

Belgian Association
of Paediatric Orthopaedics

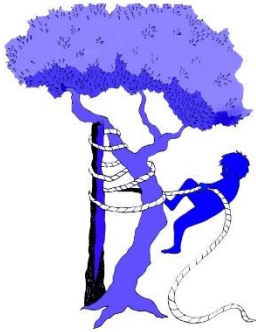
President : Dr. M.Bellemans (VUB)
Past-President : Dr. R. Elbaum (ULB)
Secretary : Dr. P-L Docquier (UCL)
Treasurer : Dr A.Laumen (VUB)
Members :
Dr. A.Van Campenhout (UZLeuven)
Dr D. Puylaert (ZNA-UZA)
Dr F.Plasschaert (UzGent)

PEDIATRIC ORTHOPEDICS CARE DURING THE COVID-19-RELATED CRISIS

The health crisis linked to the Coronavirus requires concentrating most of the resources of resuscitation on the care of infected patients. The requisition of respirators for operating theaters and the involvement of doctors, especially anesthesiologists and all nursing staff severely limit surgical capacities. Furthermore, distancing measures require drastically reducing the reception capacity in the outpatient clinic and care. As a result, the care capacities of children in need of surgical or orthopedic treatment are greatly reduced for an indefinite period. Therefore, the office of the French Society of Pediatric Orthopedics proposes to prioritize taking care of children undergoing orthopedic or surgical treatment in the next way:

Level 1: urgent care These treatments must be carried out urgently as fast as possible for each center and, if necessary, ensuring the transfer of care to an unsaturated center. The techniques used must take care to reduce the length of hospital stay and the use of intensive care.

- Displaced fractures
- Open fractures
- Dislocations
- Wound exploration
- Compartment syndrome
- Unstable traumatic spine with or without neurological complication
- Osteoarticular infections
- Acute post-operative infection
- Removal of material threatening the skin or exteriorized
- Unstable epiphysiolysis
- Malignant neoplasms at the end of pre-operative chemotherapy
- Tumor biopsy at high risk of malignancy



Belgian Association
of Paediatric Orthopaedics

President : Dr. M.Bellemans (VUB)
Past-President : Dr. R. Elbaum (ULB)
Secretary : Dr. P-L Docquier (UCL)
Treasurer : Dr A.Laumen (VUB)
Members :
Dr. A.Van Campenhout (UZLeuven)
Dr D. Puylaert (ZNA-UZA)
Dr F.Plasschaert (UzGent)

Level 2: **care at a loss of chance**

These treatments must be carried out within a reasonable time period depending on the resources of each center and, if necessary, ensuring the transfer to an unsaturated center. The techniques used must take care to reduce the length of hospital stay and the use of intensive care.

- Epiphysiodesis and removal of epiphysiodesis material
- Aggressive bone tumors
- Congenital hip dislocation
- Club foot
- Complications of an osteosynthesis
- Stable epiphysiolysis

Level 3: **non-urgent care**

These treatments must be postponed to an unspecified date which will depend on the development of the epidemic and the delay in normalizing healthcare structures.

- Surgery for deformities of the spine
- Osteotomies
- Ligament surgery
- Non-aggressive bone tumors
- Removal of implants that does not threaten the skin (except epiphysiodesis)

This is a non-exhaustive list. Clinical situations are to be analyzed on a case-by-case basis by a surgeon / anesthesiologist tandem.

These recommendations should be interpreted according to the intensity of the epidemic and its consequences on the organization of healthcare structures.

In all cases, parents and, where applicable, the child must be informed of the increased risk of Coronavirus infection during their hospital stay.

The BAPO team.