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*COVID-19: Considerations for Elective Urologic Surgery with Dr. Chris Gonzalez*

**Host:** Today we are joined by AUA public policy chair doctor Chris Gonzalez. We're gonna discuss some of the latest announcements for surgeons related to the coronavirus outbreak. Earlier this week, US surgeon general Jerome Adams suggested that Americans delay elective surgeries in the short-term as the world grapples with COVID-19. The American College of Surgeons also made that recommendation. On March 18th president Trump urged hospitals to postpone or cancel elective surgeries for patients. Doctor Gonzalez, with that in mind, can you please tell us what surgeons, specifically urologist, are seeing in the area of elective surgeries in light of the coronavirus concerns?

**Dr. Gonzalez:** So, we're seeing an incredibly rapidly evolving pattern here, and this is also unprecedented, and we don't really have a road map for this, so I think a lot of learning is being done on the job here. But really what I'm telling you today is different than what I would've said three days ago. It's probably going to be different than what I'm going to be saying three days from now. So, I think the biggest thing right now is flexibility, and I also think the way to think about is to think about what is urgent and emergent. Those are the words that are going around right now, not so much "What do I need to postpone" but "what should we be doing?" And there's a lot of reasons why that I can get into about that. So, I mean, I think when you're thinking about what should be postponed, what should be done, obviously I think we know that things like testes torsion, priapism, infected prosthetics, debridement and washouts, those need to be continued and we need to have access to do those things, but in general we want to think about, "What are our local conditions?" So, what's the blood supply like in our hospital? That's a rate-limiting step for a lot of places. What are the resources? You know, where are the personnel going, or where are they needed? What's the physical protection for surgeons and for staff? What's the ventilator situation?

So, if we're going to be doing complex cases, what are the chance that we're gonna take up an ICU bed, and what's the ventilator capacity in your hospital or your healthcare system? I think it's very important to know those things. And if you're a Level 1 trauma center like we're here at Loyola, you know, what does that mean for our trauma patients, and are we making room for those traumas that are going to be coming in? So, these are all the factors I think that need to be taken into account from your local conditions. From the patient perspective, is your patient high-risk? So, do they have diabetes, hypertension, or

immunocompromised, and really I think those are the folks that if they are having what we would consider elective or non-essential procedures... I'll get into a little bit of what that means, then they really should be asked to wait. I mean, I think that it's not just a risk to them, but also a risk to the system, and overburdening the system that's about soon to be overburdened. We also want to think about the disease process.

So, this is gonna be surgeon discretion. So, we've heard from the White House, we've heard from our local officials, we also heard from our state officials, but really at the end of the day they're saying elective surgery, but per surgeon discretion. So, this is where roads need to come in is, "Can the surgery wait? Can it wait two months? Can it wait three months? Can it wait three weeks? Will it compromise the desired outcome that we want? Do you lose any window of opportunity for cured disease or disease control?" These are the questions we need to think about.

In cancer cases, especially high-risk ones... We just had a situation, what are we gonna do about a tumor thrombus and a large renal mass? Those are tough decisions that we will let the surgeons involved that are specials in those areas think about what the next step is. We're closely working with medical oncology for our high-risk bladder and kidney cancer cases.

**Host:** Doctor Gonzalez, why is it such an important move to postpone these procedures, given the risk of infection and of course offering up supplies and resources?

**Dr. Gonzalez:** Well, as I just mentioned, it's about capacity right now, so really what your local conditions are going to be. To do elective surgery in these uncertain times right now when we're gonna need the capacity elsewhere. We're already seeing a flood of patients at our hospital here at Loyola, as I'm sure everybody else is, and really, we got the hospital broken up into COVID sections and non-COVID sections. So, the thing is that do you wanna expose your patient to that if it's a non-essential procedure that can wait, and the other question is are you taking up a valuable bed or a valuable ventilator for somebody who may need that very soon? And I think, you know, as of today I think the storm is pretty much coming upon us right now. It's certainly more advanced in some parts of the country, but we certainly here in the middle part of the country are starting to feel this significantly.

**Host:** What does this mean for urology practices who work in the ambulatory or out-patient setting?

**Dr. Gonzalez:** So, we're gonna have a really rough road here going ahead. The question is how long until we get to the other side? And let me please emphasize that we will get to the other side. We will beat this, but the question is gonna be how long is this going to take and certainly all the things we seeing in society right now, the social distancing, we are hoping that it helps significantly. But really we're gonna have to hunker down and say the resources are best to be spent elsewhere and that we need to be prepared and discuss this, keep in constant contact with our patients that now might not be the right time for some particular procedures or some of the things that we do. They can wait. If it's not gonna affect an outcome, if it's not gonna compromise them from a cancer perspective, then these things should wait, especially in the ambulatory out-patient settings I think that really does rings true.

**Host:** Doctor Gonzalez, if you have any other final thoughts or comments that our audience should know about at this time, please feel free to let us know now.

**Dr. Gonzalez:** Well, I think just the message to everybody is just hang in there. We're gonna get through this. Tough times ahead. There is no playbook for something like this, and I think we're learning quickly. We've got a lot of really smart people that are working on this and figuring out ways for vaccines and also potentially for cures. And I think we just have to remain optimistic and do the best thing and keep in touch with our patients. Our patients have been incredibly gracious. They understand. They're willing to step aside and let the sicker patients go first. What we're seeing is we're seeing the best of people right now, and it's very encouraging for all of us.

**Host:** Doctor Chris Gonzalez is the AUA's public policy chair. I also want to remind listeners for easy reference on AUA resources and other resources given the COVID-19 outbreak, please visit [AUAnet.org/covid19](https://AUAnet.org/covid19). That's [AUAnet.org/covid19](https://AUAnet.org/covid19). Thank you again, Doctor Gonzalez.

**Dr. Gonzalez:** Thank you.