

### Transcript Details

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## Performing Dermatologic Surgeries in a Pandemic: Penn Medicine's Safety Protocols

### Announcer:

This is ReachMD, and you're listening to *COVID-19: On the Front Lines*. Taken from a live webinar sponsored by Penn Medicine, this program features Dr. Giorgos Karakousis, a melanoma surgeon at Penn Medicine. Dr. Karakousis describes a few of the measures put in place to ensure patient and surgeon safety prior to, during, and following a procedure. Let's hear from Dr. Karakousis now.

### Dr. Karakousis:

Measures we took early on—we were trying to avoid taking patients to the operating room that didn't need to be performed in the operating room. Basic cutaneous invasive melanomas that could be done in the office, we moved those to the office setting early on. We were prepared to defer sentinel lymph node biopsy based on resource availability, but fortunately, we never had to overcome—to have that issue, and essentially throughout the pandemic, we were able to perform sentinel lymph node biopsy on appropriate patients. We feel that the sentinel lymph node biopsy procedure is an important prognostic and staging procedure that can help direct adjuvant therapy.

In terms of measures that we've sort of instituted in the operating room—so, first off, even in the clinic patients we have survey questions and temperature screening in the intake process. In the operating room, initially we had COVID testing required within 48 hours of a procedure. That now has become 72 hours prior to the procedure. And many new testing centers have become available. In the operating room itself, we have instituted many measures and checks to ensure the safety of patients and the staff. During intubation, anesthesiologists are routinely wearing N-95 masks. The surgeons are staying outside of the operating room during intubation, which is thought to be a higher time for aerosolization of the virus, and so that has continued. We still do not allow for visitation of inpatients in the postoperative recovery period, although now patient families are able to accompany their family member and wait in the waiting area during that time. So we've had a lot of protocols that have shifted.

One other measure we've taken is a scoring system that was actually developed out of the University of Chicago, the MeNTS scoring system, which is a way to sort of prioritize patients for procedures. And there are 3 basic groups that are involved in this MeNTS scoring system. One deals with patient factors that may put them at higher risk for developing a COVID infection or having a negative sequelae if infected, so it looks at things like age, diabetes, hypertension, immunosuppression. Then there are disease factors; how urgent is the patient's surgery. That takes into account is this something that could be delayed 2 weeks or 6 weeks. Then there's resource allocation component in that scoring system which involves: Is the patient likely going to require intubation during the procedure? Is the patient likely to require an ICU stay post-procedure? So that has actually helped guide, and as we've now come back in with surgeries, a lot of prioritization of the surgeries.

### Announcer:

That was Dr. Giorgos Karakousis from Penn Medicine. To access more episodes from *COVID-19: On the Frontlines* and to add your perspectives toward the fight against this global pandemic, visit us at ReachMD.com and Become Part of the Knowledge. Thank you for listening.