

# Caring for orthopaedic patients affected by elective surgery suspensions

Chris Wall

**IN RESPONSE** to the COVID-19 pandemic, Prime Minister Morrison announced a temporary nationwide suspension of non-urgent elective surgery in both public and private sectors, effective from 26 March 2020.<sup>1</sup> This decision was made 'to preserve resources including protective equipment to help prepare public and private health services to prepare for their role in the COVID-19 outbreak'.

The temporary suspension of elective surgery will affect thousands of patients currently awaiting orthopaedic surgery. Many of these patients live with significant pain and disability, and they are likely to present to their general practitioners (GPs) for ongoing symptom management. Optimising their nonoperative treatment will be crucial during this challenging time.

Nonoperative treatment modalities include education, lifestyle modification, mass reduction, physiotherapy, orthoses, psychology, pharmaceuticals and injections. A multimodal approach is often required for patients with severe disease.<sup>2,3</sup>

Patients with chronic orthopaedic conditions are unlikely to deteriorate rapidly, and the goal of treatment is to preserve function. There is strong evidence that exercise is not only safe but improves symptoms for patients with osteoarthritis.<sup>4,5</sup> Regular low-impact cardiovascular exercise and joint-strengthening exercises are recommended. For patients who are obese with chronic orthopaedic conditions, particularly knee osteoarthritis, weight loss can lead to an improvement in symptoms.<sup>6</sup>

Physiotherapists have a key role in the management of chronic orthopaedic

conditions; however, access to public allied health services may be temporarily limited. Osteoarthritis Australia's My Joint Pain ([www.myjointpain.org.au](http://www.myjointpain.org.au)) and My Back Pain ([www.mybackpain.org.au](http://www.mybackpain.org.au)) websites are excellent online patient self-help resources to consider as an alternative. GLA:D International has produced a series of instructional videos demonstrating home-based exercises ([www.youtube.com/channel/UCP8RbOupT5GgQarss0Ybt8g/videos](http://www.youtube.com/channel/UCP8RbOupT5GgQarss0Ybt8g/videos)). Prescription of a gait aid such as a walking stick or frame may be appropriate for patients with mobility restrictions. Walking sticks should be used in the contralateral hand.

A stepwise approach to pain relief is recommended, using simple analgesia and non-pharmacological adjuvants as appropriate.<sup>7</sup> Opioids should be avoided where possible. The judicious use of cortisone injections is reasonable; however, intra-articular injections within three months of joint replacement surgery should be avoided, as this increases the risk of periprosthetic joint infection.<sup>8,9</sup> The use of hyaluronic acid, platelet rich plasma and stem cell injections is not recommended.

The COVID-19 pandemic will have profound impacts on many people for health and economic reasons. Screening for depression and anxiety is important, with early referral to counselling or psychology services as required.

The temporary suspension of elective surgery will affect many patients awaiting elective orthopaedic surgery. Multimodal treatment of these patients will be important. Should patients functionally deteriorate, discussion with your local orthopaedic service is recommended.

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## Author

Chris Wall MBBS, BMedSc, FRACS, FAOrthA, Deputy Director, Department of Orthopaedics, Toowoomba Hospital, Qld; Senior Lecturer, School of Medicine, Rural Clinical School, University of Queensland, Qld. [Chris.Wall@health.qld.gov.au](mailto:Chris.Wall@health.qld.gov.au)  
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