

Oral and Nasal Decontamination for COVID-19 Patients: More Harm Than Good?

To the Editor

The recent article by Dexter et al¹ provides much-needed guidance for anesthesiologists and other health care workers involved with the perioperative management of confirmed or suspected Coronavirus Disease 2019 (COVID-19) patients. The unprecedented nature of the pandemic has led to confusion regarding the safest infection control and operating room management strategies. Furthermore, the evidence base is rapidly evolving or is extrapolated from historical experience, making best practices difficult to discern for frontline clinicians and institutional leaders. The review provided by Dexter et al¹ gives a concise 5-step road map for evidence-based infection control in the operating room. Although many of the suggestions seem to have clear merit, the proposed method for patient decolonization may be counterintuitive.¹ While some evidence exists for nasal decontamination in preventing surgical-site infection in *Staphylococcus aureus* carriers,^{2,3} they present no substantive evidence that nasal/oral decontamination would actually reduce viral transmission. Perhaps more importantly, application of nasal povidone-iodine could induce sneezing, paradoxically

increasing the spread of aerosolized viral particles, and a chlorhexidine mouth rinse might also risk inducing coughing (or at the very least some expectoration) which could also increase the risk of contamination. The theoretical benefit of decolonization with preoperative nasal povidone-iodine and chlorhexidine mouth rinse needs to balance with the potential risk of inducing aerosolizing complications, such that one does not increase the risk they are attempting to mitigate.

Duncan Maguire, MD

Department of Anesthesiology,
Perioperative and Pain Medicine
University of Manitoba
Winnipeg, Manitoba, Canada
ummaguid@myumanitoba.ca

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