# Evidence Search Service Results of your search request

## COVID-19 and plastic surgical trauma

**ID of request:** 27039  
**Date of request:** 13th January, 2021  
**Date of completion:** 20th January, 2021

If you would like to request any articles or any further help, please contact:  Kirsten Elliott (Imperial College Library Services) at [k.elliott@imperial.ac.uk](mailto:k.elliott@imperial.ac.uk)

Please acknowledge this work in any resulting paper or presentation as: Evidence search: COVID-19 and plastic surgical trauma. Kirsten Elliott (Imperial College Library Services). (20th January, 2021). LONDON, UK: Imperial College NHS and Chelsea & Westminster Hospital NHS Trusts Libraries.

**Sources searched**  
Cochrane Covid-19 Study Register (5)  
EMBASE (10)  
KnowledgeShare (2)  
MEDLINE (25)  
NICE Evidence Search (1)

**Date range used** (5 years, 10 years): 2020   
**Limits used** (gender, article/study type, etc.): English language   
**Search terms and notes** (full search strategy for database searches below):

KnowledgeShare: trauma/plastic surgery  and Covid-19, two relevant evidence searches found:

[https://www.knowledgeshare.nhs.uk/index.php?PageID=literature\_search\_request\_assigned&RequestID=26059](file:///C:\Users\Elaine.Watson\Downloads\index.php%3fPageID=literature_search_request_assigned&RequestID=26059)

[https://www.knowledgeshare.nhs.uk/index.php?PageID=literature\_search\_request\_assigned&RequestID=26161](file:///C:\Users\Elaine.Watson\Downloads\index.php%3fPageID=literature_search_request_assigned&RequestID=26161)

Medline and Embase: searched with the concepts of (Covid-19 AND plastic surgery AND trauma)

Covid-19 search block adapted from search strategy shared by  NICE - https://kfh.libraryservices.nhs.uk/covid-19-coronavirus/for-lks-staff/literature-searches/

Cochrane Covid-19 Study Register: searched for plastic surgery and trauma, relevant results selected

NICE Evidence: plastic surgery and trauma, date limited from March 2020

For more information about the resources please go to: <https://www.imperial.ac.uk/admin-services/library/>.

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## A. Institutional Publications

#### Royal College of Surgeons (RCS)

**Protecting surgery through a second wave** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=477529f3da4cf2355dd233d5b00005a5)

Restoring elective services in the context of COVID-19 represents one of the most complex challenges that the NHS has ever faced. Following the suspension of non-urgent elective procedures earlier in the pandemic, planned surgery is now re-starting again in many parts of the country thanks to the hard work and dedication of surgeons, their teams and colleagues across the health service. This RCS survey of 970 surgeons working in hospitals across the UK highlights the challenges that persist.

## B. Original Research

1. **Workload changes during the COVID-19 pandemic and effects on the flow of cancer patients in the Maxillofacial Surgery Department**  
   Kvolik Pavic A. Medicinski glasnik : official publication of the Medical Association of Zenica-Doboj Canton, Bosnia and Herzegovina 2021;18:No page numbers.

Aim A SARS Coronavirus 2 (COVID-19) pandemic drastically changed the way the health system works. In Croatia, lockdown measures to curb virus spread lasted from March to May 2020, and all non-essential medical procedures and patients' visits have been cancelled. The study aimed to compare patients' flow and interventions in the surgical department before, during and after the lockdown period. Methods This cross-sectional study analysed the workload at the Maxillofacial and Oral Surgery Department (Department), Osijek University Hospital, during the COVID-19 pandemic (March-May 2020) and four subsequent months. The same period of 2019 was compared as a control. The data were subtracted from hospitals' electronic database. Results During COVID-19 lockdown from March to May 2020 the number of hospitalizations (306 vs. 138), surgical procedures (306 vs. 157), and scheduled outpatient visits (2009 vs. 804), dropped significantly as compared to 2019. The number of skin tumour removals was halved (from 155 in 2019 to 58 in 2019) (p<0.001), and the number of emergency patients was unchanged in the 3-month period. A significant decrease in outpatient visits and hospital admissions continued after the lockdown (p<0.001). Conclusion A decrease in the number of outpatient visits, hospitalizations, and tumour removals may result in larger proportions of patients with advanced cancers in the future. The second wave of COVID-19 pandemic is ongoing, and special effort must be paid to reduce the number of cancer patients receiving suboptimal treatment.Copyright© by the Medical Assotiation of Zenica-Doboj Canton.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=a964ce1f5dd1e8c302273dcdd01b2a34)

1. **A Protocol for Safe Head and Neck Reconstructive Surgery in the COVID-19 Pandemic**  
   Wong Stacy Plastic and reconstructive surgery. Global open 2020;8:e3258.

The COVID-19 pandemic has had significant implications for citizens globally and for the healthcare system, including plastic surgeons. Operations of the upper aerodigestive tract, including head and neck reconstruction and craniomaxillofacial procedures, are of particularly high risk because they may aerosolize the virus and lead to severe surgeon and surgical team illness. Until the virus is eradicated or widespread vaccination occurs, we recommend certain precautions to safely perform these operations. We propose evolving algorithms for head and neck reconstruction and facial trauma surgeries to maintain provider safety. Central to these guidelines are preoperative COVID-19 testing, appropriate personal protective equipment, and operative techniques/principles that minimize operative time and aerosolization of the virus. We aim to provide efficient care to our patients throughout this pandemic, while maintaining the safety of plastic surgeons and other healthcare providers. Copyright © 2020 The Authors. Published by Wolters Kluwer Health, Inc. on behalf of The American Society of Plastic Surgeons.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=4b1d559940217f844888e2189d984595)

1. **A survey on the impact of covid-19 on lacrimal surgery: The asia-pacific perspective**  
   Nair A. G. Clinical Ophthalmology 2020;14:3789-3799.

Aim: To assess the impact of the COVID-19 pandemic-related lockdown on lacrimal surgery among oculoplastic surgeons in the Asia-Pacific region. Method(s): An institutional board review approved anonymous electronic survey was sent out via email to oculoplastic surgeons across the Asia-Pacific region. All responses were tabulated and analysed. Result(s): A total of 259 valid responses were received. Nearly 87% of the surgeons agreed that lacrimal procedures were associated with a high risk of COVID-19 transmission. In all, at the time of taking the survey, 151/259 (58.3%) of the surgeons were not performing any lacrimal surgeries in view of the COVID-19 pandemic and 71/259 (27.4%) of the respondents were only performing emergency lacrimal surgeries. External dacryocystorhinostomy was the most commonly performed lacrimal procedure across the region and lacrimal procedures contributed to at least 25% of the income for nearly a third of the respondents. Majority of the respondents were female (52.9%), but a significantly higher proportion of male oculoplastic surgeons were still performing lacrimal surgeries during the lockdown. Over 75% of respondents indicated that resuming lacrimal procedures is important to their practice. Conclusion(s): The survey showed that there was a general agreement among the surveyed oculoplastic surgeons in the Asia-Pacific region that lacrimal procedures were associated with a high risk of COVID-19 transmission and over 85% of them of had either stopped performing elective lacrimal surgeries altogether or were providing only emergent care. It is likely that not performing elective lacrimal procedures, COVID-19 has financially impacted a high percentage of the surveyed oculoplastic surgeons.Copyright © 2020 Nair et al.

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1. **COVID-19 lockdown impact on plastic surgery activity in the emergency department**  
   Cases-Perera Oriol Impacto del confinamiento por la COVID-19 en la actividad asistencial de cirugia plastica en el servicio de urgencias. 2020;:No page numbers.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=804e7c7aa29ddad6de0c6ae98a09b310)

1. **Current impact of Covid-19 pandemic on Spanish plastic surgery departments: a multi-center report**  
   Fuertes Victor European journal of plastic surgery 2020;:1-8.

Background: After its initial description in China, Covid-19 is hitting nations across the world, with Spain as the third country in number of deaths, after the USA and Italy. Similarly to what is happening in other countries, an important reduction in available operating rooms is affecting our departments. In this study, we aim to know how Covid-19 pandemic is affecting the delivery of plastic surgery services in Spain., Methods: A questionnaire addressing some of our concerns about how the Coronavirus crisis might severelyimpact our specialty has been sent to the heads of the divisions of plastic surgery of several hospitals across Spain., Results: A total of 12 plastic surgery departments from different hospitals across the country agreed to participate in the survey. Most plastic surgery teams will need to maintain 50-80% of their staff in order to be able to offer emergency and undelayable oncological procedures. The total amount of procedures currently being performed ranged from 0 to 44% of the figures before the coronavirus outbreak, except for one department, with elective surgery mainly affected. Microsurgical cases have been massively discontinued during this crisis., Conclusions: Plastic surgery delivery in the Spanish Health System is being severely impacted as a collateral damage from this pandemic. Most of the elective surgery is currently stopped. Our departments seem to be vulnerable regarding their capacity to keep offering emergency care.Level of evidence: not ratable (multi-center survey). Copyright © Springer-Verlag GmbH Germany, part of Springer Nature 2020.

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1. **Does the Lockdown Influence the Oral and Maxillofacial Surgery Service in a Level 1 Trauma Hospital During the Novel Coronavirus 2019 (COVID 19) Pandemia?**  
   Figueiredo L. B. The Journal of craniofacial surgery 2020;:No page numbers.

The pandemic status of the Novel Coronavirus 2019 has affected many countries around the world, due to the high virulence of the SARS-CoV-2, the recommended protocol to prevent infection is social isolation. The purpose of this study was to compare the number of patients admitted and their epidemiological data on a Level 1 Trauma Hospital after the declaration of the pandemic status and the first week of mandatory lockdown, with the same period of time in the last year. This was a retrospective study of medical records from the patients admitted in the Oral and Maxillofacial Surgery of the Joao XXIII Hospital, between the March 24 and March 31 of 2020 and the same period of the last year. There was a 52.27% decrease in the total number of patients and 76.34% decrease in the total consultations of the service of oral and maxillofacial surgery during the lockdown. All the groups presented a decrease in significance with motor vehicle accidents events, the group 11 to 20 years old presented an increase on the correlation with violence (P = 0.019) and falls (P = 0.002). When comparing both sex with the etiologies, the male one presented an increase in the correlation with violence and falls. The female sex presented correlations only with the minor causes. No valid significance was observed when comparing females with violence events. The lockdown is an effective way to reduce the transmission of the COVID-19, the hospital usage and occupation.

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1. **EASAPS/ESPRAS Considerations in getting back to work in Plastic Surgery with the COVID-19 Pandemic - A European point of view**  
   van Heijningen Ivar EASAPS/ESPRAS-Uberlegungen zur Ruckkehr in den plastisch-chirurgischen Alltag wahrend der COVID-19-Pandemie - eine europaische Sichtweise. 2020;52:257-264.

The aim of this paper is to summarize the results of a consensus process and a European webinar of the two societies, European Association of Societies of Aesthetic Surgery (EASAPS) and the European Society of Plastic, Reconstructive and Aesthetic Societies (ESPRAS) on what is considered safe practice based on the scientific knowledge we have today. This review of the current situations gives considerations which have to be taken into account when getting back to work in plastic surgery with COVID-19 in Europe. At all times, one should be familiar the local and regional infection rates in the community, with particular emphasis on the emergence of second and third waves of the pandemic. Due to the fast-evolving nature of the COVID-19 pandemic the recommendations aim to be rather considerations than fixed guidelines and might need to be revised in near future. Copyright © Georg Thieme Verlag KG Stuttgart . New York.

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1. **Evaluating the Effects of COVID-19 on Plastic Surgery Emergencies: Protocols and Analysis From a Level I Trauma Center**  
   Hassan Kareem Annals of plastic surgery 2020;85:S161-S165.

BACKGROUND: The COVID-19 crisis has brought many unique challenges to the health care system. Across the United States, social distancing measures have been put in place, including stay-at-home (SAH) orders, to combat the spread of this infection. This has impacted the type and volume of traumatic injuries sustained during this time. Meanwhile, steps have been taken in our health care system to assure that adequate resources are available to maintain a high standard of patient care while recognizing the importance of protecting health care providers. Using comparative data, we aim to describe the trends in traumatic injuries managed by our plastic surgery service and detail the changes in consultation policies made to minimize provider exposure., METHODS: A retrospective chart review was performed of all plastic surgery emergencies at our institution during the 3 weeks preceding the issuance of SAH orders in Chicago and the 3 weeks after. The electronic medical record was queried for patient age, type and mechanism of injury, location where injury was sustained, presence of domestic violence, length of inpatient hospital stays, and treatment rendered. The two 3-week periods were then comparatively analyzed to determine differences and trends in these variables and treatment rendered. The 2 periods were then comparatively analyzed to determine differences and trends in these variables., RESULTS: There was a significant decrease in trauma consults since the issuance of SAH (88 pre-SAH vs 62 post-SAH) with a marked decrease in trauma-related hand injuries. There was an increase in the percentage of assault-related injuries including those associated with domestic violence, whereas there was an overall decrease in motor vehicle collisions. There was no notable change in the location where injuries were sustained. Significantly fewer patients were seen by house staff in the emergency room, whereas those requiring surgical intervention were able to receive care without delay., CONCLUSIONS: Stay-at-home orders in Chicago have impacted traumatic injury patterns seen by the Section of Plastic and Reconstructive Surgery at a level I Trauma Center. Safe and timely care can continue to be provided with thorough communication, vigilance, and guidance from our colleagues.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=3c04e2ac5a322eb0c432fb2ad1208a5b)

1. **Evolution of COVID-19 Guidelines for University of Washington Oral and Maxillofacial Surgery Patient Care**  
   Panesar K. Journal of Oral and Maxillofacial Surgery 2020;78:1136-1146.

The emergence of coronavirus disease 2019 (COVID-19), caused by the SARS-CoV-2 (SC2) virus, in late December 2019 has placed an overwhelming strain on healthcare institutions nationwide. The modern healthcare system has never managed a pandemic of this magnitude, the ramifications of which will undoubtedly lead to lasting changes in policy and protocol development for viral testing guidelines, personal protective equipment (PPE), surgical scheduling, and residency education and training. The State of Washington had the first reported case and death related to COVID-19 in the United States. Oral and maxillofacial surgeons have a unique risk of exposure to SC2 and developing COVID-19 because of our proximity of working in and around the oropharynx and nasopharynx. The present report has summarized the evolution of COVID-19 guidelines in 4 key areas: 1) preoperative SC2 testing; 2) PPE stewardship; 3) surgical scheduling guidelines; and 4) resident education and training for oral and maxillofacial surgery at the University of Washington, Seattle, Washington.Copyright © 2020 American Association of Oral and Maxillofacial Surgeons

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=20f161fcf277e1f2d6a55f46414895a8)

1. **Evolution of plastic surgery provision due to COVID-19 - The role of the 'Pandemic pack'**  
   Ali Stephen R. Journal of plastic, reconstructive & aesthetic surgery : JPRAS 2020;73:1357-1404.

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1. **Facial Plastic and Reconstructive Surgery During the COVID-19 Pandemic: Implications in Craniomaxillofacial Trauma and Head and Neck Reconstruction**  
   Shokri Tom Annals of plastic surgery 2020;85:S166-S170.

BACKGROUND: The global COVID-19 pandemic has had a profound impact on facial plastic and reconstructive surgery. Our review serves as a safety resource based on the current literature and is aimed at providing best-practice recommendations. Specifically, this article is focused on considerations in the management of craniomaxillofacial trauma as well as reconstructive procedures after head and neck oncologic resection., METHODS: Relevant clinical data were obtained from peer-reviewed journal articles, task force recommendations, and published guidelines from multiple medical organizations utilizing data sources including PubMed, Google Scholar, MEDLINE, and Google search queries. Relevant publications were utilized to develop practice guidelines and recommendations., CONCLUSIONS: The global COVID-19 pandemic has placed a significant strain on health care resources with resultant impacts on patient care. Surgeons operating in the head and neck are particularly at risk of occupational COVID-19 exposure during diagnostic and therapeutic procedures and must therefore be cognizant of protocols in place to mitigate exposure risk and optimize patient care.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=364115be508814ea16eed82f6cbadf40)

1. **From chaos to a new norm: The Birmingham experience of restructuring the largest plastics department in the UK in response to the COVID-19 pandemic**  
   Leng C. Journal of plastic, reconstructive & aesthetic surgery : JPRAS 2020;73:2136-2141.

The coronavirus disease 2019 (COVID-19) pandemic presented unprecedented challenges for healthcare systems worldwide. The Queen Elizabeth Hospital, Birmingham, has one of the largest burns, hands and plastics department in the UK, totalling 83 doctors. Our response to the COVID-19 response was uniquely far reaching, with our department being given responsibility of an entire 36 bed medical COVID-19 ward in addition to our commitment to specialty-specific work, and saw half of our work force re-deployed to Intensive Treatment Unit (ITU). Our aim was to exploit the high calibre of doctors found in plastic surgery, and to demonstrate, we were able to support the COVID-19 effort beyond our normal scope of practice. In order to achieve this aim, the department underwent significant structural and leadership changes. Factors considered included: rota and shift pattern changes to implement depth and resilience to sudden fluctuations in staffing levels; a preparatory phase for focussed upskilling and relevant training packages to be delivered; managing the COVID-19 ward cover and ITU deployment; adjustments to our front of house and elective specialty-specific service, including developing alternative and streamlined patient pathways; mitigating the effects on plastic surgical training during the pandemic; the importance of communications for patient care and physician wellbeing; and leadership techniques and styles we considered important. By sharing our experience during this pandemic, we hope to reflect on and share lessons learned, as well as to demonstrate that it is possible to rapidly mobilise and retrain plastic surgeons at all levels to contribute safely and productively beyond a specialty-specific scope of care. Crown Copyright © 2020. Published by Elsevier Ltd. All rights reserved.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=90df6e8a269c31975f9590ae614bad28)

1. **How hand and wrist trauma has changed during covid-19 emergency in Italy: Incidence and distribution of acute injuries. What to learn?**  
   Andrea P. Journal of Clinical Orthopaedics and Trauma 2020;:No page numbers.

Background: the purpose is to gather and analyze the statistical datas of wrist and hand injuries admitted to the Hand and Reconstructive Microsurgery and Replantation Hub center of Careggi Hospital, Florence during the first two months of COVID-19 epidemic in Italy. The Authors investigated how the drastic changes in daily activities modified the epidemiology of hand trauma lesions. Method(s): The Authors analyzed the characteristics of hand and wrist traumatic disorders during the months of February and March comparing 2019 to 2020. Collected data included age distribution, traumatic etiology, diagnosis and type of surgical procedures. Result(s): The total number of orthopedic and trauma patients significantly decrease in 2020 compared to 2019 (3360 vs 1470). The number of hand and wrist injuries didn't show a significant difference between 2019 and 2020 instead (192 vs 131). The overall number of patients hospitalized and surgically treated at our Operative Unit (OU) was 168 in 2019 and 120 in 2020. Male patients resulted prevalent (60,7 M vs 39,3F/2019; 63,2 M vs 36,8F/2020). In terms of patient age, in 2020 we registered a significant reduction of cases in the 20-35-year-old age group and a significant increase in the 51-65 and 66-80-year-old age groups. Traffic-related, sport-related and fortuitous injuries significantly decreased in 2020, while the number of domestic accidents significantly increased. Analyzing the Hospital Discharge Records (HDR), we found a significant increase in the number of proximal and middle phalanx fractures; no significant differences were found for other kinds of discharge diagnosis. As for the choice of surgical treatment options, no differences were found between 2019 and 2020. Conclusion(s): Even during drastic movement restrictions and the prolonged suspension of work and leisure activities secondary to COVID-19 epidemic in 2020, hand and wrist traumas rate remained almost the same compared to the same period of the previous year. Nevertheless, a significant change in the etiology and patient age was registered. In fact, sport and traffic-related traumas decreased respect to domestic traumas, while the previous prevalent involvement of young adults was surpassed by accidental hand traumas in the elderly and active adults.Copyright © 2020 Delhi Orthopedic Association

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1. **How the COVID-19 pandemic changed the Plastic Surgery activity in a regional referral center in Northern Italy**  
   Pignatti M. Pinto V. Miralles M. E. L. Giorgini F. A. Cannamela G. Cipriani R. Journal of plastic, reconstructive & aesthetic surgery 2020;:No page numbers.

The Covid 19 epidemic has modified the way that plastic surgeons can treat their patients. At our hospital all elective surgery was canceled and only the more severe cases were admitted. The outpatient department activity has been reduced also. We present the number and diagnoses of patients, treated as in- and out-patients, during seven weeks from the onset of the epidemic, comparing our activity from the lockdown of elective surgery with the numbers and diagnoses observed during the same weeks of last year. Finally we underline the importance of using telemedicine and web-based tools to transmit images of lesions that need the surgeon's evaluation, and can be used by the patient to keep in touch with a doctor during the distressing time of delay of the expected procedure.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=61068c09a0a0ca30e87f0f4eb02ff146)

1. **Impact of Corona Virus Disease 2019 on Oral- and Maxillofacial Surgery: Preliminary Results After the Curfew**  
   Bartella A. K. The Journal of craniofacial surgery 2020;:No page numbers.

INTRODUCTION: The COVID-19 pandemic affects basic health care in maxillofacial surgery (MFS) due to the shift in resources and the change in patient disorders treated during the pandemic. This paper aims to elucidate the medical and financial consequences driven by the measures for COVID-19 treatment in a tertiary care centre. MATERIAL AND METHODS: To evaluate the impact of pandemic measures on daily routines of MFS, the surgical schedule during the first 2 weeks after the onset of the curfew (March 2020), and to compare it with the schedule of the same period of time 1 year earlier. Furthermore, postponed surgeries as well as cancelled follow-ups are listed. The loss of earning was calculated as well as the number and kind of postponed procedures. RESULT(S): The number of surgeries decreased by 45% (n = 163 in 2019 vs n = 89 in 2020), and the duration of the surgeries decreased from 94.2 minutes to 62.1 minutes. No elective surgeries, such as implantology, aesthetic surgery, or orthognathic surgery, took place. Furthermore, also trauma cases decreased from 9 to 3 cases. Considering all variables, the financial loss can be calculated as approximately 100,256.50 Euros per week. CONCLUSION(S): The impact of COVID-19 on MFS is certainly of medical and economic importance and is related to the duration of the pandemic.

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1. **Impact of COVID-19 epidemic on maxillofacial surgery in Italy**  
   Allevi F. British Journal of Oral and Maxillofacial Surgery 2020;58:692-697.

Maxillofacial departments in 23 surgical units in Italy have been increasingly involved in facing the COVID-19 emergency. Elective surgeries have been progressively postponed to free up beds and offer human and material resources to those infected. We compiled an inventory of 32 questions to evaluate the impact of the SARS-COV2 epidemic on maxillofacial surgery in 23 selected Italian maxillofacial departments. The questionnaire focused on three different aspects: the variation of the workload, showing both a reduction of the number of team members (-16% among specialists, -11% among residents) due to reallocation or contamination and a consistent reduction of elective activities (the number of outpatient visits cancelled during the first month of the COVID-19 epidemic was about 10 000 all over Italy), while only tumour surgery and trauma surgery has been widely guaranteed; the screening procedures on patients and physicians (22% of maxillofacial units found infected surgeons, which is 4% of all maxillofacial surgeons); and the availability of Personal Protective Equipment, is only considered to be partial in 48% of Maxillofacial departments. This emergency has forced those of us in the Italian health system to change the way we work, but only time will prove if these changes have been effective.Copyright © 2020 The British Association of Oral and Maxillofacial Surgeons

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1. **Impact of COVID-19 outbreak on plastic surgery: Taken precautions, distribution of surgical procedures and changes in admissions to outpatient clinic**  
   Kara Murat Journal of plastic, reconstructive & aesthetic surgery : JPRAS 2020;:No page numbers.

The COVID-19 outbreak is a global problem affecting the world in many respects. In the medical field, its impact on surgical branches as well as clinical branches is inevitable. From the plastic surgery perspective, the COVID-19 outbreak affects the number and distribution of surgeries, patient admissions and educational activities. Although these impacts are predictable, it is beneficial to document these data that would contribute to the proper response to a similar crisis in the future. From this standpoint, the present study aims to analyze the effect of the COVID-19 pandemic on plastic surgery practice in some aspects. Epidemiologic data of the two-time frames, routine period, and pandemic period of plastic surgery were reviewed retrospectively. The ratios of the listed data were compared between the two periods; admissions to the outpatient clinic, surgeries, consultations, anesthesia type, hospitalizations, and demographic data. While the number of outpatient clinic patients was 3511 in the routine period, it was 490 in the pandemic period. Compared to the routine period, the number of surgical interventions was decreased from 793 to 129 during the pandemic period. In particular, a statistically significant increase was observed in the rate of hand trauma and maxillofacial trauma cases during the pandemic period compared with the routine period (p < 0.001, and p=0.032, respectively). Therefore, high rates of hand trauma and maxillofacial trauma should be taken into consideration when making arrangements such as personnel distribution, use of medical resources, and regulation of hospital infrastructure in extraordinary situations like COVID-19 pandemics. Copyright © 2020 Elsevier Ltd. All rights reserved.

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1. **Impact of the COVID-19 pandemic on orthopedic trauma workload in a London level 1 trauma center: the “golden month”**  
   Park Acta Orthopaedica 2020;:556-561.

This is the first observational study to evaluate its impact on the orthopedic workload in a London level 1 trauma center (i.e., a major trauma center [MTC]) before (2019) and during (2020) the “golden month” post-COVID-19 lockdown. Patients and methods — We performed a longitudinal observational prevalence study of both acute orthopedic trauma referrals, operative and anesthetic casemix for the first “golden” month from March 17, 2020. We compared the data with the same period in 2019. Statistical analyses included median (median absolute deviation), risk and odds ratios, as well as Fisher’s exact test to calculate the statistical significance, set at p ≤ 0.05.

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1. **Impact of the COVID-19 pandemic on paediatric orthopaedic trauma workload in central London: a multi-centre longitudinal observational study over the “golden weeks”**  
   Sugand 2020;:1-6.

This study assesses the impact on a large acute paediatric hospital service in London, evaluating the trends in the acute paediatric orthopaedic trauma referral caseload and operative case mix before (2019) and during (2020) COVID-19 lockdown. A longitudinal retrospective observational prevalence study of both acute paediatric orthopaedic trauma referrals and operative caseload was performed for the first 6 “golden weeks” of lockdown. These data were compared with the same period in 2019. Statistical analyses included median (± median absolute deviation), risk and odds ratios as well as Fisher’s exact test to calculate the statistical significance, set at p ≤ 0.05.

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1. **Is the COVID-19 Emergency an Opportunity to Reshape Assistance Models for the Future of Maxillofacial Surgery?**  
   Tel A. The Journal of craniofacial surgery 2020;31:e806-e807.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=ca7d97805ee905aadb59f1da522cd1b3)

1. **Management in oral and maxillofacial surgery during the COVID-19 pandemic: Our experience**  
   Barca I. British Journal of Oral and Maxillofacial Surgery 2020;58:687-691.

A novel beta-coronavirus (2019-nCOV), identified in Wuhan City in late December 2019, is generating a rapid and tragic health emergency in Italy due to the need to provide assistance to an uncontrollable number of infected patients and, at the same time, treat all the non-deferrable oncological and traumatic maxillofacial conditions. This article summarises the clinical and surgical experience of Maxillofacial Surgery Unit of "Magna Graecia" University (Catanzaro -Italy) during the COVID-19 pandemic and would like to provide a number of recommendations that should facilitate the scheduling process of surgical activities during the COVID-19 pandemic and reduce the risk of infection among healthcare professionals.Copyright © 2020 The British Association of Oral and Maxillofacial Surgeons

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1. **Our Experiences with Plastic and Reconstructive Surgery Procedures during Coronavirus Disease 2019 Pandemic**  
   Wang Zhichao Plastic and reconstructive surgery. Global open 2020;8:e2868.

The novel Coronavirus Disease 2019 (COVID-19) has rapidly become a health threat worldwide and has been declared global pandemic by the World Health Organization. Possible transmission routes, including respiratory droplets, close contact, and aerosol propagation, have put plastic and reconstructive healthcare professionals at high risk, especially during surgical procedures. The aim of this study was to summarize and share our experience of infection control measures and corresponding outcomes during the COVID-19 pandemic., Methods: Infection control measures, including workflow optimization, useful epidemiologic survey methods, and personal full protective clothing, were discussed. Characteristics and outcomes of emergency cases and elective cases under local and general anesthesia during the COVID-19 pandemic were summarized., Results: A hierarchy of interventions were applied mainly from 4 aspects. First, administration control and online consultation significantly decreased patient attendance. Second, a triage workflow was established to identify high-/low-risk patients, with clinical manifestations (fever, fatigue, cough, nasal discharge, etc), epidemiologic survey, blood test, chest computed tomographic scan, and coronavirus test if necessary. Third, strict environmental control was adopted using increasing ventilation, isolated room for inpatients, etc. Fourth, proper rotation of healthcare staff was ensured to reduce workload and minimize possible contact. A total of 904 emergency interventions, 2561 local anesthesia, and 570 general anesthesia were performed during this period, and none of the cases/healthcare professionals were found to be infected., Conclusions: Our experience could help global plastic and reconstructive healthcare professionals to get better preparation and continue to give qualified medical services during the COVID-19 pandemic. Proper adjustments should be taken according to their own clinical settings. Copyright © 2020 The Authors. Published by Wolters Kluwer Health, Inc. on behalf of The American Society of Plastic Surgeons.

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1. **Plastic Surgery and COVID-19 in the GCC: Fears, Lessons Learned, and the Plan for the Future**  
   Al Saud Nouf A. Plastic and reconstructive surgery. Global open 2020;8:e3225.

Background: With the labeling of Coronavirus Disease 2019 (COVID-19) as a pandemic by the World Health Organization, national directives were issued instructing to close all cosmetic clinics, suspend all cosmetic procedures, and only operate on an emergency basis. As a result, many plastic surgeons faced challenges sustaining their practice. We aimed to investigate the effect of these national directive instructions on the surgeons and to review their strategies for adapting their practices during this new pandemic., Methods: A cross-sectional descriptive study was conducted using an online questionnaire. It was constructed to assess the attitudes and practices of plastic surgeons in the Gulf Cooperation Council countries during the COVID-19 lockdown. It also explored their strategies on reopening their practice, as well as their plans on modifications of practice during and after the lockdown., Results: In total, 197 surgeons responded to the survey. The majority were from Saudi Arabia (42.1%), followed by the United Arab Emirates (37.6%), with relatively smaller participation from the remaining countries. Over two-thirds (69.5%) indicated that the pandemic had affected their practice. Surgeons in private practices were significantly affected (P < 0.001) compared with those in the public sector. Only 39% of respondents mentioned COVID-19 testing as part of their post-pandemic surgical protocol., Conclusions: Surgeons' responses to the pandemic varied. Fear and future uncertainty significantly led to a surge in the utilization of different technical means to maintain the patient pool. Surgeons' education about post-pandemic precautions is essential to maintain high standards of care in the region. Copyright © 2020 The Authors. Published by Wolters Kluwer Health, Inc. on behalf of The American Society of Plastic Surgeons.

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1. **Plastic Surgery and the COVID-19 Pandemic: A Review of Clinical Guidelines**  
   Ozturk Cemile Nurdan Annals of plastic surgery 2020;85:S155-S160.

BACKGROUND: A novel coronavirus disease (COVID-19) was first reported in December 2019 in China and was soon declared a pandemic by the World Health Organization. Many elective and nonessential surgeries were postponed worldwide in an effort to minimize spread of disease, as well as to conserve resources. Our goal with this article is to review current practice guidelines in setting of the COVID-19 pandemic, based on available data and literature., METHODS: Websites pertaining to surgical and medical societies, and government agencies were reviewed, along with recently published literature to identify recommendations related to COVID-19 and plastic surgery procedures., RESULTS: Clinical practice modifications are recommended during the pandemic in outpatient and perioperative settings. Use of personal protective equipment is critical for aerosol-generating procedures, such as surgery in the head and neck area. Care for trauma and malignancy should continue during the pandemic; however, definitive reconstruction could be delayed for select cases. Specific recommendations were made for surgical treatment of cancer, trauma, and semiurgent reconstructive procedures based on available data and literature., CONCLUSIONS: The risk and benefit of each reconstructive procedure should be carefully analyzed in relation to necessary patient care, minimized COVID-19 spread, protection of health care personnel, and utilization of resources. Recommendations in this article should be taken in the context of each institute's resources and prevalance of COVID-19 in the region. It should be emphasized that the guidelines provided are a snapshot of current practices and are subject to change as the pandemic continues to evolve.

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1. **Plastic surgery emergency surgical care during the COVID-19 lockdown at a Mexico City academic center**  
   Telich-Tarriba Jose E. Journal of plastic, reconstructive & aesthetic surgery : JPRAS 2020;:No page numbers.

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1. **Plastic Surgery in Coronavirus Disease 2019 Emergencies: Report from Northern Italy**  
   Cherubino Mario Plastic and reconstructive surgery. Global open 2020;8:e2913.

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1. **Plastic surgery practices amidst global COVID-19 pandemic: Indian consensus**  
   Agarwal Rajiv Journal of plastic, reconstructive & aesthetic surgery : JPRAS 2020;:No page numbers.

INTRODUCTION: The COVID-19 pandemic having spread globally has profound implications on medical and surgical care, which is given by the health care providers. At this time, though there are guidelines and recommendations for medical management of these patients, there is a lack of guidance on how a plastic surgeon should approach the COVID-19 suspect or infected patient who presents either in an elective or emergency setting. We aim to provide a consensus guideline based on the current recommendations of the Indian Council of Medical Research (ICMR) and the pooled experience of the major centers performing plastic and reconstructive surgery in India., METHODS: The current guidelines and recommendations on the COVID-19 pandemic were studied from both government and nongovernment sources including ICMR. The problems in the specialty of plastic surgery were categorized into four groups and for each group, separate and individual guidelines have been formulated., GUIDELINES: Consensus guidelines have been formulated for the specialty of Plastic and Reconstructive surgery. The patients requiring plastic surgery service have been categorized into four groups of acute, subacute, chronic, and late category. Acute cases are the ones who require intervention within 24-48h. Subacute cases are the ones who require intervention in the next 3-10 days, while the chronic are the ones who need plastic surgery preferably within a month. The late category are the ones who need surgery within the next six months. This has been done based on the urgency and priority of surgical intervention titrated against the risks of operating and inadvertently acquiring the exposure of COVID-19-positive patients., CONCLUSION: Currently, in the wake of COVID-19 pandemic, there are no clear guidelines specific to the vast majority of patients who come for a plastic surgery intervention. This puts the patients at risk due to the impending plastic surgery problem while at the same time it poses a risk of exposure to COVID-19 for the surgical team. Consensus guidelines are presented, to steer the plastic surgeon in his work, in the wake of COVID-19 crisis. The guidelines are based on firm scientific evidence from the reputed research and regulatory bodies and have been made in consonance with plastic surgery experts around the country, so that these practices best suit the needs of the patients, while being mindful of resource limitations and infection risks. The approach of "delayed conservative treatment" works best in the present case scenario. Copyright © 2020 Elsevier Ltd. All rights reserved.

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1. **Provision of Emergency Maxillofacial Service During the COVID-19 Pandemic: A Collaborative Five Centre UK Study**  
   Blackhall K. K. British Journal of Oral and Maxillofacial Surgery 2020;58:698-703.

The global pandemic of Coronavirus disease (COVID-19) represents one of the greatest challenges to healthcare systems, and has forced medical specialties to rapidly adapt their approaches to patient care. Oral and Maxillofacial Surgery is considered particularly at risk of disease transmission due to aerosol generation during surgical interventions, patient proximity and operating environment. On day 2 (26th March, 2020) of when severe restrictions in population movement were instigated in the United Kingdom, we began a study to prospectively monitor the presentation and management of maxillofacial emergencies at five hospital trusts. Data was collected onto an online live database fed through a smartphone application. Of the total 529 patients over six weeks, 395 attended for face-to-face consultations and 134 patients received remote consultations via telephone or video link. There were 255 trauma related cases, 221 infection and 48 cases of postoperative complications. Most trauma cases were minor soft tissue injury related to slip, trip or fall at home. There were 44 cases of facial fractures with a tendency for conservative treatment. 19 cases were related to domestic violence or self-harm. Of the 216 dental related emergencies, 68% could have been managed in the primary care setting. A quarter of all emergency patients were satisfactorily managed by remote consultations. There was a significant change in the provision of emergency maxillofacial service during the pandemic lockdown. We discuss the study findings as well as the potential implications in relation to planning for possible further COVID- 19 spikes and future pandemics.Copyright © 2020

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1. **Reorganisation to a local anaesthetic trauma service improves time to treatment during the COVID-19 pandemic - experience from a UK tertiary plastic surgery centre**  
   Khor W. S. Journal of plastic, reconstructive & aesthetic surgery : JPRAS 2020;:No page numbers.

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1. **Restarting plastic surgery: Drawing on the experience of the initial COVID-19 pandemic to inform the safe resumption of services**  
   Markeson D. Journal of plastic, reconstructive & aesthetic surgery : JPRAS 2020;73:2121-2126.

Coronavirus disease-2019 (COVID-19) has caused an unprecedented demand on healthcare resources globally. In the light of the arrival of a novel contagious and life-threatening virus, the NHS has responded by making difficult decisions to maintain care for patients and protect staff. The response has been frequently amended following updates in the UK Government policy as scientific understanding of the virus has improved. Our Plastic Surgery practice has adapted to mitigate risk to patients by reducing face-to-face contact, downgrading emergency procedures and deferring elective surgery where possible. This has inevitably resulted in a backlog in elective surgery and outpatient appointments. An assessment of the long-term health, social and economic impact of NHS wide service reconfiguration upon patient outcomes is yet to be seen. In this paper, we review the demonstrable early effects of service changes upon our unit and compare those to national and internationally published data. We also outline some of the considerations being made as we consider strategies to resume services in the light of the ongoing COVID-19 pandemic. Crown Copyright © 2020. Published by Elsevier Ltd. All rights reserved.

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1. **Safety of major reconstructive surgery during the peak of the COVID-19 pandemic in the United Kingdom and Ireland - multicentre national cohort study**  
   Patel N. G. Journal of plastic, reconstructive & aesthetic surgery : JPRAS 2020;:No page numbers.

BACKGROUND: The safety of surgery during and after the coronavirus disease-2019 (COVID-19) pandemic is paramount. Early reports of excessive perioperative mortality in COVID-positive patients promoted the widespread avoidance of operations. However, cancelling or delaying operations for cancer, trauma, or functional restitution has resulted in increased morbidity and mortality., METHODS: A national multicentre cohort study of all major reconstructive operations carried out over a 12-week period of the 'COVID-19 surge' in the United Kingdom and Ireland was performed. Primary outcome was 30-day mortality and secondary outcome measures were major complications (Clavien-Dindo grade >=3) and COVID-19 status of patients and healthcare professionals before and after surgery., RESULTS: A total of 418 patients underwent major reconstructive surgery with a mean operating time of 7.5hours and 12 days' inpatient stay. Cancer (59.8%) and trauma (29.4%) were the most common indications. COVID-19 infection was present in 4.5% of patients. The 30-day post-operative mortality was 0.2%, reflecting the death of one patient who was COVID-negative. Overall complication rate was 20.8%. COVID status did not correlate with major or minor complications. Eight healthcare professionals developed post-operative COVID-19 infection, seven of which occurred within the first three weeks., CONCLUSIONS: Major reconstructive operations performed during the COVID-19 crisis have been mostly urgent cases involving all surgical specialties. This cohort is a surrogate for all major operations across all surgical specialties. Patient safety and surgical outcomes have been the same as in the pre-COVID era. With adequate precautions, major reconstructive surgery is safe for patients and staff. This study helps counsel patients of COVID-19 risks in the perioperative period. Crown Copyright © 2020. Published by Elsevier Ltd. All rights reserved.

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1. **St Andrew's COVID-19 surgery safety (StACS) study: Elective plastic surgery, trauma & burns**  
   Miranda B. H. Journal of plastic, reconstructive & aesthetic surgery : JPRAS 2020;:No page numbers.

INTRODUCTION: This study evaluates COVID-19 related patient risk, when undergoing management within one of the largest specialist centres in Europe, which rapidly implemented national COVID-19 safety guidelines., METHOD: A prospective cohort study was undertaken in all patients who underwent surgical (n=1429) or non-operative (n=191) management during the UK COVID-19 pandemic peak (April-May 2020); all were evaluated for 30-day COVID-19 related death. A representative sample of elective/trauma/burns patients (surgery group, n=729) were selected and also sub-analysed within a controlled cohort study design. Comparison was made to a random selection of non-operatively managed (non-operative group, n=100) or waiting list (control group, n=250) patients. These groups were prospectively followed-up and telephoned from the end of June (control group) or at 30 days post-first assessment (non-operative group)/post-operatively (surgery group)., RESULTS: Complex general (9.2%, 136/1483) or regional (5.0%, 74/1483) anaesthesia cases represented 14.2% (210/1483) of operations undertaken. There were no 30-day post-operative (0/1429)/first assessment (0/191) COVID-19 related deaths. Neither the three sub-speciality plastic surgery, or non-operative groups, displayed increases in post-operative/first assessment symptoms in comparison to each other, or to control. The proportion of COVID-19 positive tests were: 7.1% (1/14) (non-operative), 5.9% (2/34) (burns) and 3.0% (3/99) (trauma); there were however no significant differences between these groups, the elective (0%, 0/54) and control (0%, 0/24) groups (p=0.236)., CONCLUSION: We demonstrate that even heterogeneous sub-speciality patient groups, who required operative/non-operative management, did not incur an increased COVID-19 risk compared to each other or to control. These highly encouraging results were achieved with described, rapidly implemented service changes that were tailored to protect each patient group and staff. Copyright © 2020 British Association of Plastic, Reconstructive and Aesthetic Surgeons. Published by Elsevier Ltd. All rights reserved.

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1. **The COVID-19 Pandemic: The effect on open lower limb fractures in a London major trauma centre - a plastic surgery perspective**  
   Campbell E. Injury 2020;:No page numbers.

BACKGROUND: COVID-19 has created huge pressures on healthcare systems. The ongoing provision of major trauma services during this time has proved challenging. We report our experience of managing open lower limb fractures (oLLFs) during the pandemic in a London major trauma centre (MTC)., METHODS: This was a prospective study of all open lower limb fractures presenting to our unit over the initial 48 days of UK government lockdown - 24th March till 10th May 2020. Results were compared to the same time period in 2019 retrospectively. Epidemiological data, mechanism, Gustilo-Anderson (G-A) severity grading, time to initial debridement and definitive coverage were analysed., RESULTS: There was a 64% reduction in emergency department (ED) attendances (25,264 vs 9042). There was an 18% reduction in oLLFs (22 vs 18). Approximately three-quarters of injuries were in males across both cohorts (77% vs 78%) and tended to occur in younger patients (median age, 37 vs 35). Road-traffic-accidents (RTAs) were the most common injury mechanism in both 2019 and lockdown, but a rise in jumpers from height was seen in the latter. A similar pattern of G-A severities were seen, however only 3 injuries during lockdown required major soft tissue reconstruction. There was no significant difference in times taken for initial debridement (p = 0.72786) or definitive wound coverage (p = 0.16152). A greater proportion of independent operating was seen during lockdown between orthopaedics and plastic surgery., CONCLUSIONS: Despite government lockdown measures, oLLFs still placed significant burden on our MTC. Notwithstanding significant staffing alterations and theatre pressures, we have been able to ensure these lower limb emergencies remain a surgical priority and have managed to utilise resources appropriately. Copyright © 2020. Published by Elsevier Ltd.

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1. **The effect of the ongoing COVID-19 nationwide lockdown on plastic surgery trauma caseload?**  
   Sugrue C. M. Journal of plastic, reconstructive & aesthetic surgery : JPRAS 2020;73:1357-1404.

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1. **The impact of COVID-19 in plastic surgery departments: a comparative retrospective study in a COVID-19 and in a non-COVID-19 hospital**  
   Grippaudo Fr Migliano E. Redi U. Turriziani G. Marino D. D'Ermo G. Ribuffo D. European journal of plastic surgery 2020;:1-6.

Background: COVID-19 is a new human-infecting coronavirus for which the World Health Organization declared a global pandemic. The first Italian cases occurred in February 2020: since then, there has been an exponential increase in new cases, hospitalizations and intensive care assistance demand. This new and sudden scenario led to a forced National Health System reorganization and review of welfare priorities. The aim of this study is to evaluate the effects of this pandemic on ordinary activities in two plastic surgery divisions in Rome, hosted in a COVID-19 and a non-COVID-19 hospital. Methods: The data of this comparative retrospective study was collected between 9 March and 9 April 2019 and the same period of 2020 from two plastic surgery units, one in a COVID-19 hospital and second in a non-COVID-19 hospital in Rome, Italy. The 2019-2020 data of the two hospitals was compared regarding the number of surgeries, post-operative dressings and first consultations performed. Results: Both units sustained a decrease in workload due to lockdown effects. Statistically significant differences for day surgery procedures (p value = 0.0047) and first consultations (p value &lt; 0.0001) were found between the COVID-19 and non-COVID-19 institutes, with a drastic trend limiting non-urgent access to COVID-19 hospitals. Conclusions: The long-term effects of healthcare reshuffling in the "COVID-19 era" imply a delay in the diagnosis and treatment of skin cancer and cancellation of many reconstructive procedures. These findings pose a question on the future consequences of a long-term limitation in plastic surgery healthcare.Level of evidence: Level III, risk/prognostic study.

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1. **The impact of COVID-19 on the plastic surgery activity in a high-complexity university hospital in Brazil: the importance of reconstructive plastic surgery during the pandemic**  
   Pagotto Vpf Abbas L. Goldenberg D. C. Lobato R. C. do Nascimento B. B. Monteiro G. G. R. Camargo C. P. de Freitas Busnardo F. Gemperli R. European journal of plastic surgery 2020;:1-6.

Background: The Hospital das Clinicas - University of Sao Paulo Medical School (HCFMUSP) is the largest university hospital complex in Brazil. HCFMUSP has been converted into a reference center for coronavirus disease 2019. The Division of Plastic Surgery postponed non-essential surgeries and outpatient consultations, accomplishing new guidelines (ANG) of national and international organizations. Even with these challenges arising from the pandemic, alternatives were considered to maintain institutional characteristics. This study aims to analyze this new scenario and the impact on patients' assistance and Plastic Surgery residents training. Methods: Total number of surgeries, type of procedures, and outpatient consultations in 2020, before (pre-ANG) and after (post-ANG) ANG, were compared with the same period in 2019 (2019-pre and 2020-post). Results: A marked reduction in the total number of surgeries and outpatient consultations was observed in the post-ANG period. In the post-ANG period, 267 operations were performed (26.7 ± 20.3/week), while in the 2019-post period, 1036 surgeries were performed (103.6 ± 9.7/week) (p = 0.0002). Similarly, 1571 consultations were conducted in the post-ANG period (157.1 ± 93.6/week), while in the 2019-post period, 3907 were performed (390.7 ± 43.1/week) (p = 0.0003). However, in the post-ANG period, an increase in the proportion of reconstructive compared with aesthetic surgery was observed. The maintenance of highly complex procedures such as microsurgical transplants was also identified. Conclusions: The predominant profile of reconstructive surgeries at the Division of Plastic Surgery allowed the continuity of procedures at all technical complexity levels, patient care maintenance, and Plastic Surgery residents training.Level of evidence: not ratable.

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1. **The Impact of COVID-19-based Suspension of Surgeries on Plastic Surgery Practices: a Survey of ACAPS Members**  
   Sarac Ba Schoenbrunner A. R. Wilson S. C. Chiu E. S. Janis J. E. Plastic and reconstructive surgery. Global open 2020;8:e3119.

The coronavirus disease 2019 (COVID-19) pandemic led to a drastic decline in the number of elective surgeries performed in the United States. Many national societies and local governments provided recommendations for surgeons to initially suspend and progressively resume elective surgery. The authors used a survey to the American Council of Academic Plastic Surgeons (ACAPS) to assess the effect on plastic surgeons. Methods: An electronic survey questionnaire was distributed to 532 members of ACAPS. Data on individual and plastic surgery practice demographics, COVID-19 prevention measures, and procedures or services that were being performed or delayed were collected and analyzed. Results: An estimated 161 members (30.2%) completed the survey. Changes in hospital policy were cited as the most common reason (89%) for determining which procedures were currently offered. Results vary by specialty. Notably, <10% of respondents who normally offered aesthetic procedures currently offered any procedures during the survey. Subspecialty-specific results and prevention measures when seeing clinic patients are further summarized and discussed. Conclusions: Plastic surgeons have seen a drastic decrease in the variety of procedures and services they are allowed to offer during the COVID-19 pandemic. To help plan a return to normalcy, surgeons should create and implement plans to protect patients and staff from coronavirus transmission, assure financial solvency, and consider the effects of delayed surgeries on both the physical and mental health of their patients. In doing so, surgeons and their patients will be better prepared in the event of a resurgence of the virus.

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1. **The impact of SARS-CoV-2 restrictions on medical care in Plastic Surgery**  
   Bernuth S. Horch R. E. Vater A. Fuchs K. Jakubietz M. G. Schmidt K. Meffert R. H. Jakubietz R. G. Handchirurgie, Mikrochirurgie, plastische Chirurgie 2020;52:272-279.

BACKGROUND: To manage the expected COVID-19 patient load major restrictions in in- and outpatient treatment had to be made. Depending on local conditions and order supply differences SARS-CoV-2 restrictions had a massive impact on medical care. To show the impact of plastic surgery on emergency surgery during SARS-CoV-2 pandemic, the amount of surgical emergencies in a single center plastic surgery division were evaluated. METHOD: The number of plastic surgery cases in a university hospital was evaluated during 16.03.2020 to 27.04.2020 and compared with previous years. RESULTS: Due to cancelling of elective surgery the number of cases dropped to 57,3 % of the caseload of previous years. There was no change in ratio of emergency (2020: 56,4 %; 2017-2019: 54,9 %) and urgent (2020: 44,6 %; 2017-2019: 45 %) surgery. No changes in regard to the etiology of trauma cause nor insurance status (occupational insurance/health insurance) were noted. CONCLUSION: Based on the data of this evaluation there is a clear relevance of Plastic Surgery in the setting of general medical care. Even during the pandemic crises a sufficient plastic surgery service is mandatory in a tertiary referral center. CSR - Reports results

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1. **The Impact of the COVID-19 Pandemic on Plastic Surgery Consultations in the Emergency Department**  
   Paiva Marcelo Plastic and reconstructive surgery. Global open 2020;8:e3371.

Stay-at-Home (SAH) orders implemented in the United States to combat COVID-19 had a significant impact on health care delivery for patients with all conditions. In this study, we examined the effect SAH orders had on the Emergency Department (ED) consultation volume, injury patterns, and treatment of patients managed by our plastic surgery service., Methods: In Rhode Island, SAH orders were instituted from March 28, 2020, to June 30, 2020. A retrospective chart review of patients presenting to our Level-1 academic medical center was performed. Patient demographics, types of injuries, and need for treatment in the ED or operating room (OR) were collected. Tests of significance were conducted using a comparison group spanning the same time period, in 2019., Results: There was a 36% decrease in ED consultations to plastic surgery during SAH orders when compared with those in 2019. No observed differences were noted in patient demographics between time periods. There were significant increases in the proportions of hand injuries secondary to power tools and facial injuries secondary to falls. No observed differences were identified in injury severity and need for either operating-room interventions or ED interventions for patients seen in consultation during SAH orders., Conclusions: SAH orders resulted in a decreased volume of plastic surgery consults in the ED but did not alter patient demographics, injury severity, or need for procedural interventions. There was a 2.9% positivity rate for COVID-19 for asymptomatic patients presenting in the ED with primary hand and facial injuries. Copyright © 2020 The Authors. Published by Wolters Kluwer Health, Inc. on behalf of The American Society of Plastic Surgeons.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=7be56bf23a7967044edd22da4377a8e5)

1. **Trauma transformed: A positive review of change during the COVID-19 pandemic**  
   Valand Poonam Journal of plastic, reconstructive & aesthetic surgery : JPRAS 2020;73:1357-1404.

Charles Moore in The Telegraph recently described the NHS as 'lumbering'.1 Far from this description, it has been our experience that the NHS has rapidly transformed across specialties in order to respond to the unprecedented global crisis of COVID-19. We describe here the multiple ways in which the plastic surgery trauma service at Salisbury District Hospital swiftly adapted over a two-week period in March 2020. Our aim is to deliver a tailored trauma service whilst adhering to the same high standards of patient care established prior to the COVID-19 pandemic. It is our view that many of these changes will be positive enduring practices for the future. Copyright © 2020. Published by Elsevier Ltd.

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1. **U.K. Response to the COVID-19 Pandemic: Managing Plastic Surgery Patients Safely**  
   Reissis Dimitris Plastic and reconstructive surgery 2020;146:250e-251e.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=bf6530917c5672e09c7f58426b2deb2b)

1. **Variation in volumes and characteristics of hand trauma patients seen during the early COVID-19 lockdown in a central London Plastic Surgery Unit**  
   Rinkoff S. The British journal of surgery 2020;107:e571-e572.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=eb4ca5f77b9d1f99a0c19c684f5fbcff)

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|  | **Source** | **Criteria** | **Results** |
| --- | --- | --- | --- |
| 1. | Medline | exp coronavirus/ | 45442 |
| 2. | Medline | exp Coronavirus Infections/ | 49670 |
| 3. | Medline | COVID-19/ | 11635 |
| 4. | Medline | ((corona\* or corono\*) adj1 (virus\* or viral\* or virinae\*)).ti,ab,kw,kf. | 2735 |
| 5. | Medline | (coronavirus\* or coronovirus\* or coronavirinae\* or CoV).ti,ab,kw,kf. | 63837 |
| 6. | Medline | ("2019-nCoV\*" or 2019nCoV\* or "19-nCoV\*" or 19nCoV\* or nCoV2019\* or "nCoV-2019\*" or nCoV19\* or "nCoV-19\*" or "COVID-19\*" or COVID19\* or "COVID-2019\*" or COVID2019\* or "HCoV-19\*" or HCoV19\* or "HCoV-2019\*" or HCoV2019\* or "2019 novel\*" or Ncov\* or "n-cov" or "SARS-CoV-2\*" or "SARSCoV-2\*" or "SARSCoV2\*" or "SARS-CoV2\*" or SARSCov19\* or "SARS-Cov19\*" or "SARSCov-19\*" or "SARS-Cov-19\*" or SARSCov2019\* or "SARS-Cov2019\*" or "SARSCov-2019\*" or "SARS-Cov-2019\*" or SARS2\* or "SARS-2\*" or SARScoronavirus2\* or "SARS-coronavirus-2\*" or "SARScoronavirus 2\*" or "SARS coronavirus2\*" or SARScoronovirus2\* or "SARS-coronovirus-2\*" or "SARScoronovirus 2\*" or "SARS coronovirus2\*" or covid).ti,ab,kw,kf. | 91095 |
| 7. | Medline | "severe acute respiratory syndrome\*".ti,ab,kw,kf. | 16154 |
| 8. | Medline | or/1-7 | 116752 |
| 9. | Medline | (lockdown or "lock down" or "Stay at home" or "stay-at-home").ti,ab. | 4991 |
| 10. | Medline | 8 or 9 | 117350 |
| 11. | Medline | Surgery, Plastic/ | 26645 |
| 12. | Medline | ((plastic or plastics or reconstructive) adj1 (surgical or surgery)).ti,ab. | 29218 |
| 13. | Medline | 11 or 12 | 48481 |
| 14. | Medline | 10 and 13 | 185 |
| 15. | Medline | limit 14 to (english language and yr="2020 -Current") | 179 |
| 16. | Medline | trauma.ti,ab. | 235327 |
| 17. | Medline | exp "Wounds and Injuries"/ | 918487 |
| 18. | Medline | (wound\* or injur\* or burn\* or shooting\* or stabbing\* or violence).ti,ab. | 1125594 |
| 19. | Medline | (accident\* or emergenc\*).ti,ab. | 495852 |
| 20. | Medline | 16 or 17 or 18 or 19 | 2169979 |
| 21. | Medline | 10 and 13 and 20 | 39 |
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