

## NSANZ COVID STATEMENT – 2 April 2020

The Neuromodulation Society of Australia and New Zealand supports the Australian Government's decision to temporarily suspend elective surgery, except for; Category 1 and urgent Category 2 procedures.

The Prime Minister has left the categorisation of the proposed surgery (Category 1 or urgent Category 2) to the treating physicians/surgeons.

It is vital that we as physicians/surgeons, both morally and ethically, do what is correct for our patients, their families and our communities, both local and global.

We must do what is right.

As always, we must treat our patients with the utmost dignity and respect, communicating our decisions in an empathic and caring fashion. We must give them the time that they need of us especially in these difficult circumstances.

As you are aware elective surgery is coded into 3 categories with surgery currently allowed for Emergency, life-saving surgery, Category 1 and certain urgent Category 2 procedures. In regard to neuromodulation procedures, we recommend procedures fall into the following categories;

### ***Emergency surgery***

- Infected implanted neuromodulation devices

### ***Category 1 – Elective surgery needing treatment within 30 days. Has the potential to deteriorate quickly to the point where the patient's situation may become an emergency***

- Intrathecal pump refills, malfunctions and replacements.
- Complications with implanted devices which are likely to deteriorate into an emergency if not treated: e.g. pump/IPG close to erosion / dehiscence; migration of a device / lead / catheter into a potentially dangerous position

### ***Urgent Category 2 – Elective surgery needing treatment within 90 days. Their condition causes pain, dysfunction or disability. Unlikely to deteriorate quickly and unlikely to become an emergency:***

- This category might include implant of some neuromodulation devices in extenuating circumstances.
- Evaluate cases on an individual basis and use shared decision making for all cases.
- Our aims should be; to avoid dangerous deterioration of function both physically and emotionally or repeated emergency department/hospital admissions.
- Deterioration of physical function might include severely restriction of ADLs to the extent that the patient could not manage their symptoms for a further 3-6 months.
- We note that the distinction between urgent and non-urgent Category 2 may not always be simple. Use shared decision making; review the details with an external colleague or the hospital administration. If there continues to be uncertainty, postpone the surgery.

Also consider the risk and benefits in terms of hospital resources, hospital staff and of your patients contracting or transmitting COVID-19. Always consider patient factors like age, medical comorbidities (diabetes, obesity and smoking, cardio-respiratory function), immune status and opioid consumption. Always utilise a fully informed consent process.

If you are in doubt or are unable to reach a decision, the case should be postponed.

We note that the formation of temporary hospital based surgical determination committees may occur to ensure transparency and safety as well as to effectively manage local resources. We must work with our hospitals to ensure Category 1 cases are not delayed and only urgent Category 2 cases, capable of withstanding peer scrutiny, are treated in a timely fashion.

In areas where there is no such committee, we'd advise consultation and external peer review with a colleague as well as the specialist anaesthetist for all cases. This process should be well documented for all cases.

**The restrictions to elective surgery are due to take effect as from midnight, Wednesday, 1 April 2020.**

NSANZ Executive Committee

#### Additional resources

1. Recommendations on chronic pain practice during the COVID-19 pandemic, released by the American Society of Regional Anesthesia and Pain Medicine (ASRA) and European Society of Regional Anesthesia and Pain Therapy (ESRA).
  - a. <https://www.asra.com/page/2903/recommendations-on-chronic-pain-practice-during-the-covid-19-pandemic>
  - b. [https://www.asra.com/content/documents/covid\\_guidance\\_cpv1.pdf](https://www.asra.com/content/documents/covid_guidance_cpv1.pdf)
2. Murphy, Litif, [Pain During COVID-19: A Comprehensive Review and Guide for the Interventionalist](#), Pain Medicine, 2020
3. [Recommendations for the Management of Implanted Neurostimulation & Intrathecal Drug Delivery Devices During the COVID-19 Pandemic](#). NSUKI. 2020
4. [FPM response to concern related to the safety of steroids injected as part of pain procedures during the current COVID-19 virus pandemic](#). FPM. UK. 2020