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## ***Management of non emergent cases***

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We congratulate the authors for the recent article on " Medically Necessary Orthopaedic Surgery During the COVID-19 Pandemic: Safe Surgical Practices and a Classification to Guide Treatment"(1) which we read with huge interest.

Jerome et al (2) had recommendations based on the perspectives and consensus from 100 Orthopedics surgeons belonging to 50 countries more specific for managing the non-emergency orthopedics cases. The recommendations were based on the Centre for Medicare and Medicaid Services (CMS) which suggested prerequisites for surgery and conservative management especially during the pandemic crisis. (3)

55% of surgeons in the study conducted by Jerome et al (2) during the early and mid lockdown phase of coronavirus disease (COVID 19) deferred surgery and adopted alternative/conservative methods of treatment. Local steroid injections, splints, cast, and oral analgesics were given to patients during the pandemic. Among them, 37% of surgeons found that they had one or more COVID 19 symptomatic patients who were referred to the government/private tertiary medical colleges for further evaluation and management. Only 3% of surgeons operated on non-emergency cases such as radial tunnel syndrome where working women presented with severe pain restricting their daily activities.

Jerome et al have described the low acuity treatment for conditions such as carpal tunnel syndrome, trigger finger, tennis elbow, DeQuervain's tenosynovitis, and cubital tunnel syndrome from their survey involving 100 surgeons. The intermediate treatment is for conditions requiring joint replacement, spine surgery, arthroscopy, and pediatric orthopedics. High acuity treatment included open fractures, severe trauma—fractures and dislocations, cauda equina syndrome, compartment syndrome, cancer, highly symptomatic, acute infections, necrotizing fasciitis, and vascular injuries. Jerome et al (2) had modified the questionnaire to suit the orthopedics practices taking into 50 country surgeon's considerations and the working conditions. The recommendations were

- Low acuity: conservative/steroid injections/oral analgesics/splints.

- Intermediate: surgeons' discretion.
- High acuity: surgery.

Though the level of evidence is limited and graded as V as per the Oxford center evidence-based medicine, 97% of surgeons agreed for the above recommendations with 95% Confidence Interval [92 to 99%] giving a supermajority and a strong consensus.

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Conflict of Interest: None Declared