



*March 23, 2020*

The Executive Committee of the Vascular and Endovascular Surgery Society supports the decision of surgical providers to rapidly curtail surgical services in response to the public health threat posed by COVID-19 patients to overwhelm hospital resources in the next weeks. We believe vascular surgeons should support the health of all US citizens by immediately reducing resource expenditure, avoiding ALL surgical admissions unless immediately life or limb threatening, and most importantly by staying home.

Some of our members have reached out for guidance regarding elective Vascular Surgery cases that can be safely postponed but are not specifically mentioned in other guideline documents. Many of these clinical decisions might be local or regional. VESS would like to serve as a resource for its members asked by respective administrators how to best provide vascular surgical care. A number of medical centers have already temporarily ceased performing elective procedures. For centers that have asked vascular surgeons to identify procedures that can be safely postponed, we would like to share examples of case types being deferred at many medical centers to make resources available to fight COVID-19. This list should not be considered comprehensive, but may be useful as a starting point for vascular surgeons who have been asked to identify cases that might be considered “elective surgery” in this time of resource constraint.

- Asymptomatic aortic aneurysms
- Asymptomatic peripheral or visceral aneurysms
- Hemodialysis access in patients with a functioning central venous catheter or who are not yet on hemodialysis
- Revascularization for chronic peripheral artery disease in the absence of tissue loss
- Any treatments for claudication
- Asymptomatic carotid disease
- Chronic mesenteric ischemia
- IVC filter retrieval
- Varicose vein procedures
- Thoracic outlet operations and compression syndrome operations
- Spine exposures

Vascular surgeons are also being asked to make key decisions related to inpatient and outpatient care to minimize risk to both patients and healthcare personnel. VESS supports Vascular Surgeons leading these critical decisions that affect our patients. We acknowledge that local resources (including availability of beds, blood, imaging, and support staff, etc.) are

critical considerations, and the situation is changing hourly at many hospitals. We hope to continue to provide our comments and help to the membership in real-time as things change in various regions of the country. Considerations specific to Vascular Surgery practice that may not be covered in other guidelines include:

- Avoiding noninvasive vascular lab testing on inpatients when clinical suspicion is low or results are unlikely to change management
- Deferring clinic visits (including telehealth visits) for patients for whom imaging is necessary to make treatment and/or follow up decisions but is temporarily unavailable.
- Substitution of telehealth visits for in-person clinic visits and inpatient consultations whenever practical and useful for the patient
- In-person evaluation should be reserved only for those patients that have signs or symptoms suggesting they may need urgent or emergent treatment.

For Vascular Surgeons without prior telemedicine experience, a “how to” primer prepared by Dr. Misty Humphries will be circulated as a separate resource.

VESS will continue to respond to the needs of our patients and members during this unprecedented time in global healthcare.