

PROCEDURAL DERMATOLOGY

A. GENERAL CONSIDERATIONS

1. Viral particles have been found to be present in plumes or smoke emitted by several dermatologic devices such as electrocautery machines and lasers (e.g., CO₂ and Nd:YAG lasers).¹⁻³
2. There are reports of high morbidity and mortality rates in patients undergoing surgery during the incubation period of COVID-19 infections.⁴

B. GENERAL RECOMMENDATIONS

1. Defer all elective dermatologic procedures and surgeries during the COVID-19 pandemic, or at least until there is a sustained reduction of, or downward trajectory in the prevalence rate of new COVID-19 cases for at least 14 days.^{5,6}
 - 1.1. Examples of elective cosmetic procedures are the following: acne surgery, chemical peels, use of lasers and energy based devices, and use of injectables (e.g., fillers and botulinum toxin).⁵
 - 1.2. Elective surgical procedures have been defined as those done on skin lesions that will not be of imminent danger to the patient if not surgically treated within three (3) months. Skin conditions that are *not* qualified as elective according to the above definition, (e.g., melanoma, atypical melanocytic lesions, and cutaneous abscess drainage) and that cannot be postponed for weeks, should be evaluated further and managed surgically.⁵
2. Ensure administrative safety controls are observed:⁷
 - 2.1. Limit the number of medical assistants/nurses during the procedure (as much as possible, only one assistant).
 - 2.2. Ensure availability of recommended PPE based on risk of exposure while performing a procedure.
 - 2.3. Observe [hand hygiene](#), cough etiquette, and proper [donning](#) and [doffing](#) of PPE.
3. Ensure engineering safety control measures are set in place in the treatment room.^{1-3,7-8} Though it has not yet been proven that SARS-Cov-2 is found and can survive in surgical smoke, we have to be very cautious when using aerosol-generating devices. When performing such procedures, the use of negative pressure ventilation, smoke evacuator and ultra-low particulate air filters have been recommended (Refer to Section II. C).⁹⁻¹¹

C. BEFORE THE PROCEDURE

1. Consider testing patients with reverse transcriptase polymerase chain reaction (RT-PCR) prior to their scheduled surgical procedure.^{6,12,13}
2. When confirming the appointment, screen the patient for signs and symptoms of COVID-19 infection and ask about travel and exposure history.
3. Obtain written informed consent from the patient. If the surgical procedure is done in a hospital setting, include the possible risk of hospital-acquired COVID-19 infection.
4. Make sure PPE are available for the scheduled procedure.^{9,14,15}

A GUIDE TO DERMATOLOGIC PROCEDURES:
Do not perform elective cosmetic and surgical procedures during the COVID-19 pandemic

BEFORE THE PROCEDURE

SCREEN	TEST	OBTAIN
patient for signs and symptoms of COVID-19 infection.	patients with RT-PCR prior to surgery.	written informed consent.

DAY OF THE PROCEDURE

COVER	WEAR	USE
the beds, machine surfaces, and handpieces with a plastic wrap.	appropriate PPE.	a smoke evacuator when performing aerosol-generating procedures.

AFTER THE PROCEDURE

PERFORM	CONSIDER	DISINFECT
Proper hand hygiene.	tele dermatology for patient follow-up.	the treatment room after every patient.

D. DAY OF THE PROCEDURE

1. Make sure that the dermatology beds, machine surfaces, and handpieces are covered with a plastic wrap.
2. Ensure proper donning of PPE.
3. The patient must wear a surgical mask during the entire duration of the procedure, unless the treatment area is the peri-oral area or the oral cavity.
4. If procedures involving the oral cavity cannot be deferred, pre-procedural mouth rinse should contain 1.5% hydrogen peroxide or 0.2% povidone iodine.¹⁶
5. When performing an aerosol-generating procedure, use a smoke evacuator with the nozzle at least one (1) inch away from the treatment area.

E. AFTER THE PROCEDURE^{5-8, 15,17}

1. Consider resorting to teledermatology for patient follow-up.
2. Disinfection and change of plastic coverings (of beds, machines, handpieces) and linen should be done after each patient.
3. Disinfect the treatment room or surgery theater using an [EPA-approved disinfectant](#).

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