



# Position statement: Orthopaedic surgery during the COVID-19 pandemic

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Australian Orthopaedic Association

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## Background

Orthopaedic surgery involves operating on bones, joints and the musculoskeletal system for the treatment of injuries, arthritis and other conditions.

These conditions range from acute emergencies and trauma needing rapid treatment to those requiring reconstructive procedures that may be performed in a less time-critical way in months to years after their onset.

## AOA's position

1. Care for the emergency (urgent and essential) orthopaedic surgery needs of Australians must be preserved at its present level during the period of the COVID-19 pandemic to prevent future physical disability in the population.
2. Non-urgent and lower-priority surgery must be suspended in all hospitals until such time as the effects of the COVID-19 pandemic on the Australian health system are fully known.
3. Arrangements in line with these recommendations should be put in place immediately.

The actions outlined above have regard for the health and wellbeing of staff and our patients. They will help to preserve the resources of the Australian health system and the orthopaedic, anaesthetic and nursing workforce to manage the urgent and emergency needs of the community.

Orthopaedic surgery frequently involves the use of drills and saws that can aerosolize tissue and present a risk to health workers in the current COVID-19 environment. Often orthopaedic patients are older Australians with cardiovascular and respiratory conditions; some are immune-compromised individuals. Orthopaedic procedures involve admission to hospitals and the consumption of health resources including personal protective equipment (PPE). Frequently they involve a form of rehabilitation that involves regular postoperative visits and in which "social isolation" as a preventative measure against COVID-19 transmission is challenged.

Urgent and essential surgery is time-critical surgery in which a known or expected significant deterioration in life or limb function will occur within hours, days or weeks. Examples of urgent and essential surgery include acute fracture and dislocation surgery, major trauma surgery, urgent spinal surgery and surgery required for intractable, severe pain. Reconstructive surgery and elective joint replacement surgery that may be performed at a later and safer time are not examples of urgent and essential surgery.

Orthopaedic surgeons are the key decision makers – in conjunction with their patients – in this process. A process should exist in every local area and hospital, by which senior peers or heads of orthopaedic departments provide expert guidance in decision-making. This is particularly the case where ambiguity exists in non-emergency cases. It is recognised at this time that there is some regional variation, and in rare circumstances capacity exists for minor modification of this recommendation – in the very short term.

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President

The Australian Orthopaedic Association