Memorandum

Date: **March 18, 2020**

To: All endoscopy sites – medical and operational leads

From: Dr. Sander Veldhuyzen van Zanten, Senior Medical Director, Digestive Health SCN
Louise Morrin, Senior Provincial Director, Digestive Health SCN

RE: COVID-19 impact on endoscopy procedures

The COVID-19 pandemic has created significant challenges for our entire healthcare system, requiring rapid responses and change to normal operations. This memo outlines key changes to be made in response to the pandemic at all endoscopy sites, effective immediately. These recommendations are based on consultation and consensus amongst gastroenterology and surgery stakeholders from across Alberta. The Alberta Health Services Emergency Coordination Centre has endorsed these recommendations.

1. HIGHER RISK/SYMPTOMATIC CASE SCREENING

All patients presenting for GI/hepatology care must be screened according to AHS protocols. Anyone with symptoms or identified risk factors should be directed to Health Link's online self-assessment tool at https://myhealth.alberta.ca/Journey/COVID-19/Pages/Assessment.aspx. These patients should not be seen as outpatients except in urgent circumstances. If direct assessment is required, routine infection prevention and control procedures for droplet precautions must be followed. More detailed recommendations on IPC requirements for endoscopic procedures is forthcoming.

2. PRIORITIZATION OF ENDOSCOPIC PROCEDURES

Given these extraordinary circumstances, AHS has announced the decision to ***postpone elective and non-urgent surgeries and endoscopic procedures, effective March 18, 2020.*** This decision allows us to prioritize patients with the most urgent needs, preserve and protect the frontline workforce, and create capacity in the healthcare system. We recognize that this decision will have significant impacts on both clinicians and patients.

The following criteria are to be applied by all endoscopy sites across Alberta to determine urgency of a proposed outpatient endoscopic procedure for both newly referred patients and existing patients with severe/worsening disease. Endoscopic procedures for outpatients falling outside these criteria should be deferred at this time. These criteria will be reviewed as the COVID-19 situation evolves.

Urgent endoscopic procedures – adult outpatients

- Acute upper or lower GI bleed
  - Includes significant drop in hemoglobin, suspected to be GI in origin
- Foreign body removal
- High suspicion of cancer based on abnormal imaging (NB: FIT+ patients are not to be scheduled at this time; further discussions are required to clarify when screening for FIT+ patients can resume)
- Progressive dysphagia
- IBD flare not responding to acute treatment
  - Includes (partial) small bowel obstruction, possible need for decision for surgical staging
- High suspicion of new diagnosis IBD with objective evidence (e.g. lab, imaging)

- Need for ERCP or endoscopic ultrasound such as common bile duct stones, gallstone pancreatitis, infected necrosis, pancreatic fluid collections
- Obstructive jaundice
- Significant new onset iron deficiency anemia
- Severe chronic diarrhea (unresponsive to medical management)
- High risk variceal screening (repeat EGD for repeat banding in patient known at high risk for repeat bleeding)
- Other special indications where the benefits of endoscopy outweigh the risks to inform diagnosis and treatment of potentially important diseases

Urgent endoscopic procedures – pediatric outpatients

Emergent

- Acute GI Bleed - upper or lower
- Caustic ingestion
- Foreign body removal
    - Symptomatic non-esophageal foreign body
    - Esophageal foreign body
    - Multiple magnet ingestion
- Acute dysphagia/odynophagia
- Need for ERCP or endoscopic ultrasound such as common bile duct stones, gallstone pancreatitis, infected necrosis, pancreatic fluid collections
- Obstructive jaundice
- Confirmation of Graft Versus Host Disease or intestinal transplant rejection

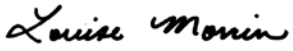
Urgent

- Progressive dysphagia
- Follow up on acute GI bleed
- Significant new onset iron deficiency anemia
- IBD flare not responding to acute treatment
    - Includes (partial) small bowel obstruction, possible need for decision for surgical staging
- High suspicion of new diagnosis IBD with objective evidence (e.g. lab, imaging)
- Severe failure to thrive (unresponsive to medical management)
- Severe chronic diarrhea (unresponsive to medical treatment)
- High risk variceal screening (repeat EGD for repeat banding in patient known at high risk for repeat bleeding)
- Other special indications where the benefits of endoscopy outweigh the risks to inform diagnosis and treatment of potentially important diseases

Please direct any questions or concerns to your Zone Operations Executive Committee or the Digestive Health SCN leadership – Louise Morrin (louise.morrin@ahs.ca) or Leanne Reeb (leanne.reeb@ahs.ca).

Thank you for your efforts during this challenging time.

Sincerely,



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