

Dear Colleagues,

These are unsettled times. The Society for Vascular Surgery is sending this communication in response to our members' need for information and to share strategies regarding the identification and prioritization of vascular procedures during this worldwide pandemic. The SVS has compiled the information from members describing their institutional practices on vascular procedures that can be performed on an elective, or planned, basis and recommendations on suggested length of time for postponement. The SVS has summarized this into a ready-to-use reference table following the format employed by the Centers for Medicare & Medicaid Services and the American College of Surgeons. This information can provide a starting point for your local decision-making.

SVS clinical leadership is developing a consensus document regarding elective vascular procedures and timelines for postponement. Vascular surgeons will need to review this document in the context of the population needs at their own hospitals and centers and state/regional regulations. We recognize that the situation is very fluid and that information becomes outdated quickly. As our hospitals become stressed with COVID-19 patients the SVS recognizes the stress that vascular surgeons will be under with respect to treating their patients as well as being mindful of their personal well-being plus that of their families and loved ones.

Attached (and available via separate link here) is a spreadsheet with protocols from SVS members and their institutions; it lists vascular procedures that could be postponed, timelines and procedures that may need to be performed on an urgent basis. It represents a consensus of our peers, and should be taken as such, rather than specific guidelines from the SVS. Other issues that are being reviewed and will be addressed in further communications include longer-term management of deferred cases and physician workforce and safety needs:

Surgeons' questions surgeons have included:

- How long can/should we wait for elective repair of an infrarenal aneurysm > 6 cm, a symptomatic carotid stenosis with > 90% or ischemic gangrene? What are the protocols for vascular surgery if this persists longer than a few weeks? (from John White, Advocate in Illinois).
- Have you created shifts so that only a single vascular surgeon is present in the hospital at any given time? (John White).
- Have any of you discussed a specific call rotation to address this issue? We have four in our group and we are thinking of trying a 14-day on (where two partners share call duties during that period) and 14-day off schedule as almost a prophylactic quarantine given the high traffic of COVID-19 patients in our hospitals (from Cheong Lee, NorthShore Hospital, Illinois).
- When capacities eventually re-expand how do we prioritize patients who have been waiting or were deferred?

Other organizations have provided guidance and protocols, including CMS and the ACS. Information is at the links below.

[Guidance on CMS document on elective surgery and procedures \(pdf\)](#)

[ACS guidance/triage information for surgeons](#)

[ACS COVID-19 Recommendations for Management of Elective Surgical Procedures](#)

[Vascular Society for Great Britain and Ireland: COVID-19 and Vascular Surgery](#)

[Canadian Cardiovascular Society: Guidance from the CCS COVID-10 Rapid Response Team](#)

[Society for Cardiovascular Angiography & Interventions: The Evolving Pandemic of COVID-19 and Interventional Cardiology](#)