Beth Israel Lahey Health

BILH COVID-19 Vaccination Guidance for Patients Undergoing Operative, Non-operative and Radiologic Procedures

COVID-19 vaccination is important for all patients and should be encouraged whenever a patient becomes eligible due to the limited vaccine supply. Due to potential side effects from COVID-19 vaccines, the optimal timing of procedures should be considered before scheduling.

COVID-19 vaccination is <u>not</u> required before surgery or other procedures.

Timing of COVID-19 vaccination in relation to operative and non-operative procedures

- **Clinical indications should always dictate the scheduling of non-elective or semi-elective procedures, regardless of vaccination timing**. Urgent surgeries and procedures should not be delayed because of recent COVID-19 vaccination.
- Patients should prioritize COVID-19 vaccination over elective procedures during the pandemic and accept vaccine when it is available to them.
- **Optimally, fully elective procedures should not be performed within 3 days before or after a COVID-19 vaccination.** It is common to have COVID-19-like symptoms after vaccination that could lead to potential delay of the procedure and the need for additional testing and use of appropriate isolation precautions. Similarly, the development of symptoms post-procedure could lead to a delay in vaccination.
- For COVID-19 vaccines requiring two doses (*e.g.*, Pfizer/BioNTech, Moderna):
    - Fully elective procedures optimally would be postponed if they fall between vaccine doses to avoid any confusion over causes of fever, prolonged hospital admission or theoretical impact on the immune response to vaccination.
    - If the second dose of vaccine conflicts with an urgent or emergent surgery, the second dose should be delayed until the patient has recovered. The second dose may be given up to 42 days after the initial dose.
    - If a vaccine dose is received, however, prior to urgent or emergent surgery, and post vaccine symptoms occur, recommendations for testing and isolation precautions should follow protocols already in place.

Additional Considerations

- Patients should avoid getting vaccinated in the same area of their body (*e.g.*, arm) where they are having surgery.
    - Delayed vaccine reactions can occur and may appear similar to a local infection.
    - Lymphadenopathy may also occur post-vaccination, typically unilaterally on the same side as vaccination. The potential for development of axillary lymphadenopathy should be considered related to the timing of diagnostic procedures but should not delay planned care.
- There is no guidance to suggest that COVID-19 vaccination must be separated from other injectable (non-vaccine) medications. However, it is reasonable to consider delay of elective steroid injections due to a potential decrease in the immunogenicity of vaccination.
    - Whenever feasible, injectable corticosteroids should be administered no sooner than 2 weeks prior to the first dose of a COVID-19 vaccine series and no earlier than one week following the completion of a mRNA COVID-19 vaccine series.
    - If delay of corticosteroid injection is not feasible, no modification of vaccine schedule is recommended.