

387 Plastics Surgery and the COVID-19 Pandemic: How Our Practice Has Improved as A Consequence

T. Yeoh, A. Tan, F. Ahmed

Lister Hospital, Stevenage, United Kingdom

Aim: Plastic trauma cases were impacted by the COVID-19 pandemic. Multiple plastic trauma theatres were lost due to redeployment and re-distribution of staff and resources. Plastic surgery was essentially left with an emergency list to manage trauma cases. This retrospective study aims to highlight the pitfalls and solutions realised during COVID times and how different strategies can be implemented should a third national lock down occur.

Method: Plastic surgery data (trauma, elective) was analysed from the first national lockdown due to COVID-19 in 2020. This data was compared against plastic surgery trauma data from 2019. Theatre time, the number of trauma surgeries, anaesthetic used and delay to theatre were all analysed.

Results: There was a 47% reduction in plastic surgery trauma cases and a 42% reduction in delay to surgery during the national lockdown (2020) when compared with data from 2019. A significant increase in the use of Local Anaesthetic (LA) and Regional Anaesthetic (RA) during COVID times with a decrease in General Anaesthetic when compared with pre-COVID data of 2019 was also identified.

Conclusions: This study identified that the majority of plastic cases could be performed under RA/LA. This would lead to decreased aerosol generating procedures (GA) thus limiting the transmission of COVID, and decreased delay to surgery and theatre time. As a third national lockdown may be on the horizon, it would be prudent to implement these strategies into current practice and by doing so optimising theatre usage and assisting in curtailing the COVID-19 transmission rate.