**Primary Care MSK Kernow RMS Bulletin**

**Orthopaedic Surgery And Covid**

Urgent Orthopaedic surgery and some routine lists have now re-started, however services are still limited.

**RCHT Covid-19 And Orthopaedic Surgery guidance1** is sent to all patients prior to undergoing joint surgery. Limited evidence shows that patients undergoing surgery are at higher risk of not only contracting Covid-19 but increased risk of mortality and respiratory complications. Patients are asked to self isolate for 14 days pre and post surgery and have swabs as organised by the hospital. Please consider using this leaflet as part of discussion with patients prior to referral for joint surgery during the pandemic.

**Optimise Health For Better Surgical Outcomes**

Increasing evidence shows that BMI > 40, BP > 160/90, poor glycaemic control and smoking significantly increases the risk of post-operative joint infections by 2 to 3 fold with overall increase in poor outcomes.2,3  Optimising health prior to referral and surgery when safe to do so is key, please consider prior to referral as possible. Patients are advised to stop smoking a minimum of 8 weeks prior to surgery.



[Healthy Cornwall](https://www.healthycornwall.org.uk) includes Cornwall Healthy Weight and Stop Smoking Cornwall. They currently provide telephone support through trained advisors to help patients lose weight, exercise advice, direct to gym schemes and stop smoking. They also have a good facebook page and have virtual groups. Patients can [self refer here](https://www.healthycornwall.org.uk/contact-us/)



A separate handout of current resources patients can use to help promote self management, encourage movement and improve their health such as Escape Pain Online (an excellent online course for Hip and Knee OA) is attached to the email which can be printed off and given to the patient.

**Polite Reminder!**

All ankle X rays need to be **weight bearing**. This needs to be written on the form when requesting.

**Steroid Joint Injections**

Most of us will be aware of the recent Intercollegiate guidance on therapeutic steroid injections during Covid 19, please click [here](https://www.rheumatology.org.uk/Portals/0/Documents/COVID-19/MSK_rheumatology_corticosteroid_guidance.pdf) for details.

In summary:

Only consider a steroid injection if a patient has high levels of pain and disability, has exhausted first line conservative measures and continued symptoms will have a significant negative impact on health and wellbeing.4

The patient must be counselled on the potential risks of immunosuppression as a result of the injection and subsequent risk of coronavirus. The potential impact of immunosuppression from steroid treatment in an asymptomatic patient incubating Covid-19 at the time or in the future is unknown.

Radiology have requested that for any referrals for USS guided steroid injections that counselling on Covid-19 discussion and risk assessment happen prior to referral. This should be documented including that all other treatment options have been exhausted on the referral letter.

**Adult Low Back Pain**

Good news: Spinal Interface Services are back up and running. Please follow the Adult Low Back Pain pathway when considering referral, specifying the amount of manual therapy the patient has tried. Requests for an updated routine Lumbar MRI whereby the patient does not meet the referral criteria will be returned.

The [Urgent Spinal MRI Criteria](http://rms.kernowccg.nhs.uk/primary_care_clinical_referral_criteria/primary_care_clinical_referral_criteria/diagnostics_and_imaging/primary_care_clinical_referral_criteria/primary_care_clinical_referral_criteria/diagnostics_and_imaging/mri/mri_lumbar_spine) have been amended to ensure clinical safety as Routine Lumbar MRI cannot be currently requested in primary care.

The Urgent Spinal MRI Criteria now include:

Suspected Malignancy

Sciatica With Recent Onset Motor Deficit +/- Recently Progressive Sensory Deficit

New Severe Intractable Sciatica With Severe Functional Impairment

Spinal Stenosis With Recent Onset Motor Deficit +/- Recently Progressive Sensory Deficit

Suspected Cervical And Thoracic Myelopathy

Routine MRI of the lumbar spine is not required for the following and as such it is not available:

* Isolated back pain
* Surveillance of known degenerative change
* Long standing non progressive symptoms
* Patients in whom surgical intervention is not a realistic prospec
* Prior to follow up outpatient appointments unless specifically requested

References

* 1. Royal Cornwall Hospitals NHS Trust. Covid And Orthopaedic Surgery July 2020
	2. Lengeurran E et al. Risk Factors Associated With Revision For Prosthetic Joint Infection Following Knee Replacement: An Observational Cohort Study From England And Wales. The Lancet 01 2019 Jun; 19, 6, 589-600
	3. Alamanda VK, Springer BD. The Prevention Of Infection: 12 Modifiable Risk Factors. Bone Joint J 2019 Jan; 101-B1 (1 Supple A):3-9
	4. Intercollegiate Guidelines. Management Of Patients With Musculoskeletal Conditions Who Are On Corticosteroids, Require Initiation Of Oral/IV Corticosteroids, Require A Corticosteroid Injection. 16 June 2020

Dr Rebecca Hopkins

GP, Orthopaedic Guidelines Lead Kernow RMS and CCG Lead MSK Rightcare

18 August 2020