

# EASAPS considerations on aesthetic plastic surgery in times of Covid-19

## Conclusions from the Webinar of joint forces of EASAPS – ESPRAS societies

### Introduction

Partial lifting of professional and social lockdown processes across Europe raise many questions. Besides fear for Covid 19, the insecurity of what is allowed, when it is allowed and under what circumstances weighs on plastic surgeons and patients alike. Governments recommendations might differ across Europe and will impose rules for consultation- and surgery facilities on their premises. Regulation of aesthetic plastic surgery in general is not uniform and in particular, aesthetic procedures in times of Covid 19 are still controversial. Patient safety with an ethical background is mandatory in daily work. Informing our patients about the impact of Covid-19 on aesthetic procedures is an additional aspect to consider.

The joined forces of EASAPS and ESPRAS came to the following conclusions with regard to safe practice based on actual scientific knowledge. Further adjustments will be released when new evidence is available.

### Epidemiology/Virology recommendations

The transmission of Sars-Covid 2 is primarily through respiratory droplets (larger particles, short distance < 2m, and aerosols, smaller particles, larger distances) and secondly through indirect contact with contaminated surfaces. Transmission through contact with blood has not been proven. Currently available tests for pre-screening are not completely reliable. PCR has a low sensibility of about 60%, uncertain conclusions remain with regard to the duration and quality of acquired immunity. Thorough cleaning of surfaces is recommended and an alcohol based disinfectant should be used. Staff should not wear their own clothing, and not wear jewelry, nor nail polish, and should always use professional garments that leaves the area from the elbow down uncovered. This protective clothing should be changed every day. Staff has to be trained on PPC (safe procedures and cleaning). Surgical face masks (FFP-1) protect against respiratory droplets; FFP-2/N95 or higher are needed in aerosol circumstances or when operating in head and neck areas. A new surgical mask has to be provided or the patient during the appointment. Gloves are recommended during physical examination.

Take-home message: Most of the risks are not inside the OR/consultation area but the virus is conveyed from patient to staff, staff to staff but also from staff to patient. Optimize your basic cleaning precautions, FFP-1 masks are effective in most clinical situations, use FFP-2 in high risk situations when manipulating airways and remain very cautious when opening for aesthetic procedure as new peaks of Covid infections are still expected and our knowledge is still limited.

### Consultations and clinical examination

Follow national guidelines. Consider prescreening questionnaires of patients with regard to fever, cough, lack of smell and/or taste, contact with positive Covid 19 tested persons. Schedule each patient to maintain social distancing between patients (1.5-2 meters), patients and staff and yourself. Avoid allowing accompanying persons with patients, students, visiting doctors and industry representatives at your facility as well as eliminating magazines/newspapers. Self-service hospitality stations in waiting areas should be avoided. Protect and educate your staff. Professional software for teleconferences is recommended for GDPR reasons. Avoid whatsapp or

#### **President**

Carlos Parreira  
[president@easaps.org](mailto:president@easaps.org)

#### **Secretary**

Michel Rouif  
[secretary@easaps.org](mailto:secretary@easaps.org)

#### **Treasurer**

Urs Bösch  
[treasurer@easaps.org](mailto:treasurer@easaps.org)

#### **Executive Secretary**

Karen Rogerson  
[info@easaps.org](mailto:info@easaps.org)

facetime. Videoconferences with patients are preferable to reduce risks due to face-to-face contacts. Inform patients appropriately about the updated actual knowledge of Covid 19 risks. It is a very serious pandemic infection.

Informed consent document should include information on risks with Covid19 in all aesthetic procedures. For minimally-invasive procedures and non-surgical procedures that legally require consent, increased risk for Covid 19 infection should be added.

#### Surgical procedures

Panel members recommend starting surgery or injection procedures with good common sense. Start with short operations in non-risk patient categories. Prefer operations with early mobilizations. Covid 19 positive patients should not undergo elective aesthetic surgery until more knowledge is available. Select your patients carefully and avoid ASA 2 or 3 patient groups. Whether or not an increased risk for thromboembolic complications in former Covid19 patients occur is not actually known.

#### Conclusion

Covid-19 has changed our world, now it is up to us to adapt to the new circumstances. Patient selection is very important. Respect that emergency cases have highest priority, followed by urgent- and elective cases. Aesthetic cases should be postponed until elective surgery is fully ongoing in your country. Avoid high risk patients in this current situation and do not operate on former Covid19 positive patients until more knowledge is available. Reduce the required personnel to a minimum in your office and OR.

Birgit Stark  
20 05 01

#### **President**

Carlos Parreira  
[president@easaps.org](mailto:president@easaps.org)

#### **Secretary**

Michel Rouif  
[secretary@easaps.org](mailto:secretary@easaps.org)

#### **Treasurer**

Urs Bösch  
[treasurer@easaps.org](mailto:treasurer@easaps.org)

#### **Executive Secretary**

Karen Rogerson  
[info@easaps.org](mailto:info@easaps.org)