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 hematemeses
      - 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.