

COVID-19 and orthopaedic surgery

Important information about the risks of COVID-19 at the time of surgery.

Who is this leaflet for?

You have been offered surgery to treat your orthopaedic condition at St Michael's Hospital in Hayle. This leaflet explains how circumstances have changed since the onset of the Coronavirus (COVID-19) pandemic and how this may affect you.

COVID-19 is a new disease caused by a virus known as SARS-CoV-2 (Coronavirus).

- Approximately one in five people who catch the virus do not experience any symptoms and will be unaware that they have been infected.
- Most patients who catch Coronavirus only experience mild flu-like symptoms.
- Unfortunately, about one in five people develop a more serious illness (COVID-19 disease) and may need to be admitted to hospital.
- In our area just over one in ten of the people requiring hospital treatment have needed to be looked after in the intensive care unit and, sadly about a quarter of our hospital admissions have died.

How does COVID-19 affect planned surgery?

Under normal circumstances, most patients enjoy a smooth recovery from planned orthopaedic procedures and surgery, and only a small percentage experience any kind of complication.

Before being added to the list for surgery, your consultant will have discussed the benefits of the operation that you have been offered and the risk of complications that this entails. While those usual risks still exist, there is an additional risk should you contract Coronavirus around the time of your surgery. This risk is highest for the most major operations but is still present even in minor day case operations and cortisone injections.

During the Coronavirus pandemic, it is vital that we minimise the chance of you coming into hospital while you might be developing a Coronavirus infection and that we minimise the risk of you catching Coronavirus while you are in hospital. This is because we know that people having surgery while they have Coronavirus are much more likely to suffer serious COVID-19 disease. We will employ several measures to minimise the risk of COVID-19 adversely affecting you.

Can I still have my operation?

We will assess your health in relation to the risk factors for surgery, anaesthesia and COVID-19 disease. This will be done by a combination of the pre-assessment as well as a senior anaesthetist reviewing your existing health records. If your surgery is deemed high risk, your operation may have to be deferred for the time being until the risk is felt to be acceptable.

Our plan is to resume surgery on our patients in most need and with the fewest underlying medical conditions so that surgery is deemed as low risk as possible. We hope that this will minimise the risk of severe or life threatening symptoms if anyone does contract Coronavirus infection.

How do I prepare for my operation?

- To minimise the risk of anyone with active Coronavirus infection being admitted to our hospitals for planned surgery, all patients are requested to follow comprehensive social distancing and hand hygiene measures.
- You must be confident that neither you, nor anyone living with you, has had any COVID-19 symptoms in the two weeks prior to your admission.
- If you have not had a COVID-19 swab taken prior to your admission it will not be possible to admit you for your procedure.
- If you feel that you are at greater risk of contracting COVID-19, or of having a poor outcome if you get the virus, you may want to self-isolate for 14 days prior to your admission.
- A swab test will be taken from you in the 48-72 hours before your admission. This must be negative for your surgery to proceed.
- Following your COVID-19 swab you must isolate until the day of your procedure.

What precautions will be taken during my hospital stay?

- Staff will wear appropriate personal protective equipment (PPE) for their and your protection while they are treating you.
- To keep our staff safe, we have restricted visiting whilst you are in hospital.
- We will not keep you in hospital any longer than is necessary.

What will happen afterwards?

To protect yourself from catching the COVID-19 virus, we advise that you self-isolate or maintain strict social distancing and hygiene measures for an extended period after your discharge from hospital. This can be with your family or carers. The time period for this is dependent on the extent of your surgery – following minor day case procedures, you may only need to isolate for up to two weeks; for major in-patient surgery isolation may be required for up to six weeks.

Following surgery, your immune system will be helping you to recover from your procedure, which makes you more susceptible to other infections including Coronavirus. The longer that you are able to reduce contact with others, the better your immunity will be to help fight off other infections, both during and after your recovery.

This also means that you may not be able to see a physiotherapist face to face while you are self-isolating. To minimise the effect of this restriction, we will provide you with instructions for the exercises that you should undertake and provide you with telephone and / or online support from our physiotherapists.

We are working with our partner hospitals to establish safe pathways in all departments to look after patients. In the unlikely event that you need to be transferred out of RCHT we will do our utmost to ensure that you are transferred to a safe area.

What are the additional risks from COVID-19?

If you decide to go ahead with surgery, there are COVID-19 related risks that you need to consider.

- With the measures outlined above, the risk of you carrying Coronavirus at the time of surgery will be very low, but cannot be excluded.
- You could be unknowingly carrying Coronavirus, despite not having any symptoms when you come into hospital for your operation.
- You could catch Coronavirus from one of the hospital staff or other patients, who are unknowingly carrying the virus.

- If you are carrying Coronavirus when your surgery is undertaken or if you develop COVID-19 symptoms soon after surgery, your recovery could be prolonged and there is a significant risk of developing serious illness, possibly leading to admission to intensive care or even death. This risk is greater if you are over 65 years of age or if you have underlying conditions such as diabetes, obesity, chronic lung disease, serious heart disease, chronic kidney disease, liver disease (such as cirrhosis) or if you are immunocompromised.
- Your recovery from surgery could be compromised if you catch Coronavirus in the first few months after your operation and may require readmission to hospital.

We will do our best to ensure that you have your operation on the day it is planned. Please note that these are exceptional times. It is possible that any planned surgery may be postponed for reasons outside our control such as lack of critical equipment, lack of staff or time considerations.

At present there is a lack of evidence to measure the additional risk that COVID-19 could have on the outcome of your operation. However, a multicentre study published in the Lancet Medical Journal reported the following:

- The risk of 30 day mortality was 23.8%. This means that if someone gets Coronavirus around the time of their surgery, they have a 23.8% risk of dying within 30 days of the operation.
- Pulmonary complications (such as pneumonia, Acute Respiratory Distress and clots) occurred in 51% and 30 day mortality in this group was 38%.
- Higher rates of 30 day mortality was associated with male sex, age over 70 years, ASA grade 3 or above and emergency procedures. ASA grade 3 or above is an anaesthetic risk category for people with severe disease and substantial functional limitations. One or more of the following moderate to severe diseases would place someone into this category. Examples include (but are not limited to):
 - poorly controlled diabetes, hypertension, chronic lung disease, morbid obesity (BMI ≥ 40), active hepatitis, alcohol dependence or abuse, implanted pacemaker, heart failure, kidney failure, recent stroke, recent heart attack, recent cardiac stents.

This study was done at the peak of the epidemic mainly in hospitals in Europe and North America. There may be local variations and these results may not be generalisable. We are getting more information with time and these numbers may change as we begin to learn more.

Should I postpone my operation?

Due to the severe risks involved with major surgery during the period of the COVID-19 pandemic, if you are over 70 years of age and have any of the conditions that would class you as ASA grade 3 or worse (explained above) we would advise that your orthopaedic condition should be very severe (more severe than would normally be the case) to take the risk of surgery. Consideration should be given for postponing non-urgent procedures – your consultant (or a member of their team) will contact you to discuss these risks with you and will be able to answer any questions that you may have prior to your admission.

We hope that you will be reassured to know that we will be monitoring the progress of all our patients through our outcomes programme so that we are alerted to any COVID-19 related, or any other complications, as quickly as possible.

Any questions?

If you have any questions that you would like to ask before deciding whether to go ahead with your operation please contact your consultant's secretary on:

If you decide not to go ahead with surgery at present, we will keep your name on our books.

Alternatively, if you would like to go ahead with your operation, we will endeavour to make your hospital visit run smoothly.

If you would like this leaflet in large print, Braille, audio version or in another language, please contact the General Office on 01872 252690