



Australian and New Zealand Association of Paediatric Surgeons Inc

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Position statement for the re-introduction of elective Paediatric Surgery.

The Australian and New Zealand Association of Paediatric Surgeons welcomes the recent notification in relation to the re-introduction elective surgery. The relaxation of restrictions was announced on April 21st with further surgery to commence on April 27th. We have been very thankful for the guidance and support we have received from the RACS and the Department of Health (Office of the Chief Medical Officer).

As elective paediatric surgery is further introduced other Category 2 cases such as inguinal hernias and orchiopexies could be undertaken. Category 1 and urgent Category 2 cases will also continue to be done. Minor cases which do not adversely affect a child can continue to be delayed whilst hospitals develop their strategies for the re-introduction of elective surgery. Surgeons should be mindful of the needs of their hospital, other surgical specialties and their patients. Work should be prioritised in such a way as to not adversely impact on the resources of their hospital; this should include not over booking lists, having the consultants running the list and avoiding patients who might require a prolonged ICU stay if their surgery is not urgent. All surgeons undertaking operating should remain mindful of the potential consumption of PPE and the need to practice appropriate PPE precautions.

Whilst different hospitals may have local policies it is recommended that members follow the National COVID-19 testing guidelines. Whilst all asymptomatic patients should be screened by questionnaire and temperature the routine preoperative testing of asymptomatic patients is not recommended and highly discouraged as this will rapidly result in a loss of testing equipment for symptomatic patients thereby potentially placing staff at risk. Symptomatic patients should have their surgery delayed if not urgent so that testing can be carried out; or treated as potentially COVID19 positive and appropriate precautions taken if surgery is urgent.

This is an evolving situation which needs to be managed carefully. Surgical activity will be monitored, and a review undertaken at 2 and 4 weeks. It is however a dynamic situation and members should continue to keep themselves updated as to the latest information.

**Mr Guy Henry F.R.A.C.S.
President**

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