anesthesia or respiratory assistance e. g. nevus excision, dental surgery, skin biopsies, minor injuries / cuts

### Individual at risk

Donor / recipient

# Guidance at RECRUITMENT for adult volunteer donor and maternal donor (cord blood donation)

ACCEPTABLE (unless the underlying condition requires deferral)

### Guidance at CT/WORK-UP

Clinical reasoning by physician should be used; donors should be eligible, but may be made temporarily unavailable for 3 - 4 weeks after surgery.

Inform requesting transplant centre and advise of the risk of transmissible diseases, especially if surgery has occurred as a result of injury.

Ensure infectious disease markers are repeated 3 – 4 weeks following surgery.

### Justification for guidance

Healing progression and risk for infections (local wound infections as well as systemic infections like hepatitis or tetanus) can only be assessed AFTER a reasonable time lag.

# Major surgery

#### Condition

Any surgical procedure that involves general anesthesia or respiratory assistance

### Individual at risk

Donor / recipient

# Guidance at RECRUITMENT for adult volunteer donor and maternal donor (cord blood donation)

ACCEPTABLE

### Guidance at CT/WORK-UP

TEMPORARILY UNAVAILABLE for 4 months

If the surgical procedure was less than 4 months ago this time period may be shortened at the discretion of the assessing physician.

Inform requesting transplant centre and proceed with CT only if requested.

### Justification for guidance

Healing progression and risk for infections (local wound infections as well as systemic infections like hepatitis or tetanus) can only be assessed AFTER a reasonable time lag.

# Endoscopy

### Condition

Any procedure involving examination of the gastro-intestinal or genito-urinary tract with a rigid or flexible endoscope. However, the guidelines are particularly appropriate to endoscopy or catheterization with flexible, non-single use equipment.

### Individual at risk

Recipient

# Guidance at RECRUITMENT for adult volunteer donor and maternal donor (cord blood donation)

**ACCEPTABLE** 

### Guidance at CT/WORK-UP

Temporary deferral for 4 months due to potential transmission of infectious diseases.

The transplant centre should be informed and this time period may be shortened at their discretion.

### Justification for guidance

Healing progression and risk for infections (local wound infections as well as systemic infections like hepatitis or tetanus) can only be assessed AFTER a reasonable time lag.

# References

Investigation of viral hepatitis infections possibly associated with health-care delivery--New York City, 2008-2011. MMWR Morb Mortal Wkly Rep 2012; 61(19): 333-8.

Wu H, Shen B. Health care-associated transmission of hepatitis B and C viruses in endoscopy units. Clin Liver Dis 2010; 14(1): 61-8; viii.

Gutelius B, Perz JF, Parker MM, Hallack R, Stricof R, Clement EJ et al. Multiple clusters of hepatitis virus infections associated with anesthesia for outpatient endoscopy procedures. Gastroenterology 2010; 139(1): 163-70.

Gonzalez-Candelas F, Guiral S, Carbo R, Valero A, Vanaclocha H, Gonzalez F et al. Patient-to-patient transmission of hepatitis C virus (HCV) during colonoscopy diagnosis. Virol J 2010; 7: 217.

Toda T, Mitsui T, Tsukamoto Y, Ebara T, Masuko K, Takahashi M et al. No evidence for patient-to-patient transmission of hepatitis C virus during upper gastrointestinal endoscopy: molecular studies on three acute hepatitis C patients. Dig Endosc 2009; 21(3): 147-53.

Dore GJ, Haber PS. Tell me it ain't so: patient-to-patient transmission of hepatitis C in an endoscopy clinic. Hepatology 2008; 48(4): 1333-5.

Boustiere C, Napoleon B, Delasalle P, Coulom P. Digestive endoscopies are not a risk factor for transmission of virus C. J Viral Hepat 2008; 15(2):

Nelson DB. Hepatitis C virus cross-infection during endoscopy: is it the "tip of the iceberg" or the absence of ice? Gastrointest Endosc 2007; 65(4): 580.01

Mikhail NN, Lewis DL, Omar N, Taha H, El-Badawy A, Abdel-Mawgoud N et al. Prospective study of cross-infection from upper-Gl endoscopy in a hepatitis C-prevalent population. Gastrointest Endosc 2007; 65(4): 584-8.

Vanhems P, Gayet-Ageron A, Ponchon T, Bernet C, Chayvialle JA, Chemorin C et al. Follow-up and management of patients exposed to a flawed automated endoscope washer-disinfector in a digestive diseases unit. Infect Control Hosp Epidemiol 2006; 27(1): 89-92.

Morris J, Duckworth GJ, Ridgway GL. Gastrointestinal endoscopy decontamination failure and the risk of transmission of blood-borne viruses: a review. J Hosp Infect 2006; 63(1): 1-13.

Nelson DB. What is the risk of transmission of hepatitis C virus during digestive endoscopy? Nat Clin Pract Gastroenterol Hepatol 2005; 2(12): 560-1.

### **Notes**

Registries should ensure compliance local/national legislation, which may stipulate a different minimum deferral period following surgery and endoscopy.