

Media Release

Friday 17 April 2020

Medical colleges support resumption of selective elective surgery for low-risk patients

The Australian and New Zealand College of Anaesthetists (ANZCA) and the Royal Australasian College of Surgeons (RACS) have cautiously welcomed the Australian Government's decision to consider the graded resumption of some types of recently cancelled elective surgery.

ANZCA President Dr Rod Mitchell said the safety of patients, healthcare workers and the community at large was paramount to ensure that they would not be at risk of infection with coronavirus.

"The SARS-CoV-2 pandemic remains a very significant threat to our community, and any changes to our elective surgery policy need to be made with extreme care.

We do recognise the adverse health effects on our patients by delaying elective surgery, so we need to weigh up the risks of postponing important surgery with the risks of recommencing it too quickly. This would apply particularly to surgery which would normally be needed to be done within three months.

We need to make sure we take all steps to avoid increases in infection rates and to ensure our hospitals maintain adequate bed and intensive care capacity to care for people who do fall ill with the COVID 19 infection. To this end we should carefully monitor settings in which clusters are identified and avoid non-urgent surgery on patients in these settings until the risk is controlled. This also ensures we do not use significant amounts of our personal protective equipment (PPE) unnecessarily, as these remain in relatively short supply.

We also need to maintain our social distancing measures within hospitals as far as possible, as this remains the most important factor in protecting our community."

The colleges said that rates of community transmission and PPE use will need to be closely monitored, and if these are adversely affected, we will need to be prepared to immediately cease all non-urgent elective surgery again.

RACS President Tony Sparnon said that a graduated introduction and strict observance of guidelines that considers regional circumstances would be appropriate and cautioned that this process could take at least two weeks to prevent an outbreak of infection.

"The resumption of elective surgery should be to help patients who are suffering or unable to function as normal. The safety of patients must be paramount so these should be patients who are at low risk of contracting coronavirus. We don't patients who require post-operative care to be operated on as this will put pressure on high dependency and intensive care units, however day procedures should be appropriate."

Dr Sparnon also urged governments to ensure that surgical associations are consulted regarding types of surgery.

"Our surgical associations will be critical in helping to determine what sort of surgery should be undertaken to ensure patient safety and proper use of equipment, including PPE."

Dr Mitchell and Dr Sparnon acknowledged the role of the Australian and New Zealand governments, health departments and health administrators in coordinating responses to the COVID-19 public health crisis.