



**TO:** WRHA Site Executives  
 Site Surgery Program teams

**FROM:** WRHA Surgery/Anesthesia Programs

**DATE:** March 20, 2020

**CONFIDENTIAL:** Surgery Program – Elective Slates and Clinics re: COVID-19

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In response to the Government of Manitoba’s announcement earlier today, <https://www.gov.mb.ca/covid19/index.html>, the Winnipeg Regional Health Authority Surgery Program (and Health Sciences Centre) will suspend all elective slates on March 23, 2020, and introduce a new surgical slate map for the Winnipeg Health Region. We recognize that very few elective slates are exclusively “elective”, and as we redraw the slate map we will ensure capacity remains for the essential and time-sensitive work, that includes our cancer and trauma activity.

The rationale for doing this now is to maximize the efficient use of our staff, bed, equipment and supply resources going forward. There is mounting pressure in a number of areas:

- Preservation of acute care capacity for the anticipated surge in COVID-19 patients presenting to hospital and requiring admission to inpatient and/or ICUs
- Concerns raised by Canadian Blood Services about reduced donations and the resulting impact on blood supply
- Abiding by the principles of social distancing with a goal to slow transmission
- Human resource risks associated with school closures and/or COVID-affected staff
- Identifying resources that may be available (e.g. anesthesia ventilators, MDR staff/equipment) for redeployment if it becomes necessary.

We are proposing the following slate map beginning March 23, 2020:

Site	Total slates	Services
HSC	10	Emergency, Trauma, Cancer and other urgent services
St. Boniface	6	2x Cardiac slates and 4 additional slates for cancers and other essential/time-sensitive procedures
Grace	3	3 ORs daily to deliver Orthopedic Trauma, ACSS and other essential/time-sensitive procedures.
Victoria	3	2 or 3 ORs daily in addition to endoscopy and cystoscopy, including capacity for redirected plastics, oral, ENT from other sites appropriate for day surgery and 23 hour care
Pan Am	2	2 ORs daily for essential and time-sensitive orthopedics and plastics. Capacity for redirected day surgery cases from acute care sites.
Concordia	2	2 ORs daily for essential, time-sensitive orthopedics (including trauma) and spine
Misericordia	2	2 ORs daily for retinal and other time-sensitive ophthalmology

Afterhours and weekend On-call services would remain status quo at all sites.

Attached you will find a table developed by the various Regional Medical Leads/Section Heads, who have been working to identify elective surgeries that will be postponed within their specialty based on a variety of criteria. Certain specialties have already identified that they will be discontinuing ALL elective work including dentistry and bariatric services at this time.

The site-based surgery leadership team (Surgery/Anesthesia/Nursing) will vet all scheduled cases to ensure appropriateness for completion. All previously circulated criteria for case cancellation will continue to apply, including travel history, COVID contacts, and age and comorbidity risk factors.

**Clinics:**

In addition, based on the elective surgery postponements above and social distancing principles, surgeons should be adjusting their clinic practices as follows:

- No new consults that will not require surgery within 90 days
- All clinics, including post-operative clinics need to be scheduled with principles of social distancing. Options may include more frequent or longer clinics with fewer patients i.e. spreading out time and/or distance
- Optimize use of telephone/telehealth/virtual visits where possible

This has previously been communicated by Dr. McPherson

**Recovery:**

The recovery plan for resumption of elective services and rescheduling of postponed cases will be communicated on a go forward basis as the health system stabilizes. We appreciate your contributions in the service of patients and families.

If you have any questions or concerns please contact the WRHA Surgery Program.

SECTION	ELECTIVE SURGERIES THAT CAN WAIT 3 MONTHS
GENERAL SURGERY	<ul style="list-style-type: none"> <li>• Bariatric Surgery</li> <li>• Non-Strangulated Hernias</li> <li>• Gallbladder (Excluding Gallstone Pancreatitis)</li> <li>• Benign Bowel Surgery (Crohns On Biologics)</li> <li>• Reversal of Colostomies</li> <li>• Pilonidal, Fistulas, Hemorrhoids</li> <li>• Gynecomastia</li> </ul>
VASCULAR SURGERY	<ul style="list-style-type: none"> <li>• Revascularization for Claudication Only (Not Limb Threat—i.e. No Rest Pain, Gangrene, or Non-Healing Ulcer)</li> <li>• Asymptomatic Carotid Stenosis</li> <li>• Asymptomatic Aortic Aneurysms</li> <li>• Arteriovenous Fistulas for Dialysis Access</li> <li>• Varicose Vein Surgery</li> </ul>
CARDIAC SURGERY	<ul style="list-style-type: none"> <li>• PFO and ASD without history of stroke</li> <li>• Low NYHA class MR requiring repair</li> <li>• Non-severely stenotic bicuspid aortic valve with ascending aneurysm &lt; 5.0 cm</li> </ul>
THORACIC SURGERY	<ul style="list-style-type: none"> <li>• Lap or Open Repair for GERD or Sliding Hiatus Hernia</li> <li>• Lap or Open Paraesophageal Hernia Repair, If Not Incarcerated, Volvulus or Symptomatic</li> <li>• Myotomy for Achalasia - Unless for Hospitalized Patient</li> <li>• Myotomy for Zenker's - Unless for Hospitalized Patient</li> <li>• Esophageal Diverticulectomy</li> <li>• Diaphragm Plication</li> <li>• Sympathectomy for Hyperhidrosis</li> <li>• Pectus Repair</li> <li>• Lung Biopsy for Interstitial Lung Disease</li> </ul>
NEURO SURGERY	<ul style="list-style-type: none"> <li>• Benign Disease (Without Critical Symptoms)</li> <li>• Complex Spine Requiring Prolonged Hospital Stay</li> </ul>
UROLOGY	<ul style="list-style-type: none"> <li>• Elective Penile Surgery – Circumcision, Nesbitt Procedure, Prosthesis Insertion</li> <li>• Most Turps</li> <li>• Scrotal Surgery – Hydrocele Repair, Spermatocelectomy</li> <li>• Anti-Incontinence Surgery</li> <li>• Urethroplasty</li> </ul>
PLASTIC SURGERY	All Cases Not Dealing With Trauma, Surgical Infections, Cancer and Burn Surgery
ORTHOPEDIC SURGERY*	All Cases Not Dealing With Trauma, Surgical Infections and Cancer Surgery
ORTHO SPINE	<ul style="list-style-type: none"> <li>• Non-Trauma Reconstruction</li> <li>• Spine Without Myelopathy, Tumor or Trauma</li> </ul>
DENTISTRY	All Delayed
ORAL SURGERY	All Delayed Except Trauma And Infections Requiring Surgery
OPHTHALMOLOGY	Pending

\*Orthopedics has provided additional stratification of cases based on Elective Surgery Acuity Scale that will be circulated to sites providing orthopedics.