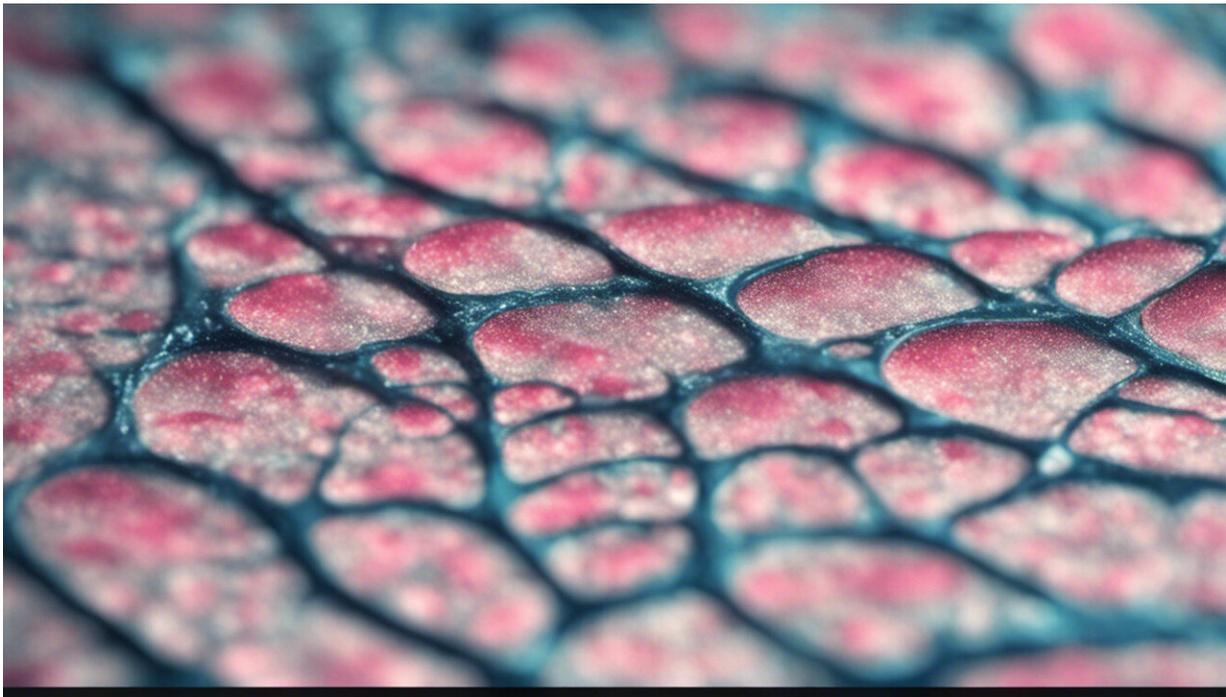


Victoria's latest elective surgery slowdown is painful but necessary

July 17 2020, by Stephen Duckett



Credit: AI-generated image ([disclaimer](#))

Just weeks after allowing public hospitals to [restart elective surgeries](#), the Victorian government has ordered Melbourne hospitals to [defer category 3 procedures again](#).

Category 3 procedures include hip and knee replacements and cataract

procedures. Category 3 patients are the easiest to defer because they have been assessed as not requiring treatment within three months.

Elective [surgery](#) will also be reduced to no more than 50% of usual activity across all [public hospitals](#) and 75% in [private hospitals](#).

Whether further reductions in planned surgery will be necessary—such as limiting category 2 patients—will depend on the trajectory of the pandemic, and the extent of competing demands from other emergency patients.

Deferring planned procedures is not an easy decision

Although some surgery is of limited value to the patient, and some problems would be better [treated in other ways](#), in most cases the surgery is necessary to reduce pain and enable people to go about their day-to-day lives.

But as Victoria's second wave reaches [concerning heights](#), the Victorian government has to make difficult decisions.

Hospital beds, including intensive care beds, are used both for planned procedures and for emergency treatment—and that includes patients infected with COVID-19.

As the number of people infected in Victoria has increased, so too has the demand for beds. To avoid a situation in which people need to be turned away by hospitals or denied effective treatment, the proper course for government is to order hospitals to reschedule lower-priority planned procedures.

It's a staffing issue too

The pressure on the system is exacerbated when the number of available hospital staff falls. We're currently seeing high numbers of [COVID-19 cases among health workers](#), meaning they—and any fellow staff they've been in contact with—are having to stay home to avoid infecting others.

Victoria has [mandated minimum staffing ratios](#) so when the number of available [hospital](#) staff falls, the supply of staffed beds also falls. This double whammy of increased demand and reduced supply makes it even more important for the government to make this choice.

This new deferral will be hard for patients whose procedures were deferred during the first wave of the pandemic. Some will have just been given a new date for their deferred surgery, but now face a further wait.

Unfortunately, there's no way of knowing how long the deferral will be. Today has seen [428 new cases](#) recorded in Victoria, and it's still too early in the second lockdown to assess whether we've been able to bring the virus under control again.

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