



Belgian Association  
of Paediatric Orthopaedics

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## **PRIORITIZATION OF SURGICAL PROCEDURES DURING RESUMPTION OF ACTIVITY**

Resumption of surgical activities after the confinement phase should be done gradually. Surgical procedures that have been canceled since the start of confinement must be rescheduled. This requires a reorganization of the operating program already established. We have to take into account that the already canceled patients risk becoming more urgent compared to the patients scheduled during the weeks and months ahead, who could be postponed without functional consequence or loss of chance. In order to harmonize the resumption of activities as well as possible, SOFOP proposes to prioritize surgical interventions in 4 levels.

### **Level 1 - urgent care**

- Displaced fractures
- Open fractures
- Dislocations
- Wound explorations
- Compartiment syndrome
- Unstable traumatic spine with or without neurological complication
- Osteo-articular infections
- Acute post-operative infection
- Removal of material threatening the skin or externalized
- Unstable epiphysiodesis
- Malignant neoplasms at the end of pre-operative chemotherapy
- Tumor biopsy at high risk of malignancy

### **Level 2: management at loss of chance if the postponement is greater than 3 months. - Epiphysiodeses and removal of epiphysiodesis material**

- Aggressive bone tumors
- Congenital dislocation of the hip
- Malformations of the hands and feet
- Complications of osteosynthesis
- Stable epiphysiolytic

**Level 3: management with loss of potential chance if the postponement of intervention is more than 6 months.**

- Surgery for deformities of the spine with remaining growth potential
- Osteotomies with remaining growth potential
- Meniscal surgery
- Ligament surgery
- Non-aggressive bone tumors
- Malformations of the upper limbs and lower limbs (excluding hands and feet)

**Level 4 : non-urgent care. Potential loss of chance if the postponement is more than 1 year.**

- Surgery for deformities of the spine with completed growth
- Osteotomies with completed growth
- Removal of osteosynthesis material not threatening the skin (except epiphysiodesis)

The BAPO team.