

UPDATED BSGAR-BSTI Statement for chest imaging in patients undergoing CT of the acute surgical abdomen (new version 2.0, dated 22.05.2020)

- This is an update to the previous BSGAR-BSTI statement (version 1.0) dated 25.03.20.
- Previously, we had suggested that patients who required an urgent CT abdomen / pelvis for evaluation of suspected acute surgical pathology should opportunistically have CT thorax at the same visit.
- This was based on (a) the high prevalence of COVID-19 in the community, (b) patchy availability and variable turnaround times of RT-PCR testing for COVID-19 and (c) documented poor outcomes of surgery for patients with COVID-19.
- As community prevalence of COVID-19 has dropped; and availability of RT-PCR has improved (including rapid tests generating results in 45-90 minutes), so the need for an alternative (i.e. CT chest) has diminished. Most acute hospitals will now receive RT-PCR results before making a decision regarding operative management.
- Acute abdominopelvic CT already includes the lung bases; the incremental benefit of full thoracic scanning where RT-PCR is negative and community prevalence is dropping is likely to be negligible.
- We therefore suggest that there is no longer a need for routine CT of the entire thorax for patients undergoing acute abdominopelvic imaging.

