Australian Society *of* Plastic Surgeons

ASPS position on surgery during the Covid 19 pandemic

Updated September 2021

The Australian Society of Plastic Surgeons is committed to patient safety and supports RACS and the Commonwealth Government in their efforts to minimize harm to the public from Covid 19 while continuing to meet the health needs of the population.

Elective Surgery Restrictions

ASPS also acknowledges that at various stages of managing the Covid-19 pandemic, elective surgery capacity will need to be reduced in both the Public and Private hospitals to enable protection of the health care system and its workers, to preserve surge capacity in the system, and to preserve finite resources such as personal protective equipment, drug supplies, and sufficient workforce numbers.

Urgent and emergency surgery should continue as demand requires, with appropriate precautions in place for health care workers and their patients.

When adequate staffing, facilities and equipment exists in a region or facility, elective surgery should proceed as normally as possible and in an equitable manner for all specialties. Failure to do this will result in backlogs, health consequences and inequity for patients.

Mitigating strategies can be introduced to continue surgical activity for as long as possible when there is an impending threat of shutdown in a region because of rapidly escalating case numbers:

- Patients with lower risks from Covid 19 should be prioritized: vaccinated, healthy, younger patients.
- Negative Covid tests preoperatively will protect staff and other patients from exposure and the patient from Covid-related complications.
- The risks posed in a large metropolitan tertiary hospital with an Emergency Department and ICU capability are greater than in a small community level hospital, or day hospital facility, and should be recognised
- Aerosol generating procedures and long procedures or those requiring a long post-operative stay or ICU/HDU care should be deferred where safe, to protect staff and patients.
- Day surgery should be the last hospital activity to be stopped as it has the least impact on residual inpatient numbers.
- Performing small procedures safely in rooms may reduce a patient's exposure to Covid from attendance at hospital.

ASPS Council agree that shutdown to urgent and emergency surgery conditions should be targeted (regional, or hospital-specific) and only reserved for situations where there is an immediate threat to the provision of adequate services to patients (eg: because of the number of hospitalized Covid 19 patients, furloughing of staff, or concerns about availability of required resources).

Australian Society *of* Plastic Surgeons Inc.
Suite G01, Ground Floor, 69 Christie Street, St Leonards NSW 2065 Australia
T +61 2 9437 9200 F +61 2 9437 9210 info@plasticsurgery.org.au
plasticsurgery.org.au
ABN 78 823 025 148
ARBN 117 773 645
Incorporated in the ACT with members' liability limited

ASPS Council agree that when **surgery is restricted to urgent and emergency surgery** in a region or a hospital, the appropriate cases in plastic and reconstructive surgery should typically be:

- Trauma, acute Burns and surgery for infection.
- Surgery for alleviation of pain
- Returns to theatre for post-operative patients.
- Head and neck cancer surgery, excepting non-urgent revisions.
- Malignant tumour excision and immediate reconstruction of any tumour (including breast cancer)
- Skin cancer surgery, except for small and superficial tumours in non-critical zones.
- Time-critical paediatric procedures.
- Biopsy of suspicious lesions.
- Any acutely deteriorating condition such as a nerve compression.

The view of Council is that the remainder of Plastic Surgery procedures (including cosmetic surgery) should fall into the category of elective surgery.

As Specialist Plastic Surgeons many of us work across both public and private sectors with variable classifications of elective surgery types. The National Elective Surgery Urgency Classification (2015) is very sparse in guidance for our specialty, but the types of surgery listed above is consistent with its principles as applied to the **Public Hospital system**.

Nonetheless, the Classification is not appropriate for the **Private Hospital system**, where workloads are dictated by available capacity, rather than clinical urgency. When resources are not restricted at a particular facility, limiting services may have undue consequences on providers and patients. Surgery should proceed as dictated by available resources and patient need, with the appropriate case-mix determined by the surgeon and facility.

The Classification is also not well suited to pandemic planning as it focuses only on the urgency of the surgery to the public healthcare system and not the many other factors that come into play in a pandemic such as availability of staff, theatre time and equipment as well as the length of stay and level of care (eg: ICU, HDU, rehabilitation) that a patient may require after surgery.

It is the view of ASPS that the resumption of elective surgery, particularly in the private sector, should also be based on the principles stated by the Australian Health Protection Principal Committee (AHPPC) of procedures representing low risk, high value and performed on patients who are at low risk of post-operative deterioration.

Although it is always likely that elective surgery capacity will be increased in a step-wise manner, our position is that any scenario supported by government for the re-introduction of elective surgery in both Public and Private Hospitals should be based on equity of access, with all surgeons, and all specialties, having their capacity increased equally, with low-risk surgery being re-introduced initially.

Consultations and Office-based Procedures

ASPS maintains that Surgeon, Staff and Patient safety are the prime considerations when choosing to perform consultations and procedures during periods of restricted activity but should also be maintained as activity returns to Covid-normal.

Under lockdown environments, practitioners should limit their consultations and office-based procedures to urgent medical care only, consistent with health directions in place at the time. This will generally not include consultations for cosmetic reasons, or the provision of injectables in an office-based setting, or medispa environment.During periods of restricted activity, surgeons should pay particular attention to their personal risk with respect to age, comorbidities, pregnancy, practice profile (AGP, nasal work) and current geographic risk. They also need to address these considerations for their staff (and trainees) and consider

that others might not share the same view regarding risk. All practices are required to provide a Covid-safe workplace, even after a return to Covid-normal conditions.

Practical and physical measures include:

- Social distancing
- Protective screens
- Restrictions on accompanying person if not essential
- Masks and hand sanitizer for patients and staff,
- Additional cleaning routines
- Realistic timetabling
- Using shared rooms at separate times.

In all situations, our surgeons and staff should be vaccinated against Covid and maintain their booster status as recommended.

Consultations

ASPS is aware that travel and face to face consultations pose risks of transmission to both patients and surgeons. ASPS would therefore recommend that in lockdown conditions:

- Patients be managed within their relevant lockdown zone when practical.
- Telemedicine consultations be used in place of face to face consultations where feasible and safe, including for follow-ups.
- Defer non-essential consultations

During other periods of restricted activity, the nature of any consultation undertaken should also be considered. Longer consultations will carry a greater risk of potential virus transmission. Consultations that involve close examination of the head and neck, or upper airway, will also have a greater risk.

Office-based Procedures

Many minor plastic surgery procedures are typically carried out under local anaesthetic in an office-based environment. It should be noted that performing small procedures safely in rooms may reduce a patient's exposure to Covid from attendance at hospital and can reduce the burden on strained hospital resources.

The principles of safety for surgeons, staff, and patients should also apply in these circumstances.

In lockdown conditions, ASPS would also recommend limiting office-based procedures to those fitting similar criteria to hospital-based procedures, namely:

- Management of trauma, acute burns, or infections
- Biopsy of suspicious skin lesions
- Skin cancer excision and reconstruction (incl. melanoma and other malignancies)

Consideration should also be given to performing more 'see and do' visits for consultation and excision/repair, especially in the elderly and more vulnerable in order to reduce the risk of unnecessary and more frequent visits.

ASPS as an organisation acknowledges the economic implications of the COVID19 pandemic, however, we are confident that our members will continue to do the right thing in protecting our surgical, anaesthetic and nursing colleagues, our staff and the community in line with the Ethical Framework that ASPS has developed.