

## **A message from the British Orthopaedic Association to people waiting for joint replacement and other orthopaedic surgery**

Published 25 Sept 2020

We are acutely aware of the still growing waiting lists that are affecting all planned surgery, but particularly orthopaedics (bone and joint treatment) which has the largest overall waiting list of any individual specialty. We published our first 'patient message' in June and committed the BOA to keeping you informed as the restart of orthopaedic surgery progressed; so here is our update including responses to the concerns you have raised. This statement also reflects discussions from the BOA's Annual Congress which occurred 15-25<sup>th</sup> September where the 'Restart' was a major focus.

**We start with an overall update on the restart situation.** Unfortunately, there is a *very* mixed picture across the country. At the end of August, we undertook a survey in partnership with the British Orthopaedic Directors Society (BODS - which is a group of orthopaedic clinical directors from hospitals around the UK and who could therefore give an informed view of what is happening in each of their hospitals for this survey). From this survey we now know that disappointingly, there are still some hospitals that have not yet resumed *any* non-urgent surgery but, on an optimistic note, there was at least one that had recovered to normal numbers of procedures. Most hospitals are some where in-between. We appreciate this variation will be incredibly frustrating for patients, particularly in areas where the restart is slower. At our BOA Congress we highlighted to our members the importance of communication with patients who are waiting about what is happening in their area and urged them to work with their hospitals to do this where it has not already happened.

There are a large number of challenges that hospitals have been tackling in order to restart, some are more difficult to overcome than others. Below we provide some examples:

- Hospitals are needing to set up 'green' or 'COVID-free' pathways for all planned major surgery to minimise the risks of COVID-19 for patients undergoing operations. Depending on the size, space and layout of the hospitals this can be more or less difficult to implement. Where a hospital undertakes purely elective orthopaedics, this can be set-up more easily, but where there are multiple or complex facilities, and especially where there are trauma services with patients coming in who have not been pre-screened and tested for COVID-19, this is more difficult.
- Some operations (especially trauma or emergency surgery) now take longer due to COVID-19 infection control requirements (or require longer between cases e.g. for cleaning). So some hospitals have to reduce the overall number of lists per week and/or cases per list.
- The need for social distancing in some areas of hospitals, means that some clinics, waiting areas etc. have been reconfigured and/or moved. This has disrupted the normal work-flow and affected the restart of some services including x-rays and scans.
- Some of the challenges relate to staffing – where staff would previously have spent some time caring for trauma patients and some for planned surgery patients, they are no longer able to move between these patient groups (called Green and Blue patient pathways or patient groups).

There are many ways in which we are trying to improve the situation and to ensure that operations like yours happen as efficiently and safely as possible. Some hospitals are adding extra operating lists

and some are using capacity in the private sector. Once again, we appreciate how difficult this situation is for patients and we are doing all we can to support you and your surgeon.

**We know that some people have received news about their surgery and others will have been seeking an update and not received one.** You may be in significant pain, or have difficulty with your mobility or living your day-to-day life. We understand this has a huge impact and that clarity around the timing of your surgery is vital to you.

If you live in England, it may help you to be aware of the following statement in a letter from NHS England (dated July):

*“Trusts, working with GP practices, should ensure that, between them, every patient whose planned care has been disrupted by Covid receives clear communication about how they will be looked after, and who to contact in the event that their clinical circumstances change.”<sup>1</sup>*

The BOA viewpoint is that this principle should apply across the UK (not only in England). In our recent BOA/BODS survey, we found that some Trusts had contacted all patients but that there were also some that had contacted only some or none. We recognise that it has been a difficult time for many hospitals and there may be good reasons why it has not so far been possible to communicate with patients. However, it is something we are now encouraging our members to focus on. As noted above, at our BOA Congress we highlighted to all our members the importance of communication with patients and we are urging them to work on this with their hospitals. We hope this will ensure that patients get the information and support they need while they are waiting.

**Some things may be different for you compared to surgery in the past.** Your surgeon is likely to ask you to follow new guidance in the weeks before surgery to help keep everyone safe, which may vary depending on the type of surgery you need, your general health, local arrangements and the local COVID-19 prevalence. In most cases involving a general anaesthetic, this will include a period of self-isolation at home prior to surgery (usually between 3 and 14 days) as well as a swab test for COVID-19 in the days before the surgery. Elective (planned) procedures will typically take place in a ‘green’ pathway of care that aims to be COVID-free and so measures like this are very important.

**You may wish to rethink having your surgery or ask more questions.** In some cases people are already being contacted to ask whether they still want to go ahead with surgery at the current time, and we need you to help us understand how you feel about your surgery. Some patients are choosing not to go ahead, while others may have new questions about risks and precautions. There are some helpful resources listed below to help answer your questions, but we want you to know that when you are contacted as your surgery approaches, you should feel comfortable to raise questions and discuss any concerns: your surgeon/team will expect you to do so.

**We encourage you to keep talking and to keep active.** We need you to stay as healthy as you can both physically and mentally to be ready for your surgery. That will help you get the best results from your treatment in the long term. There are online tools and resources listed below to help you keep active, and to support your mental health.

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<sup>1</sup> <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/07/Phase-3-letter-July-31-2020.pdf>

### **Frequently asked questions:**

#### **Could planned surgery be paused again if there is a second wave of COVID?**

We very much hope this will not be the case, and not on the scale or the duration of the initial lockdown in Spring 2020. We understand from NHS England that their intention is to continue with surgery throughout the months ahead. In the first wave, surgery was stopped both to make capacity for COVID-19 infected patients to be treated and also because COVID-19 infection prevention measures that would protect patients and staff were not in place in most hospitals. The infection prevention measures are now in place with 'green' hospital pathways that are COVID-free. These factors allow us to be more confident in the safety of patients having surgery at this time.

If there are to be stoppages in planned surgery these will be for the minimum possible time and out of absolute necessity in terms of supporting the NHS with responding to the COVID-19 situation.

#### **Can you give me some idea how patients are being prioritised as services restart and how long I may need to wait?**

As services resume, there will be a careful consideration of how patients should be prioritised and the details may differ from one unit to another based on local policies. Overall, a large focus of this will be prioritisation of operations based on clinical urgency. During the pandemic, surgery was only able to continue for the most urgent and emergency patients, such as those with major injuries, but many semi-urgent patients were not seen. As services reopened there was a backlog of these patients who have very time-critical conditions and whose care was prioritised. There are still some patients in this situation.

Once those with very time-critical conditions have had their operations, services have then moved on to the rest of their waiting list. The patients from the waiting list are usually prioritised on the following factors: how long they have been waiting, the urgency of their condition and their general health (as a measure of how seriously they could be affected if they contracted COVID-19 in the post-operative period – discussed separately below). Our BOA/BODS survey recently showed that most hospitals use all three of these factors to determine the prioritisation of patients for surgery.

We recognise that **everyone** who is on the waiting list is there for an important reason, and needs that surgery. We are working with national bodies and charities for musculoskeletal disease to ensure that orthopaedic patients have access to the care they need as quickly as is possible.

We realise it may be very frustrating and disappointing if you started the waiting list with an idea of how long the wait would be in your area, but now have much less of an idea about how long you may be waiting. We hope that each unit would now be able to give you an estimate of the likely delay and we are encouraging our members to let you know this information.

You may also like to be aware of a national prioritisation document, for which we contributed to the trauma and orthopaedic section, and which categorises procedures according to the urgency. You can find this online [here](#).

### **Why is COVID-risk a relevant factor when prioritising patients for surgery from the waiting list?**

Early research has shown that having a COVID-19 infection around the time of surgery can have serious consequences. This is especially true for those who are already in high risk groups who are more likely to have a poor outcome from COVID-19 infection. Although we and you can do everything we can to reduce the chances of infection around the time of surgery, there unfortunately is always a small risk that this could occur.

There are several well established risk factors related to the need for hospital admission or transfer to intensive care if a patient develops COVID-19. These include pre-existing lung diseases, high blood pressure, taking medication that suppresses the immune system and obesity.

Increasing age of itself is also a risk factor but a decision on proceeding with surgery should not be based on age alone. Every patient should be able to discuss their personal situation with their surgeon and the decision to go ahead with surgery must take into account all of the risk factors, the severity and duration of symptoms, and the complexity, risks and outcome of the proposed operation.

### **What about if my child needs surgery?**

We appreciate that children, especially those with a disability, may be requiring surgery too. The guidance for children is different to that for adults as children are much less likely to be ill with COVID-19 and much, much less likely to be severely ill. We recognise that it is not feasible to maintain social distancing within the household. Currently, children will be swabbed at 48-72hrs prior to admission and should keep their distance from others (including not going to school) until the time of their surgery. Guidance will vary from region to region within the UK and from child to child depending on their surgical procedure and their general health.

### **Further resources**

(We will update this list in future as more resources become available.)

#### *Keeping active and well*

- For those awaiting hip and knee surgery, the Escape Pain App (for Android only) or online tool provides support to help you stay active at home. Access the support tools **here**.
- For anyone seeking help to managing bone, joint or muscle pain at home, the Chartered Society of Physiotherapy has a collection of excellent resources to support you **here**.
- Mental Health charity Mind has webpages about COVID and your wellbeing: <https://www.mind.org.uk/information-support/coronavirus/coronavirus-and-your-wellbeing/>
- If you are struggling with your health (including both physical and mental health) while you wait for surgery, please consult your GP or orthopaedic consultant for advice. Despite the difficulties, both are still 'open for business' and they would wish to hear from you.



### *Preparing for surgery*

- FAQs for patients having an operation during the COVID-19 pandemic, prepared by the Centre for Perioperative Care in collaboration with the Royal Colleges of Surgeons, Royal College of Nurses and other medical bodies available **here**.
- Information from the Royal College of Surgeons of England to help patients understand what's different about undergoing surgery during the pandemic can be found **here**.

### *Other groups and organisations*

- Arthritis and COVID-19 – your questions answered (External resource from Versus Arthritis). Versus Arthritis also have a COVID 'virtual assistant' (COVA) or traditional helpline (<https://www.versusarthritis.org/contact-us>).
- Patients Association: <https://www.patients-association.org.uk/>
- ARMA (Arthritis and Musculoskeletal Alliance) is an umbrella body bringing together patient organisations and professional bodies representing the breadth of musculoskeletal health. [www.arma.uk.net/](http://www.arma.uk.net/)