

## **ASPS communication about government ban on non-urgent elective surgery**

Thursday 26 March 2020

The Australian Society of Plastic Surgeons is committed to patient safety and supports RACS and the Commonwealth Government in their direction to cancel all non-urgent elective surgery.

As Specialist Plastic Surgeons we work across both public and private sectors with variable classification of elective surgery types. The NATIONAL ELECTIVE SURGERY URGENCY CATEGORISATION (2015) is very sparse in guidance for our specialty.

ASPS Council interpretation is that there should be:

- No cosmetic/discretionary surgery or revision
- Skin cancer surgery is Cat 1, but clinicians should consider deferring small lesions on back/trunk/legs
- Most elective/cold hand surgery is Cat 3, but worsening nerve compression could be escalated to “urgent Cat 2”
- Removal of ruptured breast implants is typically Cat 2 but would only be considered urgent if causing significant pain or where there are grounds for concern for ALCL
- Major head and neck cancer surgery is Cat 1
- Other cancer excisions and reconstructions Cat 1 or 2 depending on local circumstances
- Time-critical paediatric procedures would normally be Cat 2 with urgency determined by local clinicians and circumstances.
- No cosmetic injectables, laser or “medispa” procedures should be provided.

Trauma, infection and burns are emergency cases and should all be carried out as usual.

We are cogniscent of the risks to our members of providing long procedures and would advise against these where at all possible. We are also aware that instrumentation of airways present risks to surgeons but more often to anaesthetists. Every general anaesthetic that can be avoided may save the transmission of COVID19 to an anaesthetist.

### **Consultations**

Although there is currently no directive on medical consultations, ASPS is aware that face to face consultations pose risks of transmission to both patients and surgeons. ASPS would therefore recommend:

- Carrying out telemedicine consultations in place of face to face consultations where feasible and safe, particularly for follow-ups.
- All cosmetic face to face consultations should be cancelled or postponed
- Specialist Plastic Surgeons should consider minimizing the frequency of visits, especially for the elderly and vulnerable. More “see and do” visits for consultation and LA excision of skin cancers should be considered.

ASPS as an organisation acknowledges the economic implications of the COVID19 pandemic, however, this is not the time to look for loopholes. We are confident that our

members will do the right thing in protecting our anaesthetic colleagues, ourselves, our staff and the community in line with the Ethical Framework that ASPS has developed.