

University of Birmingham and College of Surgeons, Academy of Medicine of Malaysia

Press Release

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## **COVID-19 disruption will lead to 28 million surgeries cancelled worldwide**

Over 28 million elective surgeries across the globe could be cancelled as a result of the COVID-19 pandemic – leading to patients facing a lengthy wait for their health issues to be resolved, a new study reveals.

The *CovidSurg Collaborative* has projected that, based on a 12-week period of peak disruption to hospital services due to COVID-19, 28.4 million elective surgeries worldwide are at risk of cancellation or postponement in 2020.

The modelling study, published in the *British Journal of Surgery*, indicates that each additional week of disruption to hospital services will be associated with a further 2.4 million cancellations.

Led by researchers at the University of Birmingham, detailed information was collected from surgeons across 359 hospitals and 71 countries, including Malaysia, on plans for cancellation of elective surgery. This data was then statistically modelled to estimate the total number of cancelled surgery across 190 countries.

The researchers project that worldwide 72.3% of planned surgeries would be cancelled through the peak period of COVID-19 related disruption. Most cancelled surgeries will be for non-cancer conditions. Orthopaedic procedures will be cancelled most frequently, with 6.3 million orthopaedic surgeries cancelled worldwide over a 12-week period. It is also projected that globally 2.3 million cancer surgeries will be cancelled or postponed.

In the United Kingdom, the National Health Service advised hospitals to cancel most elective surgeries for 12 weeks. It is estimated that this will result in 516,000 cancelled surgeries, including 36,000 cancer procedures. These cancellations will create a backlog that will need to be cleared after the COVID-19 disruption ends.

If, after the disruption ends, the NHS increases the number of surgeries performed each week by 20% compared to pre-pandemic activity, it will take 11 months to clear the backlog. However, each additional week of disruption will lead to the cancellation of an extra 43,300 surgeries, significantly extending the period it will take to clear the backlog.

Among the participating Malaysian hospitals, the overall surgery cancellation rate was 70.9%. The surgeries most subject to cancellation were those for benign diseases (81.5%), followed by cancer surgery (41%) and obstetrics (26.1%). The predicted backlog for a 12-week

cancellation was 151,717 surgeries, with an 11-month backlog clearance time even if a 20% increase in pre-pandemic surgery numbers is possible.

Mr. Aneel Bhangu, Consultant Surgeon and Senior Lecturer at the NIHR Global Health Research Unit on Global Surgery at the University of Birmingham, commented: *“During the COVID-19 pandemic, elective surgeries have been cancelled to reduce the risk of patients being exposed to COVID-19 in hospital, and to support the wider hospital response, for example by converting operating theatres in to intensive care units”*.

*“Although essential, cancellations place a heavy burden on patients and society. Patients' conditions may deteriorate, worsening their quality of life as they wait for rescheduled surgery. In some cases, for example cancer, delayed surgeries may lead to a number of unnecessary deaths”*.

Dr. Dmitri Nepogodiev, Research Fellow at the NIHR Global Health Research Unit on Global Surgery at the University of Birmingham, said: *“Each additional week of disruption to hospital services results in an additional 43,300 surgeries being cancelled, so it is important that hospitals regularly assess the situation so that elective surgery can be resumed at the earliest opportunity”*.

*“Clearing the backlog of elective surgeries created by COVID-19 will cost the National Health Service at least £2 billion. The Government must ensure that the NHS is provided with additional funding and resources to ramp up elective surgery to clear the backlog”*.

Taking this into consideration, the College of Surgeons, Academy of Medicine of Malaysia (CSAMM) has provided regular guidance to its members on tailoring delivery of surgical services, according to individual hospital capacity, local COVID-19 epidemiology and Movement Control Order conditions. CSAMM President, Professor Dr. April Camilla Roslani, said that this has avoided a complete shutdown of elective surgeries nationally, allowing those that need urgent surgery to be treated, thus preventing unnecessary deaths, while minimizing disease transmission. Inter-hospital collaborations, between public and private sectors, have been instrumental in mitigating the disruption to surgical services.