



Updated advice for iSGS patients – 28 May 2020

This is the official medical advice for patients with airway stenosis as of today.
Changes from the last advice highlighted in yellow.

GENERAL GUIDELINES FOR EVERYONE

- Avoid touching your eyes, nose, mouth or stoma area (for those with a tracheotomy) as much as possible. It may take practice, touching the face is often done inadvertently.
- Wash your hands regularly through the day with soap and water for around 20 seconds or use alcohol-based hand gel.
- Stop shaking hands or kissing as a greeting
- Keep a distance of around 2 metres (6 feet) from people outside of your immediate household.
- Wear a face mask when you cannot stay more than 2 metres (6 feet) away from others (eg on public transport, in small shops)
- Cover coughs and sneezes with a tissue or your elbow.
- Avoid all non essential travel
- If you can access the latest flu vaccine, ensure you are vaccinated NOW!

IF YOU HAVE BEEN TOLD YOU ARE HIGH RISK, HAVE A HIGH RISK CONDITION (EG HEART DISEASE, DIABETES, HYPERTENSION, LIVER OR KIDNEY DISEASE HAVE A BMI OF 30 OR MORE (OBESE CATEGORY)), ALREADY HAVE BREATHING ISSUES, ARE RECEIVING IMMUNE SUPPRESSANT MEDICATION/TREATMENT, OR ARE AN ISGS PATIENT OVER 60 YEARS OF AGE

Breathing issues include:

- **Your airway is closing up and breathing is already a challenge**
- **You have regular mucus plugs and issues clearing your airway**
- **You have a tracheostomy**
- **Your airway closes rapidly with infections**

First and foremost, you should self-isolate and plan to do so for the foreseeable future. This means minimising any contact with people outside of your household, staying home unless leaving for medical treatment. Ensure you and fellow household members follow the general guidelines above.

- Stay at home at all times and avoid any face-to-face contact with others for at least three months
- Get food, medicines and other essential items delivered, and have the person delivering them leave them at the door. You can ask friends and neighbours to help with this, or use delivery services. If you need to, you can register for extra services from Government, or try a local mutual aid network.
- Use phone or online services to contact your GP or other services if needed.



- Inside your home, minimise all non-essential contact with other people you live with.
- People who provide essential support for you, such as healthcare or support with your daily needs or social care, can still come to your home. But if they have symptoms of COVID-19, they should not come. All people coming to your home should wash their hands with soap and water for at least 20 seconds on arrival to your house and often while they are there. You should make a plan for how your care needs will be met if your carer becomes ill.
- If you get symptoms of COVID-19, which means a fever or a new continuous cough, call your doctor immediately. Do not wait for your symptoms to get worse. **Organise to get tested as soon as possible.**
- If someone else lives with you, they do not have to follow the shielding guidance. They should follow the social distancing guidance very closely and do what they can to support you with shielding.

If your doctor is operating and you need **dilation surgery or steroid injections**, the recommendation is to **proceed with the procedure as soon as possible**.

Make sure you have access to your emergency medicine kit as detailed in the Rough Guide (especially oral steroids, antibiotics).

You should be able to get advice via telephone from your airway specialist should you need it.

Contact your airway specialist by phone or email to find out the protocol should things get worse for you. It is recommended you work at home.

FOR ESSENTIAL WORKERS AT RISK OF CONTACT WITH COVID-19

If you work as a frontline worker likely to come into contact with people with Covid-19 (eg nursing, intensive care, dental, other medical work), deliveries, food retail, teaching) then talk to your airway surgeon about providing you a letter for your employer suggesting particular recommendations for safety measures to maintain your health. A template for such a letter can be found under 'Announcements' or under the 'Files' tab. **This is especially recommended if you also fall into a high risk category (see above).**

Follow the advice in the Rough Guide for dealing with mucus and inflammation.



IF YOU HAVE NO ISSUES AT PRESENT

Your airway is open/ breathing is not too bad

Ensure you and your household strictly follow the general advice above. Work from home if possible and minimise contact with people outside of your household. If working from home is not possible, talk to your employer about providing you a safe place away from colleagues to work. Avoid any time indoors with people other than your household members.

Request a letter from your doctor – a template example is found under ‘Announcements’ or under the ‘Files’ tab.

Exercise outside is still fine – walking, cycling, running – strictly avoid other people.

Make sure you have access to your emergency medicine kit as detailed in the Rough Guide (especially oral steroids, antibiotics).

Non essential visits to pharmacies, hospitals or doctors should be avoided, as these will be hubs of the virus.

If your doctor has not yet cancelled appointments, proceed as usual (eg general checkup or in office steroid injections), **or request a remote appointment (eg by video or telephone)**. Confirm what the protocol is if your airway should decline.

It is recommended you delay any non urgent visits for up to 3 months. If things change, talk to your airway surgery by telephone.

IF YOU HAVE CAUGHT THE VIRUS OR HAVE SYMPTOMS

Do not panic!

Remember that not all people who catch the virus will get seriously ill. Contact your airway specialist and GP/primary health care provider by phone to ensure they are involved in any treatment you receive and can advise your treating physicians about any medicine you are taking or procedures undertaken. They can hand on your information to your treating team.

Warnings against the use of ibuprofen have now been revoked. **You can use these** and other pain killers to treat your fever.

Self isolate for **seven days** after your symptoms first appear.

Your whole household should also isolate for 14 days after the first patient’s symptoms.



At the very first signs of shortness of breath, **contact a doctor immediately**. Not everyone will experience shortness of breath.

If you experience shortness of breath that is different to normal, prepare a single bag in case you need to go to hospital. This should include your emergency contact, any recent details about the status of your airway stenosis, your doctor's contact details, a list of the medications you take (including dose and frequency), any information on your planned care appointments and things you would need for an overnight stay (snacks, pyjamas, toothbrush, medication and so on). If you have an advanced care plan, please include that.

Patients who have very serious issues with breathing and pneumonia are often treated with intubation. This is not advised for iSGS patients – a laryngeal mask is likely first port of call, and if your symptoms worsen, a temporary tracheotomy at the area of stenosis is likely. The medical team dealing with you will need to know about your existing airway disease. This decision will be made at the time with the information available, tailored to your individual situation and with the expertise on hand. Since the start of the virus doctors have now started using CPAP machines instead of ventilators, which work well for many patients. These do not require a tube in the trachea.

Intubation is only for the extremely sick and will be required only if everything else has failed. Only 50% of extremely sick patients are intubated.

Follow the advice in the Rough Guide for dealing with mucus and inflammation.



This document will be updated as soon as we learn something new.

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