

Position statement from the AOFAS about Elective Surgery and Covid-19

We support the Australian Government and the Australian Orthopaedic Association positions of limiting elective surgery to reduce the burden on the national health system so as to prevent harm to patients, health care workers and ancillary staff during a pandemic. This will help preserve limited resources and free up drugs, equipment and staff that will be needed for patient treatment in the upcoming weeks and months, and enable time to prepare for capacity stress on the health system.

The principles of this position are to massively reduce the number of cases performed as well as to avoid long-term harm for the small number of patients who would suffer a significant adverse outcome by a delay in their surgery of weeks to months.

While the definition of a Category 2 case is broad, we support the spirit of the category, which is to limit surgery to truly urgent cases only.

The impact of a potential COVID-19 infection in those patients undergoing surgery needs to take into account the co-morbidities of the patient. If we operate on patients during this pandemic, we are imposing greater than normal potentially harmful interactions with our stressed health system.

Clearly Category 1 cases and expedient management of trauma should continue, but even in this setting consideration for non-operative treatment should take place for those patients with significant co-morbidities and where there is no clear superiority of surgery over non-operative treatment.

Before any surgery does take place, surgeons should have a plan in place as to how to deal with a complication if it arises, given the limited resources, which are likely to be available in the very near future. Avoid surgery in older or more compromised patients where possible. Consider a hospital-based committee to review cases deemed necessary to be managed operatively.

Acceptable truly urgent Category 2 cases would include:

- Fractures that cannot be managed non-operatively
- Open injuries of bone and soft tissues
- Infections including diabetic foot sepsis
- Tumours (there won't be many.)
- Tendon ruptures eg. Tibialis Anterior (Only those Achilles ruptures not suitable for non-operative management)
- Achilles avulsions off bone

The following cases will almost never reach a Category 2 classification:

- Ankle arthroscopy (except when used as part of fracture management)
- Ankle instability surgery
- Elective arthroplasty
- Revision arthroplasty (except for periprosthetic fracture).
- Fusions
- Flat foot and Cavus foot surgery
- Bunions
- Claw toes/hammer toes
- Neuromas
- Ganglions

This position statement will be reviewed regularly and further updates will be provided as more information becomes available.

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