



22 January 2021

For surgeons and surgical teams treating patients during COVID-19 – endorsement of the Academy statement

The UK Surgical Royal Colleges have adopted the combined [AoMRC statement on vaccination for health professionals](#).

This statement expresses the hope that everyone for whom the vaccine is suitable is vaccinated, for their own benefit and to protect the health of those who are vulnerable.

It describes the need for doctors to act as exemplars and do all they can to ensure that they are able to protect themselves and avoid spreading COVID-19 to patients or colleagues, and that unless there are good reasons why it is not personally appropriate, doctors should be vaccinated.

The UK Surgical Royal Colleges are united in their support of these aims.



Information for surgeons on vaccination of patients awaiting surgery

With a number of COVID-19 vaccinations now available the UK Surgical Royal Colleges have been advised¹ the following:

- the vaccine may give some systemic events, such as a fever and chills, within 1-2 days after vaccination, but these resolve soon after. It is reported normally to settle fully within a week. Such a fever is uncommon after dose 1, but occurs in about 15% after dose 2.

A more detailed description of local and systemic side effects following vaccination is detailed here:

- [Oxford-AstraZeneca ChAdOx1 nCoV-19](#)
- [Pfizer-BioNTech BNT162b2](#) .

When organising surgery for patients:

- Essential urgent surgery should take place, irrespective of vaccination status.
- Non-urgent elective surgery can also take place soon after vaccination. There is some rationale for separating the date of surgery from vaccination by a few days (at most 1 week) so that any symptoms such as fever might be correctly attributed to the consequences of either vaccination or the operation itself.

Prioritisation of patients for vaccination:

- At present, there is no formally agreed government / national policy for prioritising patients scheduled for elective procedures to be vaccinated before the planned operation date. However, if the vaccine is available for surgical patients within your hospital / region, we would strongly encourage this to take place to minimise the reported risks to patients of COVID-19 postoperatively.
- RCS England has approached the Joint Committee on Vaccination and Immunisation (JCVI) advocating for “P2” priority patients (procedures that should ideally be performed in less than one month, including cancer surgery) to be given priority within the national vaccination programme. JCVI confirmed that the risk most strongly associated with COVID-19 mortality is increasing age and the risk is most pronounced for persons aged over 70 years - such patients may already be offered a vaccine on account of their age. Additionally, surgeons should consider whether P2 patients are ‘Clinically Extremely Vulnerable’, in which case they too may already be prioritised for

¹ This information is provided by the UK Surgical Royal Colleges, using advice received from medical authorities including the NHS England Director for Immunisation as well as the Head of Immunisation for Public Health England.



vaccination. We will update this statement as soon as there are new developments. In the meantime we continue to strongly advocate that where available and practically possible / individually appropriate, vaccination is offered to patients scheduled for surgery, to minimise the reported postoperative risks.

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