



PHILIPPINE ORTHOPAEDIC FOOT AND ANKLE SOCIETY

President:

Carlo Angelo V. Borbon.,MD, FPOA

Vice President:

Jovito Ramil B. Paz, MD, FPOA

Secretary:

Roberto Gabriel L. Lopez, MD, FPOA

Treasurer:

Francis Joseph V. Reyes, MD, FPOA

Ex-officio:

Emiliano B. Tablante, MD, FPOA

Active Members::

John Alistair V. Carag, MD, FPOA

Fernando A. Acance, MD, FPOA

Jose Carlos C. Estil, Jr, MD, FPOA

Ronald Allan G. Malahito, MD, FPOA

Sharvyl Anthony B. Cantilla, MD, FPOA

Ana Cristina D. Decenteceo, MD, FPOA

Ai E. Gamboa, MD, FPOA

Kirby O. Lim, MD, FPOA

Bernardino B. Alpuerto II, MD, FPOA

Juan Agustin D. Coruna IV, MD, FPOA

Michael T. Gonzales, MD, FPOA

Joana Francesca B. Visperas, MD, FPOA

Ilian D. Eusebio, MD, FPOA

Em Q. Musni-Fabia, MD, FPOA

Adriel Vincent L. Ang, MD, FPOA

Philippine Orthopaedic Foot and Ankle Society Guidelines during the COVID-19 Pandemic

We, the Philippine Orthopaedic Foot and Ankle Society, support the Philippine Government and the Philippine Orthopaedic Association policies of limiting elective surgery to decrease the burden on the national health system so as to prevent the spread of the virus, avoiding harm to patients, health care workers and ancillary staff during this pandemic period. We believe, this will help preserve limited resources, equipment and staff that may be needed for patient treatment in the upcoming months, and thus, giving us time to prepare for possible excess load on the healthcare system.

The goal of this guideline is to reduce the number of cases performed as well as to avoid long-term harm for the small number of patients who would suffer a significant adverse outcome by a delay in their surgery of weeks to months.

In addition to the guidelines presented by the PCS and POA, the POFAS suggests the following conditions for emergent orthopaedic intervention:

1. Fractures that CANNOT be managed non-operatively
2. Open injuries of bone and soft tissues
3. Infections including diabetic foot sepsis
4. Malignant tumors necessitating a need for urgent care
5. Tendon ruptures NOT suitable for non-operative management

Some pointers to take into account in dealing with foot and ankle cases:

1. Avoid surgery in older or more compromised patients if possible.
2. Closed fractures and tendon ruptures which can be stabilized initially with conservative measures must be initially practiced. If able, suggest possible correction of deformity once the pandemic resolves
3. Once patient status is stable, discharge as soon as possible and discuss rehabilitation protocol to be done on an outpatient basis. We suggest increased use of **Telemedicine** and **Remote Patient Monitoring** for such cases, as well as in treating wound care and diabetic ulcers, not necessitating the use of an operating room.
4. Practice using proper protective equipment in all cases at all times

Moreover, we suggest the following cases to be addressed ONLY, once this pandemic has resolved:

1. Ankle arthroscopy (except when used as part of fracture management)
2. Ankle instability surgery
3. Elective arthroplasty and Revision arthroplasty (except for periprosthetic fracture)
4. Fusions
5. Reconstructive surgery for the following:
 - a. Malunion or Non-union
 - b. Flat foot and Cavus foot surgery
 - c. Bunions, Claw toes/hammer toes
6. Neuromas, Ganglions

Stay safe,

Carlo Angelo V. Borbon, M.D., FPOA

President - Philippine Orthopaedic Foot and Ankle Society

REFERENCES:

1. *Philippine Orthopaedic Association COVID 19 Guidelines for Fellows* (April 2020)
2. *Precautionary Measures for Emergency Surgery During COVID Pandemic* (March 2020)
3. Guy et al. *AAOS Guidelines for Elective Surgery during the COVID-19 Pandemic*
4. Rogers et al. All Feet On Deck—The Role of Podiatry During the COVID-19 Pandemic: *Preventing hospitalizations in an overburdened healthcare system, reducing amputation and death in people with diabetes*. Journal of American Podiatric Medical Association
5. *ACS COVID-19 Guidelines for Triage of Orthopaedic Patients* (March 2020)
6. Lunz, D. *Australian Orthopaedic Foot and Ankle Society Position statement from the AOFAS about Elective Surgery and Covid-19*