



PROCEDURES

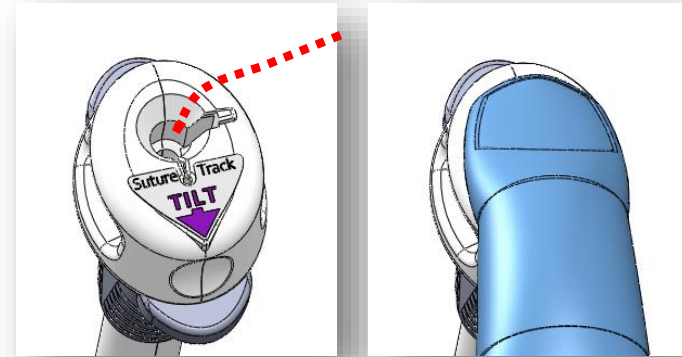
March 29, 2020 by [SAGES Webmaster](#)

Released 3/29/2020 – this document will continue to be updated as needed.

Recently, SAGES, and/or SAGES in conjunction with [EAES](#), published [guidelines for surgeons concerning the use of laparoscopy during the current COVID-19 pandemic](#). We recognize that during this time of challenge to resources and personnel, every surgeon and institution is providing the very best care it can with the circumstances it finds itself in. This document represents a resource for smoke and gas evacuation based on known science, vetted publications, and potential strategies that offer the best protection to both patients and

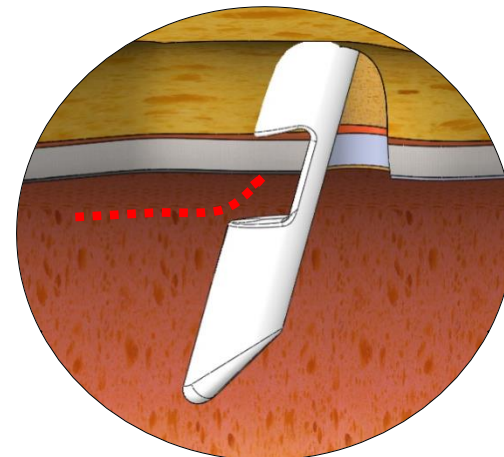
6. Specimens should be removed once all the CO₂ gas and smoke is evacuated.
7. Surgical drains should be utilized only if absolutely necessary.
8. Suture closure devices that allow for leakage of insufflation should be avoided. The fascia should be closed after desufflation.
9. Hand-assisted surgery can lead to significant leakage of insufflated CO₂ and smoke from ports and should be avoided. If used to remove larger specimens and protect the wound, it can be placed after desufflation. The specimen can then be removed and the closure performed.

Seal against insufflation leakage with thumb until guide seated, then the inlet is sealed against the fascia.



Seal **OUTLET** with thumb

OR



Seal **INLET** with fascia

