SCOT Statement concerning the Management of Fragility Hip and Femur Fracture Patients during the COVID-19 Pandemic

- There is discussion about the optimal management pathway for patients with fragility hip and femur fracture who are known or suspected to have COVID-19.
- The position of the British Orthopaedic Association (BOA) and SCOT is that the care of patients with fragility hip and femur fractures **remains an urgent surgical priority**. The decision regarding whether or not to operate should continue to be based on the clinical condition of the patient, not just their suspected or confirmed COVID-19 status.[1,2].
- The principles laid out in the Scottish Standards of Care for Hip Fracture Patients (SSCHFP)[3] should be adhered to wherever possible.
- COVID-19 infection in the fragility fracture population may present atypically with non-respiratory symptoms and signs (including: diarrhoea, worsening confusion or 'subtle signs' of deterioration) and infected patients may appear asymptomatic.
- If COVID-19 is suspected at the time of presentation, then perioperative management and treatment decisions should be taken following discussion with the Orthopaedic, Anaesthetic, and Medical teams. Use of techniques to minimise potential additional perioperative stress on the patient's respiratory system should be considered.
- The use of PPE should be in accordance with the most up to date HPS/PHE guidance and local risk assessment.
- Most people with coronavirus will survive, even those with frailty. Risks after a fragility fracture are increased, but early surgery is humane, facilitates nursing care and will reduce overall impact on health and social care services.
- **Ceilings of treatment** should be discussed and documented preoperatively.
- Aim for **prompt** (<24 hours) **consultant-delivered** surgical and anaesthetic care where possible. This may help reduce length of stay.
- SARS-CoV-2 testing may be useful in patients who have signs and symptoms of COVID-19 (including those who exhibit atypical features such as a new onset delirum). Testing should not, however, cause a significant delay in care. A negative test result should be carefully evaluated in conjunction with the clinical status and investigations such as chest x-ray. A negative test and overall low suspicion of COVID may help to de-escalate the situation and allow surgery to proceed timeously in accordance with normal practice.
- Confirmed, or suspected, coronavirus infection, on its own, is **not a reason to delay or cancel surgery.** Delay and/or nonoperative management may be appropriate in a deteriorating patient with an agreed ceiling of care**.**
- Follow the Association of Anaesthetists' guidance on reasons for postponement and optimisation for hip fracture surgery.
- **Rehabilitation services** may be limited, but early discharge should be supported where possible**.**

Al Murray, Chairman: On Behalf of SCOT (2/4/2020)

References:

1. **British Orthopaedic Association.** Management of patients with urgent orthopaedic conditions and trauma during the coronavirus pandemic. **Accessed 02/04/2020.** https://www.boa.ac.uk/uploads/assets/ee39d8a8-9457-4533-9774e973c835246d/COVID-19-BOASTs-Combined-v1FINAL.pdf
2. **NHS England.** Clinical guide for the perioperative care of people with fragility fractures during the coronavirus pandemic. **001559. (Version 1, March 25th). Accessed 02/04/2020.** https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0086_Specialty-guide-_Fragility-Fractures-and-Coronavirus-v1-26-March.pdf
3. **Scottish Hip Fracture Audit.** Scottish Standards of Care for Hip Fracture Patients. **Accessed 02/04/2020.** https://www.shfa.scot.nhs.uk/_docs/2019/Scottish-standards-of-care-for-hip-fracture-patients-2019.pdf
4. Association of Anaesthetistists. Management of Proximal Femoral Fractures. **Accessed 02/04/2020.** https://anaesthetists.org/Portals/0/PDFs/Guidelines%20PDFs/Guideline_management_proximal_femoral_fractures_2011_final.pdf?ver=2018-07-11-163755-037&ver=2018-07-11-163755-037