

## Media Release

### College of Surgeons calls for continuation of elective surgery

24 September 2021

The Royal Australasian College of Surgeons (RACS) is supportive of a position where hospitals are allowed to continue some of their elective services in an environment of uncertainty and fluctuation, in conjunction with local health departments.

“The restriction in elective surgery needs to be balanced with hospital specific factors, such as staff shortages, PPE availability and ICU capacity. COVID positive patients should ideally be managed in pre-determined institutions to allow some urgent elective surgery to continue in “COVID-free” hospitals.

“We believe this can be safely achieved with appropriate planning and decision making at a local and jurisdictional level where planning and pathways are integrated. The unique challenges faced by specialists in rural and regional areas of need should be considered in all decision making and planning. These include access to medical and healthcare worker locums and fly-in fly-out staff which has been compromised as a result of border closures, which may further impact elective surgery,” said RACS president Dr Sally Langley.

The suspension of elective surgical services in response to the pandemic has led to significant delays in the treatment of surgical patients and waiting lists for surgical services are expanding.

“The blanket restriction of all elective surgeries may reduce the likelihood of patients attending GPs or specialists, for example, to report symptoms or for routine cancer screening practices. Given the proven 30-50 per cent reduction in cancer related diagnoses and procedures during 2020, the downstream effect of this is unknown and may substantially increase cancer related mortality,” added Dr Langley.

The College noted that there would be ongoing challenges in the delivery of elective surgery with the increase of COVID-19 cases and the resulting pressure on the national health system.

“It will take time for all patients and staff to be protected while the COVID-vaccine rollout is underway. However, certain circumstances allow surgical services to continue safely with appropriate planning and decision making.

“The approach of a comprehensive ban or blanket restriction of all elective surgeries is a blunt and ineffective instrument. The provision of many elective procedures can still be performed safely even during a pandemic subject to patients undergoing appropriate risk assessment and testing and surgical teams having access to adequate PPE, and there is sufficient ICU access within a hospital for these surgical cases. Obviously, these cases cannot proceed if hospital systems are overwhelmed by COVID-19 cases,” said Dr Langley.

RACS surgical specialties have guidance for the prioritisation of surgery during the pandemic. The guidelines provide advice on prioritising patients based on the level of urgency of their clinical need relevant to each specialty.

“The determination of what is elective versus emergency, urgent and semi-urgent can be based on the existing categorisation, but also needs to be determined by the professionalism and knowledge of surgeons, with each hospital having a peer review process for any uncertain cases. As elective services increase, consideration should be given to how the use of existing facilities can be optimised to support the resumption of planned elective surgery in parallel with emergency and urgent cases. This will reduce the waiting list backlog.

“We are committed to engaging with local hospitals, the Australian and Aotearoa New Zealand governments, health departments and health administrators to support a coordinated response to resolve this public health crisis,” added Dr Langley.

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**About the Royal Australasian College of Surgeons (RACS)**

RACS is the leading advocate for surgical standards, professionalism and surgical education in Australia and New Zealand. The College is a not-for-profit organisation that represents more than 7000 surgeons and 1300 surgical trainees and International Medical Graduates. RACS also supports healthcare and surgical education in the Asia-Pacific region and is a substantial funder of surgical research. There are nine surgical specialties in Australasia being: Cardiothoracic surgery, General surgery, Neurosurgery, Orthopaedic surgery, Otolaryngology Head-and-Neck surgery, Paediatric surgery, Plastic and Reconstructive surgery, Urology and Vascular surgery. [www.surgeons.org](http://www.surgeons.org)