

## ADDENDUM H

### Robotic Surgery During COVID-19

Created: March 31, 2020

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Purpose: to perform robotic surgery in a fashion that is as safe as possible based on currently available data.

#### Recommendations:

1. Robotic surgery should not be performed on known/confirmed COVID positive patients. Other non-operative or operative (open) procedures should be utilized instead.
2. Robotic surgery in asymptomatic patients without exposure does not require preoperative COVID testing.
3. CONMED AIRSEAL trilumen tubing on AIRSEAL mode should be utilized for insufflation. PINK SEE-CLEAR passive smoke evacuation tubing should be used on a separate and least dependent port to allow filtering of gas insufflation.
4. If the trilumen tubing becomes unavailable then revert to standard laparoscopic tubing with PINK SEE clear smoke evacuation tubing on a separate port.
5. Minimize insufflation pressures and trendelenburg.
6. Minimize gas leakage—
  - a. Cap all instrument ports.
  - b. Keep all stopcocks closed other than the SEE CLEAR smoke evacuation tubing port.
  - c. At end of procedure, prior to any specimen extraction, re-insert trocar into AIRSEAL port and turn off AIRSEAL. Leave SEE-CLEAR tubing valve open and suction out all gas through a separate trocar using laparoscopic suction.

Refer to laparoscopic (Addendum A) for details on laparoscopic surgery.