



27<sup>th</sup> March 2020

In light of the Covid-19 pandemic and the unprecedented forthcoming strain on health resources the Australian Knee Society has listed knee surgical procedures below to assist with decision making. The society encourages surgeons to obtain a documented independent peer opinion before scheduling surgery for Urgent Category 2 and should not perform surgery on non-urgent category 2 or category 3 patients.

#### Category One

- Acutely infected Total Knee Replacement
- Acute septic arthritis or other knee or bony sepsis requiring surgical drainage or debridement
- Open fractures of femur, patella or tibia
- Significantly displaced fractures with likely a clearly suboptimal outcome with non-surgical management
- Knee dislocations that are irreducible, unable to be stabilized in a splint or associated with vascular injury
- Infected pre-patella bursa not resolving with non-operative management
- Malignant tumours around the knee
- Quadriceps or patellar tendon rupture
- Peri prosthetic fracture and/or broken implants

#### Urgent Category Two

- Painful acutely locked knee due to loose body, detached OCD or obstructive meniscal tear
- ACL Reconstruction with locked knee secondary to obstructive repairable meniscal tear
- Chronically infected painful Total Knee Replacement threatening to progress to systemic sepsis

#### Non-Urgent Category Two and Category Three

- Primary Knee arthroplasty
- Revision Knee arthroplasty, except as above
- ACL Reconstruction with intact meniscus or undisplaced meniscus tears
- Arthroscopy, except as above
- Proximal Tibial or Distal Femoral Osteotomy
- Patellofemoral stabilization

This list is not exhaustive and in the situation where there is doubt, the AKS executive advises surgeons to obtain the opinion of a peer before scheduling surgery.

The situation is changing rapidly and these recommendations will be updated as required.

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