

14th April 2020

ANZ Hernia Society
PO Box 393
Nedlands WA 6909

**RE: Hernia Surgery in the COVID-19 Crisis
Position Statement - Australia**

Dear Colleagues,

Hernia is common condition with 60 -100,000 operations performed in Australia each year. The nature of these cases requiring surgery ranges from simple to very complex and from non-urgent elective to emergencies that require immediate surgery. Complicated hernias form a significant part of an acute surgical units daily workload in public hospitals.

The Australian Federal government has restricted surgery to emergency, category 1 & exceptional category 2 cases during the COVID-19 crisis. (1)

Category 1 is defined as cases that have the potential to deteriorate quickly to become an emergency and as such should be performed normally within 30 days.

Category 2 is defined as a case causing pain, dysfunction and disability but is unlikely to deteriorate quickly to become an emergency case. Surgery may be deemed necessary by the treating clinician.

In response the Australian Federal Governments Restriction we recommend;

Indications for surgery should include hernias at risk of strangulation. Although the overall risk of hernia strangulation per year is low, there are subgroups which potentially have a much higher incidence. This includes those patients with rapidly increasing pain, associated colicky abdominal pain with nausea or vomiting, those that have to lie down for several minutes to reduce the hernia, non-reducible or incarcerated hernias, tender and difficult to reduce hernias. We feel that all these hernias full fill the requirements of Category 1 elective surgery

In addition to the risk of strangulation, hernias that cause significant pain, or result in the inability work could be considered an exceptional Category 2 requiring surgery during this period.

Performing Surgery in the COVID-19 crisis;

Prior to surgery all patients should be screened for COVID 19 infection with history and temperature and if suspicious for possible COVID-19 contact or infection then delay elective surgery pending nasal swabs, blood tests, CT chest or a period of observation. Patients positive for COVID-19 should be treated in a designated COVID-19 hospital equipped with appropriate personal protective equipment (PPE) and where the staff have had the training to use the PPE.

To limit potential spread of virus by proven asymptomatic infected patients or those at risk of carrying the virus consider performing non complicated inguinal and simple primary ventral hernias under local anaesthetic with sedation as a day case procedure, (if the expertise available).

We ask surgeons to use appropriate clinical judgement, taking into account the level of local community spread, the resources in their local hospitals including PPEs and training of staff in precautions for COVID-19 as well as the patient's clinical condition. If unsure as to urgency of procedure, ask a colleague or formally refer for second opinion.

Yours Sincerely



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(1)REF: <https://www.pm.gov.au/media/elective-surgery>

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