

# British Society of Otolaryngology National Prospective COVID-19 Audit; Resuming Otolaryngological Surgery

Elinor Warner<sup>1</sup>, Reshma Ghedia<sup>1</sup>, Anton Alatsatianos<sup>2</sup>, Simon Lloyd<sup>3</sup>, Peter Rea<sup>4</sup>, and Felicity Seymour<sup>5</sup>

<sup>1</sup>The Royal London Hospital

<sup>2</sup>Queen Elizabeth University Hospital

<sup>3</sup>Manchester Royal Infirmary

<sup>4</sup>LEICESTER ROYAL INFIRMARY

<sup>5</sup>Royal London Hospital

April 05, 2024

## Abstract

**Objectives** To assess how otological surgery resumed following the UK's first wave of the COVID-19 pandemic and what challenges clinicians faced when operating. **Design** A multi-centre prospective audit of elective and emergency otological surgery. **Participants** 1130 cases from 79 hospital sites across the UK (excluding Northern Ireland). Data was collected over three, 4-week audit periods from 15th June to 6th September 2020. **Main outcome measures** Which operations were being performed in England, Scotland and Wales? What was the use of personal protective equipment (PPE)? Were there a greater number of complications? What was the level of trainee participation? Did any patients or patients contract COVID-19? **Results** 85.8% of operations took place in England. 69.1% of operations were middle ear procedures and 58% of patients were adults. 83.2% were Caucasian and 93.9% of patients had minimal co-morbidities (ASA 1 or 2). 91.1% were for tested SARS-CoV-2 pre-operatively, none of whom tested positive. 70.4% isolated for 7-14 days pre-operatively. 28.2% of surgeons wore full personal protective equipment (PPE), compared with 66.6% of anaesthetists and 68.2% of scrub staff. Trainees were present in 80.3% of cases. Complications were reported in 4% of cases; surgical site infection was the most common. No patients or staff contracted SARS-CoV-2 during the audit. **Conclusions** Restarting otology surgery after the first wave of the SARS-CoV-2 pandemic was performed safely across the UK, with no increase in complication rates or SARS-CoV-2 transmission. However, there were challenges to operating with PPE and trainees have been affected by reduced exposure to surgical cases.

## Hosted file

FINAL BSO paper v10.docx available at <https://authorea.com/users/319941/articles/710335-british-society-of-otology-national-prospective-covid-19-audit-resuming-otological-surgery>

## Hosted file

Table4\_demographics FINAL.docx available at <https://authorea.com/users/319941/articles/710335-british-society-of-otology-national-prospective-covid-19-audit-resuming-otological-surgery>

## Hosted file

Table6\_site FINAL.docx available at <https://authorea.com/users/319941/articles/710335-british-society-of-otology-national-prospective-covid-19-audit-resuming-otological-surgery>

### Hosted file

Table5\_ppe (3) FINAL.docx available at <https://authorea.com/users/319941/articles/710335-british-society-of-otology-national-prospective-covid-19-audit-resuming-otological-surgery>

### Hosted file

Figure 1abc.pptx available at <https://authorea.com/users/319941/articles/710335-british-society-of-otology-national-prospective-covid-19-audit-resuming-otological-surgery>



