

## **Frequently Asked Questions – COVID19 and Hip Surgery**

### **What is Coronavirus?**

Coronavirus/Covid19 was first reported in this Country in early 2020. It probably originated in China in late 2019. A virus is a package of genetic material that gains entry into the cells of our body, causing them to make more and more virus which meaning that we can infect others. As this happens, our body launches an immune system response fighting off the virus. Unfortunately, as well as fighting the virus, our own immune response can make us feel extremely unwell. The main symptoms of infection are fever, cough and loss of smell/taste. Many other symptoms have been reported and we are all concerned regarding the so called “asymptomatic carrier.” This refers to someone who is infected with Coronavirus, is infectious to others, but has no symptoms. Asymptomatic carriers are potentially responsible for starting/spreading many coronavirus outbreaks.

For most people, coronavirus is a mild infection associated with a cough and a temperature. The symptoms may last for a week or so and then usually we recover. Some people are more at risk of developing severe symptoms which in rare cases may result in admission to hospital. Such patients frequently have some impairment to their immune system or have pre-existing lung/circulation problems.

Unfortunately, after about 10 days, a very small number of people will become seriously ill. This is due to a combination of effects including the virus, the severity of the immune system response and a complex interaction with pre-existing conditions including obesity, older age, being male, non-white skin and low levels of Vitamin D. These patients can become severely ill, may need admission to an Intensive Care Unit and sadly many have passed away.

It is because of the potential to become extremely unwell that we take Coronavirus very seriously in patients coming up to hip surgery. We know how awful the pain of arthritis can be, how successful hip replacement is and therefore want to keep performing surgery during the pandemic. It is imperative that we keep everyone as safe as possible and really appreciate you taking the time to read this.

### **How is Coronavirus spread?**

Coronavirus is spread through droplets. A person with active infection will breathe out liquid droplets which contain virus particles. If another person then breathes in these droplets, they may become infected too. The virus can only survive in the air in droplets. Most of the droplets we breathe out drop to the ground because of gravity and the great majority of this occurs over about a 2 metre distance. When shouting, laughing, talking loudly, singing, coughing or sneezing droplets may travel further than 2 metres. It is very important to remember that you do not catch coronavirus from fresh air – it has to be contained within droplets. This is why taking exercise outdoors, safely away from others is a safe activity. We are more likely to breathe in infectious droplets indoors, when talking face to face with others and in crowded spaces which may lack good ventilation.

When the droplets containing virus particles land on hard surfaces they will survive there for a variable period. If we touch these surfaces and then rub our eyes or touch our mouth we are at risk of transferring the virus to ourselves and becoming infected.

Droplet spread is by far the commonest way of contracting coronavirus, but we must never forget the possibility of picking it up from the hard surfaces around us.

We do not catch coronavirus from direct contact with others. Coronavirus does not pass through our skin. The reason we discourage shaking hands or embracing others is because it brings us within the 2metre distance and also we run the risk of picking up virus onto our skin and then touching our nose or mouth and potentially becoming infected ourselves.

### **How can I avoid catching coronavirus?**

If you do not breathe in droplets containing the virus and if you do not touch your hands, mouth or eyes, you will not catch the virus.

Staying more than 2metres away from most people is the single most important factor. We understand that everyone has a “social bubble” where this is not possible, but as long as no-one in the bubble is infected, then this is safe.

There are many factors which can help us avoid breathing in droplets.

Masks over the nose and mouth do not effectively protect you from breathing in droplets from others, but they do absorb most of the droplets you breathe out. This is why we use the statement -

“my mask protects you, your mask protects me”

Face coverings in all public spaces are a very effective way of preventing coronavirus spread, but this depends on the behaviour of everyone around you, not just you. There are other aspects of behaviour around masks which are important:

Do not touch the outside of it repeatedly

Do not keep adjusting it

Keep it over your nose and mouth

Do not share masks

Take off and throw away safely

Another very important aspect of wearing a mask is that it stops you from touching your nose and mouth.

Of course, from time to time, we forget a mask or forget to wear it. If we find ourselves in this position, any face covering is better than none and if not possible, stay as far away from others as possible.

Coronavirus is killed by soap and by alcohol containing hand sanitiser gel. We are not able to wear and keep changing gloves in our normal life, but we are all able to wash our hands properly and frequently. We must all make a huge effort to stop touching our face, but with clean hands is far less dangerous. It is important to wash hands with soap effectively for at least 20 seconds and then dry them properly, with alcohol gel we should rub it until dry.

In summary it is as simple as that -

**Wash hands**

**Cover face**

**Keep space between you and others**

### **Why is coronavirus so important at the time of my operation?**

We do not want you to encounter or catch coronavirus at the time of your operation. Major surgery has an effect on your immune system and for a period of several weeks, your immune system is not as effective as it usually is. During this time you will be more vulnerable to infections and more at risk of developing more severe infections. Several studies have been performed looking at the effect of coronavirus infection at the time of major surgery. It has been found that there is a higher chance of more serious COVID19 infection and death. The risks are higher after emergency surgery than planned surgery and the risk decreases with time. For these reasons your surgeon and your hospital will be taking coronavirus very seriously and many behaviours have changed since the start of this year.

### **What will I be asked to do?**

From the time you decide, with your surgeon, to go on the waiting list to undergo hip surgery you will hear a lot about coronavirus. You will be asked to read the information you are given very carefully and make sure you ask all the questions you want to – and get answers that you understand. All hospitals are able to give you more time now to ask questions and have a lot of knowledge and information that they are happy to share.

For a period of about 2 weeks before your operation you will be asked to change your social behaviour. You will be given clear information from the hospital regarding this – some people may be asked to self-isolate strictly for 2 weeks, others will be asked to distance themselves from others, but not strictly isolate. The difference is because some operations are not as major as others and because some patients are more at risk than others. This will be discussed with you either at the out-patient clinic or the pre-assessment clinic and you will be given very clear instructions – please adhere to them – your safety and the safety of others depends on it. Our ability to keep on performing hip surgery depends on our ability to keep the hospitals free of coronavirus infection.

About 3 days before your surgery you will be invited to attend for a COVID19 swab. All hospitals want patients to isolate/socially distance for up to 2 weeks before surgery and all hospitals require patients being admitted for planned surgery to be COVID19 swab-negative. If your swab just before surgery is positive, unfortunately your admission will have to be rescheduled and your hospital will have a plan regarding this. Having the swab taken is

not a particularly pleasant experience. Generally you will either stay in your car and a member of the team will come out to you, or you will attend a car park facility. The reason for this is so that you do not “break isolation” by coming into the hospital and potentially come into contact with patients who could be carrying COVID. The swab is rubbed against the back of your throat and your nostrils. It is then sealed and sent to a laboratory. Some hospitals can get results back in an hour or two, but more commonly the results take a couple of days which explains the timing of the test before your operation.

Assuming your swab is negative, you can confirm that you have complied with the hospital isolation policy and you have not developed any other medical problems then your admission will happen as planned.

You will need to plan your journey to hospital carefully. Ideally you will be driven to the hospital by someone you have been isolating with. If this is not possible, you should check with the admissions department to avoid breaking isolation guidelines and potentially not being allowed into the hospital. There will be a plan regarding hospital transport, using relatives or minicabs – generally involving masks, open windows and cleaning, but please get the local advice from the hospital where you are being admitted. Please remember that visitors will not be allowed in to see you during your stay, but this will hopefully involve just a few days as we all get more efficient at allowing patients home sooner rather than later.

Just before your admission, or as you arrive at the hospital you will be asked whether or not you have any symptoms of COVID, whether you have been in contact with anyone who has symptoms of COVID and you will have your temperature taken. Assuming all is well you will then be directed to the admission area. If you have been to the hospital previously, be prepared to be admitted along a different route. The hospital will have arranged a route that will avoid you coming into contact with people who have not been screened for COVID. You will see signs and notices which refer to different colours and zones. Please do not worry about this, it is simply that we want to keep people who have been screened and are being admitted for planned surgery to be kept separate from other members of the public.

## **What will happen in the hospital?**

If you have had planned surgery in the past, you will see many differences in how the doctors, nurses and therapists behave during your stay. All of the changes have been made in order to keep you as safe as possible. All of the staff will be asked regularly if they have symptoms of COVID, they will have their temperature taken and in some hospitals will be swabbed regularly. Out of your room/ward, the staff will be practising social distancing, more frequent hand washing and cleaning surfaces more frequently than usual. If a member of staff develops symptoms they will not come to work and a contact tracing exercise will be performed.

The staff will be wearing masks at all times around you and when they come into contact with you they may add plastic aprons and gloves – which are changed as staff move from patient to patient. There is no need for a mask to be changed and indeed can be left on for several hours quite safely. Nurses, doctors and physios may stay a little further away from you than previously, observing the 2 metre rule. Unless there is an absolute need for one of

the team to “touch” you, please be understanding if they stay further away than you might expect. As soon as it is felt safe for you to be discharged, you will be encouraged to leave the hospital, because we feel you are safer from a COVID point of view at home. It is important that you and your family members remain vigilant following discharge, remembering that you are at increased risk for a while after surgery.

The operation you are about to undergo will be no different to that which would have been performed in the time before COVID19. The surgeons, anaesthetists and nurses are confident that the screening procedures we use are effective and allow us to operate in the same way we did in the past. You may be encouraged to undergo your operation under some form of local or regional anaesthetic. This is because giving a general anaesthetic can be more hazardous to the staff in theatre, but in Orthopaedics this has been the case for a long time anyway. Most hip, knee and lower limb operations have been performed under some form of spinal anaesthetic for many years – there are many advantages to this for you as well – and so there is not much change here either.

Rarely, patients develop complications following hip surgery. Occasionally, a patient may require moving from the Orthopaedic ward, for example to a High Dependancy Unit, a medical ward or even Intensive Care. If this happened to you, you will move out of the planned care Unit into the acute hospital. There may be patients with COVID19 in the acute hospital and you may come closer to them than if you were not moved. You would only be moved if it was absolutely essential for your care. Please be assured that even in the acute hospital, patients are being effectively segregated. The chance of you coming into close contact with COVID19 in the hospital is very small.

In the early days of the pandemic we were not able to perform as many operations as we could do previously, but as we have learnt more about the virus, about cleaning and about the safety of our screening methods so our productivity has moved very close to normal. Many hospitals now are able to perform planned hip operations at 100% of the level they could prior to COVID19 emergence.

We have been performing planned hip surgery since the middle of June in England. The overwhelming experience is that this has been safe, successful and welcome to both patients and staff. Our workload is increasing, we are working hard to catch up with the backlog of operations which need to be performed and are delighted that we are helping so many patients again. Please feel reassured that you are safe, being well looked after and please work with us to keep our hospitals free of COVID19 and working hard.

We wish you all the best and hope you have a successful operation and enjoy the excellent results you are hoping for.