

768 Impact Of COVID-19 And BOAST Standards on Surgical Management of Upper Limb Injuries in A Large Teaching Hospital

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Aim: During the first peak of the COVID-19 pandemic, the BOA recommended that upper limb surgery for trauma should be avoided if possible, or performed as day-case if unavoidable, to reduce the risk of COVID-19 related negative outcomes. This audit assessed compliance with recommendations and impact on proportion of injuries managed conservatively due to COVID-19 risks, inpatient stay duration, COVID-19 infections, and corrective surgical intervention rates.

Method: Data was collected for all referrals to orthopaedics for upper limb fractures/dislocations at a large NHS teaching hospital in the North West over a 10-week period from April 4th to June 12th. Follow up was performed to 6 months after date of injury. Care was audited against the "British Orthopaedic Association Standard in Trauma: Management of patient with urgent orthopaedic conditions and trauma during the coronavirus pandemic".

Results: A total of 112 patients were referred. 76% of patients were discharged from Emergency Department, with surgery indicated in 48%. Of those, 11% (n=6) were not operated on due to COVID-19 risks and 1 patient from this group (16.7%) has required secondary corrective surgery. Surgery was completed as day-case procedure in 50%. COVID-19 swabs were not taken in 46% of referrals, 50% had a negative test and 4% positive. No patients tested positive after discharge following treatment.

Conclusions: Few cases were managed conservatively based on COVID-19 risk, and only 1 patient has required secondary surgery. More upper limb injuries may be managed conservatively, as per BOAST standards, with day-case procedures better utilised as an alternative.