



Surgical prioritisation during the COVID-19 pandemic

Position statement

This British Elbow and Shoulder Society statement has been issued to provide further important clarification on surgical prioritisation within the subspecialty of shoulder and elbow surgery, during the COVID-19 pandemic.

The document issued by the Surgical Royal Colleges and NHS England provides high level guidance on surgical prioritisation across surgical specialties. It is important to note that the document is for guidance only and surgeons will need to consider all relevant factors when deciding on the surgical priority for an individual patient. In addition, by necessity the generic guidance groups conditions under broad headings and is not able to deal with all subspecialty conditions in detail. It is important to realise that within each subspecialty there is a need to interpret the guidance appropriately.

The following two indicative examples illustrate why that is important and should be noted:

1. Dislocated joints are listed as 'Priority Level 1a – operation needed within 24 hours.' That would not apply for uncomplicated acromioclavicular joint dislocation, which is usually managed conservatively with delayed or late reconstruction if needed.
2. Rotator cuff tendon rupture is listed as 'Priority Level 2 – surgery can be deferred up to 4 weeks.' This may apply for acute traumatic tears, but the vast majority of rotator cuff tears are chronic degenerative tears that can be treated by delayed reconstruction if conservative measures fail.

We would emphasise that these are just two indicative examples that underscore the importance of specialist surgical judgement. Other examples will exist because decision making for some patients with some conditions is complex. This is why the clinical judgement and advice from treating surgeons should not be ignored during local planning around surgical prioritisation.