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Project Restart'; Safe resumption of elective orthopaedic surgery following the Covid-19 pandemic

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Introduction: The Covid-19 pandemic resulted in nearly 2 million patients being put on waiting lists for elective procedures in the UK.

We aim to describe how the COVID-19 Algorithm for Resuming Elective Surgery (CARES) was used to allocate patients to elective theatre lists while factoring in patient safety, risk to healthcare workers and, protection of resources.

Methodology: A multidisciplinary team was employed with the task of using CARES to allocate theatre slots to 1169 patients on the waiting list. CARES was used in conjunction with an evidence-based scale for procedural urgency (Levels 1-4) to stratify patients and list them for surgery at one of three 'COVID-light' sites i.e. 1. With HDU/ITU access, specialist staff, and equipment, 2. An NHS short-stay surgical unit, 3. A private surgical unit. Incidence of post-operative Covid-19 infection was assessed by looking at positive Covid-19 RT-PCR or CT Chest with characteristic findings performed within 2 weeks of the surgery.

Results: 118 cases were deemed to be Priority 1/2, 222 were Level 3, and 808 were Level 4. In 6 weeks, 355 surgeries were performed, with Urgent and Level 1/2 cases performed soonest (mean 18 days, $p < 0.001$). 33 high-risk/complex/paediatric patients had surgery at Site 1 and the rest at Sites 2 and 3. No patients contracted COVID-19 within 2 weeks of surgery.

Conclusion: CARES' holistic approach enabled equitable and safe resumption of arthroplasty during the pandemic, by stratification and creation of COVID-light sites. It could be applied internationally and across sub-specialties.

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