## AB059. SOH21AS247. Powered air purifying respirator (PAPR) use during surgical interventions: a clinical trial

Niall Hardy<sup>1</sup>, Jeffrey Dalli<sup>1</sup>, Mohammad Faraz Khan<sup>2</sup>, Conan McCaul<sup>2</sup>, Dara O'Keeffe<sup>3</sup>, Oscar Traynor<sup>3</sup>, Jincy Jerry<sup>4</sup>, Deirdre Brady<sup>4</sup>, Ronan Cahill<sup>5</sup>

<sup>1</sup>Centre for Precision Surgery, UCD Centre for Precision Surgery, University College Dublin (UCD), Catherine McCauley Research Centre, Dublin, Ireland; <sup>2</sup>Department of Anaesthesia, Mater Misericordiae University Hospital, Dublin, Ireland; <sup>3</sup>Surgical Affairs, Royal College of Surgeons in Ireland, Dublin, Ireland; <sup>4</sup>Departments of Microbiology and Infection Control, Mater Misercordiae University Hospital, Dublin, Ireland; <sup>5</sup>Department of Surgery, Mater Misericordiae University Hospital, Dublin, Ireland

**Background:** Healthcare team safety has been spotlighted by the COVID-19 pandemic with increased awareness of perioperative aerosolisation hazards. Powered air purifying respirators (PAPR) provide increased protection over other masks/respirators and have been used empirically in healthcare settings. However, there is a lack of independent evaluation of their appropriateness for surgery. Following satisfactory preclinical, graded user assessment, a clinical study (IRB: AEROSOLVE 1/378/2172) was performed for this purpose using a PAPR system (VersaflowTR-300)

Methods: Microbiological safety assessment (settling-plate testing) was performed during simulation surgery prior to clinical use. Subsequently 25 users (anaesthesiologists, nurses, and surgeons) wore PAPR perioperatively during 5 general surgery operations, of ~1-hour duration, on COVID-screened patients. Usability was evaluated both subjectively, by validated and previously used questionnaires assessing thermal sensation, comfort, effort of breathing, effort of listening and communication, and objectively, through independent observation.

**Results:** Microbiological assessment confirmed PAPR usage compatibility within the acceptable limits for safe surgery. All procedures were performed satisfactorily without PAPR rejection or sterility breach. Mean usability scores were

acceptable with only listening effort significantly differing by group (surgeons suffered most impact, P=0.024, Kruskal-Wallis, P=0.017 and P=0.022, Mann Whitney U, vs. anaesthetists and nurses respectively). Narrative feedback provided insights re visual (loss of peripheral vision with episodic obstruction of the assistants view by the primary operator) and au

**Conclusions:** PAPR are usable, with care and some compromise, during surgery although scope exists for further technical optimisation, especially to aid communication and accommodate specific tasks (e.g., stethoscopy).

**Keywords:** Aerosols; COVID-19; laparoscopic surgery; powered air purifying respirators

## **Acknowledgments**

Funding: None.

## **Footnote**

Conflicts of Interest: RC receives speaker fees from Stryker and Ethicon JNJ, consultancy fees from Distal Motion and Touch Surgery and holds research funding from Intuitive, and from the Irish Government with IBM Research and Deciphex and from the EU (Horizon 2020) with Palliare. The other authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Open Access Statement: This is an Open Access article distributed in accordance with the Creative Commons Attribution-NonCommercial-NoDerivs 4.0 International License (CC BY-NC-ND 4.0), which permits the noncommercial replication and distribution of the article with the strict proviso that no changes or edits are made and the original work is properly cited (including links to both the formal publication through the relevant DOI and the license). See: https://creativecommons.org/licenses/by-nc-nd/4.0/.

doi: 10.21037/map-21-ab059

Cite this abstract as: Hardy N, Dalli J, Khan MF, McCaul C, O'Keeffe D, Traynor O, Jerry J, Brady D, Cahill R. Powered air purifying respirator (PAPR) use during surgical interventions: a clinical trial. Mesentery Peritoneum 2021;5:AB059.