

SESA position statement on surgery during the COVID-19 pandemic

Shoulder and Elbow Society of Australia



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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.

Acceptable truly urgent Category 2 cases would include:

- Fractures
- Infections including Arthroplasty Sepsis
- Unreduced acute dislocations
- Acute major tendon disruptions / tears / avulsions such as Triceps, Distal Biceps, Pectoralis Major.

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

- Elective arthroplasty
- Revision arthroplasty (except for periprosthetic fracture).
- Instability surgery
- Capsular release surgery
- Rotator Cuff Repair
 - (An example of a possible exception to this may be a young patient with an acute traumatic injury and a pseudoparalytic shoulder with large multi-tendon tear).

This position statement will be reviewed on a daily basis and further updates will be provided as more information becomes available.

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