

Media Release

COVID-19 disruption will lead to 28 million surgeries being cancelled worldwide

The CovidSurg Collaborative has projected that, based on a 12-week period of peak disruption to hospital services due to COVID-19, 28.4 million elective surgeries worldwide will be cancelled or postponed in 2020. The modelling study, published in the *British Journal of Surgery*, indicates that each additional week of disruption to hospital services will be associated with a further 2.4 million cancellations.

The researchers collected detailed information from surgeons across 359 hospitals and 71 countries on plans for the cancellation of elective surgery. This data was then statistically modelled to estimate totals for cancelled surgery across 190 countries. Royal Australasian College of Surgeons (RACS) Fellows and trainees have contributed significantly to the study.

The researchers project that worldwide 72.3 per cent of planned operations will be cancelled through the peak period of COVID-19 related disruption. The majority of cancelled surgeries will be for non-cancer conditions; however, it is estimated that globally 2.3 million cancer surgeries will be cancelled or postponed. Orthopaedic procedures will be cancelled most frequently, with 6.3 million orthopaedic operations cancelled worldwide over a 12-week period.

In Australia, so far there have been eight weeks of significant cancellations of most non-urgent elective surgery, from mid-March to mid-May. However, elective surgery is now restarting, with varying but often still significant restrictions on numbers of cases. In total, this period of restricted workload has created a backlog of almost 400,000 cases that will need to be cleared after the COVID-19 disruption ends. To give an impression of the scale of the backlog, if we had been able to go back to an enhanced service after the worst of the disruption ended in late April, with the hospital system increasing the number of surgeries performed each week by 20 per cent compared to pre-pandemic activity, it would still have taken 22 weeks to clear the backlog.

Dr Philip Townend, Consultant Surgeon, Gold Coast University Hospital commented: "During the COVID-19 pandemic elective surgeries have been cancelled to reduce the risk of patients being exposed to COVID-19 in hospital, and to support the wider hospital response, for example by converting operating theatres into intensive care units. Although essential, cancellations place a heavy burden on patients and society. Patients' conditions may deteriorate, worsening their quality of life as they wait for rescheduled surgery. In some cases, for example cancer, delayed surgeries may lead to a number of unnecessary deaths."

Dr Daniel Cox, Surgical Research Fellow at the University of Melbourne said: "Each additional week of disruption to hospital services results in up to 67,000 further operations being cancelled. It is important that hospitals regularly assess the situation so that elective surgery can be fully resumed at the earliest safe opportunity. Whether for cancer or for benign conditions, delay in getting to surgery creates stress for patients, as well as the potential for their condition to worsen or progress."

Professor David Watson, Clinical Director of the RACS Clinical Trials Network Australia & New Zealand noted: "This worldwide collaborative project to understand the consequences of COVID19 on surgery, including outcomes, service delivery and methods to reduce risk for patients and clinicians, has brought surgeons and their teams together to collect high quality data from across Australia and New Zealand. It is extending the work done in the past three years to establish collaborative research in surgery, involving all grades of surgeons from medical students to consultants, and in all the states, provinces and territories served by Fellows and trainees in our College."

Dr Peter Pockney, Consultant Surgeon in Newcastle, NSW, and a member of the organising committee for the COVIDSurg project, commented "COVIDSurg is believed to be the biggest collaborative study ever conducted in Surgery. The contribution of RACS Trainees and Fellows, in Australia and NZ, has been vital in ensuring that the data produced and conclusions from it are valid and robust. The lessons learned will help health services plan, adapt and deliver high quality safe services as the pandemic progresses."

Full details of the study in the *British Journal of Surgery*

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Notes to editors

- Country-level data on cancelled elective surgery is available in the study manuscript for 190 countries. This data is split in to 15 specialties providing a comprehensive overview of the local impact of COVID-19 on surgery.
- The CovidSurg Collaborative is a research network focussed on the impact of COVID-19 on surgical care. Over 5,000 surgeons from across 120 countries, including Australia and New Zealand are participating in the CovidSurg programme. The Collaborative is leading two cohort studies collecting patient-level surgical outcomes data; currently data on 7,500 patients have been entered by 440 hospitals worldwide. In Australia and New Zealand participation in the CovidSurg Collaborative has been supported by the Royal Australasian College of Surgeons Clinical Trials Network Australia and New Zealand (CTANZ). For information about CTANZ, please contact CTANZ@surgeons.org
- This study was led by CovidSurg Collaborative members based in the United Kingdom, Benin, Ghana, India, Italy, Mexico, Nigeria, Rwanda, Spain, South Africa, and the United States, with contributions to the data collection from Australia and New Zealand.