

The Australian Society of Plastic Surgeons (ASPS) congratulates the Federal and State Governments for their management during the COVID 19 pandemic, and in particular, the Federal and State Health departments for their management of the Australian Health system. The ASPS also congratulates the Royal Australasian College of Surgeons for its efforts to form a consensus position amongst the Australian (and New Zealand) Surgical community on the very important matter of the phased reintroduction of elective surgery.

We are pleased to see the reintroduction of Elective surgery and agree with the 25% gradual planned recommencement. This is to be overseen by individual hospital administrators with the principle of equitable access for all patient and surgical groups.

ASPS, however, has some concerns about the re-introduction of elective surgery being along the lines of Categories which are used to place patients onto Public Hospital waiting lists. These do not take into consideration the risk factors for COVID 19 infection and the potential requirements for resources and PPE. We believe that the criteria should be based on the principles stated by the Australian Health Protection Principal Committee (AHPPC) of procedures representing low risk, high value and performed on patients who are at low risk of post-operative deterioration.

ASPS agrees that there is no value in producing lists of “acceptable” procedures, rather what should be agreed to are guiding principles which can be applied across all surgical subspecialties. These principles should include

- Procedures to treat malignancy
- Procedures which are performed to alleviate pain
- Procedures which are performed to improve function, if it has been impaired
- Clinicians should consider very carefully the need to operate on elderly or immune compromised patients
- Favour cases which can be performed as day cases or require short post-operative admissions
- Avoid cases, if possible, which require post-operative HDU or ICU admission
- Determination of the suitability of cases is left to individual surgeons but could be peer reviewed at a local level if there are concerns

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