



Position Statement: Endocrine Surgery during the COVID-19 Pandemic Australian and New Zealand Endocrine Surgeons & General Surgeons Australia

24 April 2020

Defining urgent endocrine surgical conditions

Australia and New Zealand have done an excellent job using social distancing to mitigate the burden of COVID-19, and thus far have thankfully not seen the volume of cases and fatalities we have witnessed in other countries. The Australian Government has advised us to increase elective surgery based on urgency categories. The ANZES Executive offer the following guidelines for urgency category with regard to Endocrine Surgery, endorsed as well by our colleagues at General Surgeons Australia.

These guidelines rely on individual judgement of surgeons and hospital executives, depending on changes in COVID-19 case incidence and availability local resources and capacity.

Endocrine surgery urgency classification guideline

Category 1

Thyroid

- Thyroid cancer or highly suspected cancer
- Severe Graves' disease refractory to medical management, or with adverse reaction to antithyroid medication
- Goitre with significant and symptomatic airway compromise

Parathyroid

- Hyperparathyroidism with severe hypercalcaemia >2.9 or severe symptoms
- Hyperparathyroidism in pregnancy

Adrenal

- Adrenocortical cancer or highly suspected adrenocortical cancer
- Pheochromocytoma or paraganglioma that is unable to be controlled with medical management
- Cushing's syndrome with significant symptoms that is unable to be controlled with medical management

Urgent Category 2

Thyroid

- Goitre with significant obstructive symptoms
- Indeterminate cytology and/or ultrasound features suggesting malignancy

Parathyroid

• Hyperparathyroidism with severe osteoporosis or fragility fractures

Adrenal

- Functional adrenal mass causing medical comorbidity
- Adrenal mass with suspicion of malignancy

Standard Category 2:

- Most other endocrine surgical procedures and indications, including:
- Patients with low risk microcarcinoma who have chosen surgery over active surveillance,
- Mildly symptomatic goitre
- Surgery for well-controlled Graves' disease.
- Asymptomatic or mildly symptomatic primary hyperparathyroidism

Please also refer to the COVID-19 Guidelines for Endocrine Surgery published by <u>ANZES</u> and <u>GSA</u>.

Please look after yourselves, and reach out to us if we can support you in any way.

Kind regards,

Mr Trevor Collinson FRACS President, General Surgeons Australia

Assoc Prof Julie Miller MD FRACS President, Australian and New Zealand Endocrine Surgeons