

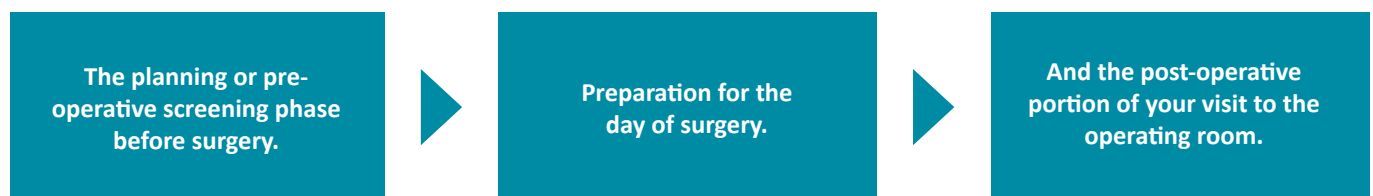
# Planning Your Anesthesia and Surgery in the COVID era



A trip to the hospital is sometimes unavoidable. If you are scheduled for surgery, you may feel understandably anxious, not just because you will be under anesthesia and not know what is happening to your body, but also because of everything you may have heard about hospitals during the pandemic.

This guide is written by the FLCCC’s Manager of Clinical Support and Education, Kristina Morros, MS, CRNA, who has 22 years of clinical experience as a nurse anesthetist. It is designed to help patients anticipate and plan for anesthesia, surgery, and a post-operative stay in the hospital.

## This step-by-step guide explains:



The goal of this guide is to empower you with confidence and knowledge, so you know what to expect from your OR team and what to ask to ensure your care follows standards and respects your patient rights.

## STEP 1:

### **Make some personal choices and have a plan ready before you enter the hospital or surgery center.**

Some things you should think about before you enter the facility:

- ✔ Do I want to allow the use of remdesivir, also known by the brand name Veklury, if I am diagnosed with COVID?
- ✔ Do I want to allow the use of intubation/a ventilator if I am diagnosed with COVID?
- ✔ Is there an option available for this surgery to be performed in a facility where they don't also provide COVID treatment?
- ✔ Is the facility where my surgery is scheduled "accredited" by the Joint Commission? (Check [here](#) )

#### Helpful resources:

- [FLCCC's Hospital Guide](#)
- [10 Steps for Holding a Hospital Accountable](#) (Truth for Health Foundation)
- [Steps to Take Before Hospitalization](#) (Truth for Health Foundation)
- *Once you have done your research, talked to your loved ones, and made your choices, be sure to record them officially by creating a Healthcare Power of Attorney, Advanced Directive, and/or Living Will.*
- [More legal documents from Hospital Hostage Hotline](#) you can use for advocacy
- NIH Guidance on [Advance Care Planning](#)
- [Nicole's 5 tips for a Living Will](#)
- [Hospital Hostage Hotline's Infographic](#) about knowing your rights

#### Examples of Advanced Directives you can download and use for your visit.

- [Medical Power of Attorney](#)
- [Medical Care and Treatment Wishes During Hospitalization](#)
- Please see [this infographic](#) on Informed Consent
- [More legal documents from Hospital Hostage Helpline](#) you can use for advocacy

## STEP 2:

### **Make a list of all medications and supplements you take and any allergies you have. Take this with you to your pre-operative screening visit and on the day of surgery:**

- ✔ Double-check what is documented in your records. Ask for the staff to print out a copy of your pre-operative screening.
- ✔ If your screening is conducted over the phone, ask that they have the document ready, so you can pick up a copy before your surgery. You can even bring this with you and compare the information they have in the system during your check-in process.
- ✔ On the day of your surgery, verify and double check that they have the right procedure and correct side of your body noted in your health records and on your anesthesia preoperative form. Ask for a copy of your surgical records so that you can take them with you when you leave the hospital.
- ✔ You may not have the same anesthesia personnel that interviewed you during the pre-operative screening process; this is normal. The anesthesia team plays many important roles caring for patients throughout the hospital, such as rotating and running with the hospital code team, administering local anesthesia or pain management, and administering anesthesia for interventional centers or other services within the hospital.
- ✔ Never feel embarrassed or intimidated when asking for your personal medical information. It is your right to have a copy of your records.

**STEP 3:**

**Actively participate in your pre-operative screening and review the drugs, supplements, and nutraceuticals you are taking to see if any need to be stopped before surgery.**

Always be honest and thorough about the drugs, supplements, and nutraceuticals you are taking, as some can interact with anesthesia medications. Also, be open and transparent about using recreational drugs, as many can interact with some anesthesia medications.

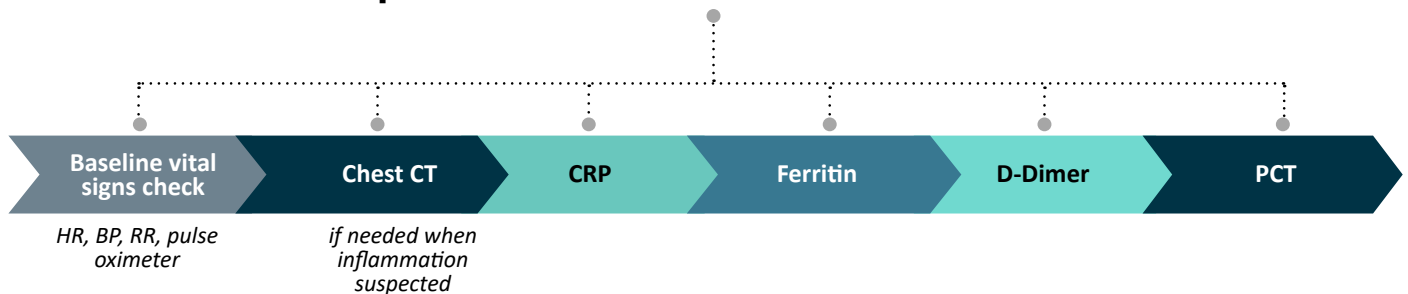
**There may be lab tests and studies that need to be completed prior to your surgery.**

- ✔ Some of these tests may require that you do not eat or drink prior to collecting a specimen. Clarify what the instructions are prior to the lab tests and studies.
- ✔ Some health issues that may require tests are heart, lung, kidney, liver, bleeding or clotting issues, strokes, metabolic issues like diabetes and thyroid problems, and other pre-existing diseases. (See our [MATH+ protocol](#) for recommended tests for severe acute COVID-19 and our I-RECOVER protocols for tests for [Long COVID](#) and [Post-vaccine](#) syndromes.)
- ✔ Elective surgery will likely be canceled if you have signs and symptoms of an active COVID-19 infection or respiratory illness.

**For severely ill patients who must have emergent surgery:**

Please see the labs below and review our [MATH+ protocol](#) for critically ill patients with COVID-19.

**Pre-operative Labs for severe acute COVID-19**



**Labs for long COVID and Post-Vaccine Injury**

- See the [I-RECOVER Post Vaccine Treatment Protocol](#) for “Baseline Testing”
- See the [I-RECOVER Post Vaccine Treatment Protocol](#) for more information on post-vaccine anticoagulant therapy
- If you are taking anticoagulation, please notify your anesthesia team for instructions on stopping and restarting therapy and the possible need for using shorter acting blood thinners for surgery.

**When you speak with your anesthesia team prior to surgery, notify them if you:**

- Have rheumatoid arthritis, loose teeth, jaw problems, head, neck, or extremity issues with mobility, or nerve issues.
- Are taking supplements and/or nutraceuticals.
- Are taking blood thinners.
- Are taking antidepressants, MAO inhibitors.
- Have gums that bleed easily at the dentist, as you may have a higher risk of bleeding during surgery.
- Have known electrolyte imbalances.

- Have had an abnormal EKG.
- Have ever been vaccinated for COVID. This is important for the anesthesia team to be able to assess your inflammation risks, as these rise in vaccinated patients. The risk of inflammation increases as a patient continues to receive COVID boosters. See the [FLCCC I-RECOVER Post Vaccine Treatment Protocol](#) for more information on this topic. Please make sure you read THE ENTIRE PROTOCOL and not the protocol summary.
- Have been recently vaccinated or boosted within the last 2 weeks.
- Have an active respiratory infection including COVID-19 in the last month.
- Have ever had COVID-19 and have long COVID symptoms.
- Have post-vaccine syndrome symptoms.

## Drugs and supplements that can increase risk of Serotonin Syndrome:

Serotonin syndrome is a life-threatening condition when opioids are administered:

- » Methylene blue
- » Curcumin
- » Nigella Sativa
- » Selective Serotonin Reuptake Inhibitors (SSRIs)

Nutraceuticals that increase risk of bleeding and should be stopped within 2 weeks of surgery:

- » Nigella Sativa
- » Curcumin
- » Nattokinase
- » Lumbrokinase
- » Resveratrol

In addition to the supplements in our protocols, if you are taking these supplements stop taking them 1 week prior to surgery:

- » high dose vitamin E (>200 mg)
- » high dose Fish Oil (Omega-3) over 500 mg/d
- » garlic (aged garlic)
- » Vitamin K2 Mk7
- » Mesoglycan (may not be available in the USA) usually 500 mg BID
- » Berberine and Resveratrol as they may interfere with drugs metabolized by the liver.

If you are scheduled for any blood tests and are taking higher doses of Biotin (vitamin B7) (5000 mcg or greater) to stop taking the supplement 72 hours before having any blood collected. Vitamin B7 in higher doses (hair and nail formulas) can interfere with serum analyzer reagents and give false readings.

**A NOTE ABOUT LOW DOSE NALTREXONE (LDN):** LDN should be STOPPED 3 days in advance of any surgery. LDN can “block” opioid receptors and make opioid analgesics ineffective. LDN can be resumed once patients are off centrally acting opioid pain medications. They can resume their previous dose without need for titration. If LDN and Morphine or similar drugs are used for pain relief they may not work.

### STEP 4:

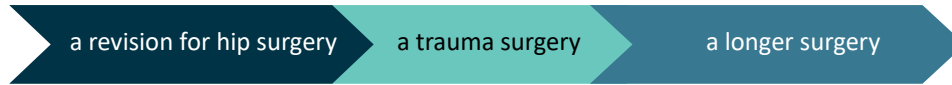
## Have a plan in place for emergent blood transfusion under anesthesia, and discuss this with your anesthesia team during your pre-operative screening.

If you experience the need for a blood transfusion during your procedure, you may want to think about the source of the blood that is provided to you.

One option you may have, depending on the possible risk of blood loss, is asking the OR/anesthesia team to use Cell Saver, which would be a way they can use your own blood and give it back to you during surgery. The only issue with this apparatus is that it is only used during surgeries with a higher risk of blood loss. You can also contact the Red Cross and try to bank your own blood for your procedure.

Certain drugs can help reduce blood loss, such as tranexamic acid. Read more about this [here](#).

Here are some examples of high blood loss surgeries where Cell Saver can be used:



**Helpful resources:**

- [More information about cell saver](#)
- [A short video of the FLCCC doctors discussing the vaccines and blood supply.](#)
- [Q&A playlists](#) from our Weekly Webinars, which also cover other topics that may be useful in helping answer your question.
- [Red Cross page](#) about donating your own blood for your own surgery
- Email [clinical@flccc.net](mailto:clinical@flccc.net) to inquire about the latest information on blood banks with unvaccinated blood available, as this process has been discussed with various non-profit groups and the topic is quickly evolving.

**STEP 5:**

**If applicable, document that you do not wish to receive any vaccinations under anesthesia and make sure that you sign an informed consent for all medical procedures before they happen. Get a copy of these documents for yourself and your own records on paper.**

Please see our information on informed consent:

- [Informed Consent - FLCCC | Front Line COVID-19 Critical Care Alliance](#)
- [What is Informed Consent? - FLCCC | Front Line COVID-19 Critical Care Alliance](#)

**STEP 6:**

**Follow the hospital’s policies and anesthesia planning with regard to eating and drinking prior to surgery.**

Be honest with your anesthesia team if you have had something to eat or drink before surgery, as this could lead to a life-threatening situation if you must suddenly receive a breathing tube (intubation).

**STEP 7:**

**Clarify with the anesthesia team before surgery the plan for anticoagulants (blood thinners) and pain management.**

Remember that you have options for pain management, such as local anesthesia blocks when possible for surgery and post-operative pain control. These local anesthesia blocks may occur on the day of surgery in the pre-operative area (holding area).

If you have any questions about the FLCCC COVID-19, Long COVID, and Post-Vaccine Signs and Symptoms or this Planning Your Anesthesia and Surgery Guide, please email [clinical@flccc.net](mailto:clinical@flccc.net). Take control of your health. For more information about the FLCCC and our [protocols](#) visit [flccc.net](http://flccc.net).