

MHH TMC Cardiothoracic and Vascular Surgery COVID-19 Operating Room Availability Process

In-patient Operative Procedures will be categorized into the following 4 categories:

Categories 1-3 may be scheduled and performed.

Category 4 will be postponed.

1. Emergent Cardiac, Thoracic, and Vascular procedures. (Stat,Now)

- a. Instability resulting from cardiovascular disorder.
- b. Examples include but not limited to:
 - TEVAR/EVAR/AAA/DTAA. TAAA repair for ruptured aneurysm
 - TEVAR/open ascending repair for acute dissection
 - Pericardial window for tamponade
 - Endovascular or open revascularization for Acute limb ischemia
 - Endovascular or open repair for venous (Phlegmasia)
 - Fasciotomy
 - Endovascular or open repair for acute end organ ischemia (visceral)
 - Endovascular or open repair for acute pulmonary embolism
 - Open repair for esophageal perforation
 - Lobectomy for hematemesis
 - Endovascular or open repair for traumatic aortic rupture
 - All Transplant procedures and VADs
 - Open valvular replacement for acute CHF or sepsis for endocarditis
 - Open valvular repair/replacement for valve disorder with acute CHF
 - CABG for AMI not amenable to PCI

2. Urgent Cardiac, Thoracic, and Vascular procedures (In-patient)

- a. Inpatient that cannot be discharged.
- b. Examples include *but not limited to*:
 - CABG for Unstable angina or critical stenosis
 - Open valvular repair/replacement for symptomatic valvular heart disease
 - Open valvular repair/replacement for active endocarditis
 - Endovascular or open repair for symptomatic aneurysms
 - Endovascular or open repair for acute limb ischemia

- Endovascular or open repair for chronic limb ischemia with rest pain or tissue loss
- Thoracic surgery for chronic obstructive dysphagia requiring esophageal correction
- Renal dialysis access correction
- Symptomatic carotid disease
- All Transplant procedures and VADs

3. Time-sensitive Cardiac, Thoracic, and Vascular procedures. (<2 weeks)

- a. This includes symptomatic conditions that may lead to potentially threatened life or limb- (harm from waiting).
- b. This includes time-sensitive conditions that may lead to potentially threatened life or limb.
- c. Examples include but not limited to:
 - Endovascular or open repair for symptomatic aneurysm
 - Open valvular repair/replacement for symptomatic valvular heart disease
 - Endovascular or open repair for Symptomatic critical limb ischemia
 - Renal dialysis access correction or line insertion
 - Thoracic surgery for ongoing lung or esophageal cancer amenable to resection
 - Temporal artery biopsy

4. Elective

- a. **Category 4 in-patient Cardiothoracic and Vascular Surgical procedures that are not symptomatic or time-sensitive should be postponed. (>2 months)**

Please contact service chief (Estrera) with any questions about posting.

Disputes regarding case posting will be addressed by the Surgeons Council Elective Case Review Committee on a daily basis (13:00) .

Ultimately decisions on operating room activity should be based on availability of resources:

- Anesthesia Staffing
- blood banking,
- ICU beds, need for isolation beds
- staffing (OR, ICU, Perfusion, etc.)
- Supplies (grafts, drapes, etc.)
- equipment (pumps, devices, ECMO, etc).

This process is subject to change and will be reviewed on a regular basis.