

General Surgery & Urology

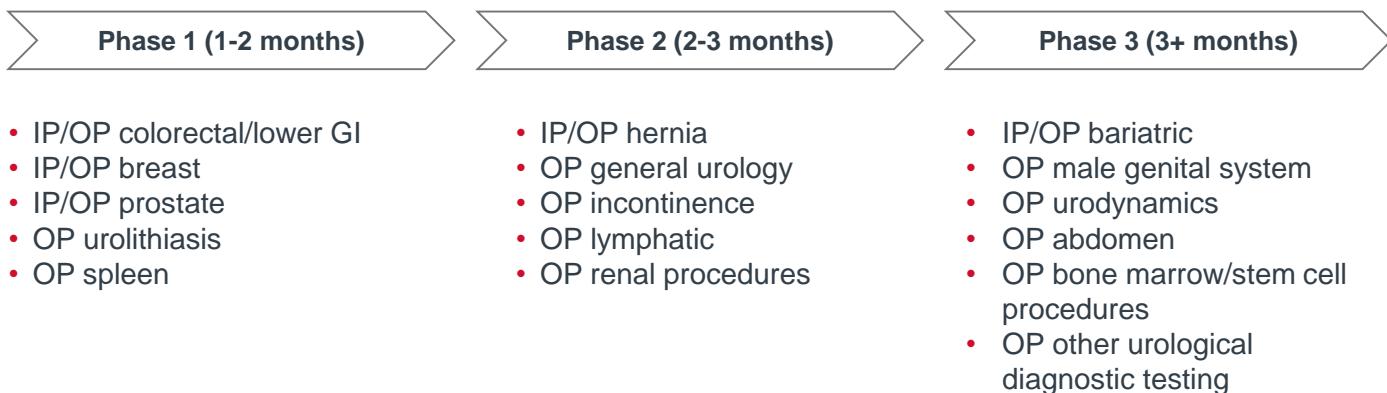
The following considerations can aid General Surgery and Urology leaders as they plan to ramp back up elective procedures coming out of their Covid-19 curve and work through a backlog of cases.

Top elective general surgery and urology procedures by volumes ^{1,2}

- General urology
- Urodynamics
- Breast
- Colorectal/lower GI
- Male genital system
- Prostate
- Hernia
- Urolithiasis
- Incontinence
- Bone marrow/stem cell procedures

Short term considerations for restarting elective services

Phasing of elective subservice lines based on clinical urgency

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- | Phase 1 (1-2 months) | Phase 2 (2-3 months) | Phase 3 (3+ months) |
|---|--|--|
| <ul style="list-style-type: none"> • IP/OP colorectal/lower GI • IP/OP breast • IP/OP prostate • OP urolithiasis • OP spleen | <ul style="list-style-type: none"> • IP/OP hernia • OP general urology • OP incontinence • OP lymphatic • OP renal procedures | <ul style="list-style-type: none"> • IP/OP bariatric • OP male genital system • OP urodynamics • OP abdomen • OP bone marrow/stem cell procedures • OP other urological diagnostic testing |

Barriers to clearing backlog of cases

- Many procedures will require anesthesiologist and ventilator availability
- Physician availability may be needed for extended hours, including weekends
- PPE supply levels, as well as bed and operating room capacity, may be limiting factors to clearing procedure backlogs

Mid- to long-term demand impacts

- Availability of upstream lab, imaging, and PCP services will likely limit long-term ramp-up
- Potential increase in emergent, complex cases as delayed care and late diagnoses worsen conditions
- Potential adoption of telehealth for pre- and post-op surgical appointments

1. All services shown are estimated to have 50% or greater elective volumes. Any services not shown are ones considered non-elective because less than 50% of their volumes are estimated to be elective. The definition of elective used is on the following page.

2. Services shown are estimated to have over 500,000 annual volumes nationally.

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Subservice line summary

Subservice Line	Estimated percent elective	Phasing restart by clinical urgency	Estimated drop off in future demand
IP/OP bariatric	90%	Phase 3	Medium
OP abdomen	80%	Phase 3	Medium
OP bone marrow/stem cell procedures	80%	Phase 3	Medium
OP male genital system	80%	Phase 3	Medium
OP other urological diagnostic testing	80%	Phase 3	Medium
OP urodynamics	80%	Phase 3	Medium
IP/OP prostate	70%	Phase 1	Medium
OP lymphatic	70%	Phase 2	Medium
OP general urology	70%	Phase 2	Medium
OP renal procedures	70%	Phase 2	Medium
OP urolithiasis	60%	Phase 1	Medium
OP incontinence	60%	Phase 2	Medium
IP/OP colorectal/lower GI	50%	Phase 1	Low
IP/OP breast	50%	Phase 1	Low
OP spleen	50%	Phase 1	Low
IP/OP hernia	50%	Phase 2	Low



DEFINITIONS

- **Estimated percent elective:** estimated portion of each subservice line that is both scheduled in advance and may be delayed for a short period of time without significant worsening of the condition.
- **Phasing restart by clinical urgency:** recommended prioritization of restarting services based solely on clinical urgency or importance for identification of higher acuity services. Services in earlier phases are more urgent. Phase 1: immediate, Phase 2: 2-3 months, Phase 3: 3+ months
- **Estimated drop off in demand:** decrease in demand over the next 1-2 years due to lingering patient fear. Low: 5-15%, Medium: 16-30%, High: 30%+, None: 0%