

Barts Health NHS Trust
Barts Heart Centre
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PROTOCOL FOR SURGERY IN AORTOVASCULAR PATIENTS DURING COVID-19 PANDEMIC

The current protocol for hospital admission and surgery for treatment of AortoVascular patients at Barts Heart Centre during COVID-19 pandemic, includes the following:

EMERGENCY AORTOVASCULAR CONDITIONS:

- Acute aortic syndromes: Type A aortic dissection, intramural haematoma, penetrating
 ulcers, impending rupture and Type B aortic dissection with malperfusion.
- Ruptured aneurysms







URGENT AORTOVASCULAR CONDITIONS:

- Aneurysms: > 6 cm for root/ascending/arch; > 6.5 cm for descending thoracic aorta
 and > 7 cm for abdominal aorta
- Aneurysms (any segment of the aorta) with new or persistent chest / back pain
- Thoracic aneurysms > 5.5 cm in patients with confirmed genetic aortopathy (i.e. Marfan, Loeys-Dietz, vascular Ehlers-Danlos)
- Pseudoaneurysms, mycotic aneurysm and/or graft infection.

Consideration of additional factors such organ malperfusion, uncontrolled hypertension, strong family history of aortic dissection / rupture may alter priority on a case by case basis, in which case a mini MDT will be convened and documented in the electronic patient record.

Endovascular treatment will be preferred over surgery when possible during this period.

Screening of the patients will include two negative swabs (when time permitting) and assessment of the lung fields on the preoperative CT scan.

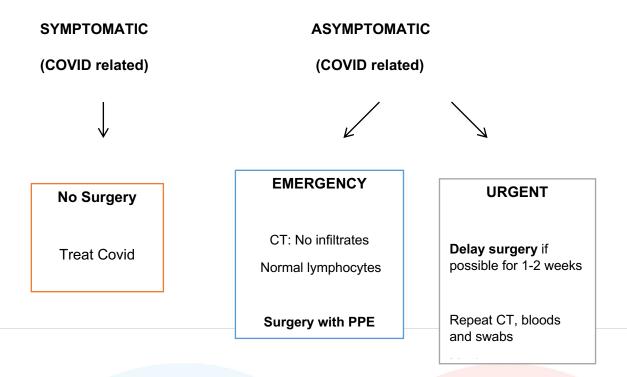
However, for patients too unstable to survive the screening waiting period, a balanced consensual decision will be made on a virtual MDT basis.







AORTOVASCULAR PATIENTS WHO TESTED POSITIVE FOR COVID-19



CRP, LDH and White Blood Cell levels are likely to be elevated during acute aortic syndrome.

Therefore, these are not useful diagnostic tools for COVID screening in this cohort.

ELECTIVE AORTOVASCULAR CONDITIONS:

There will be no elective surgery during this period, however individual patients who are on the waiting list for procedures will be reviewed regularly and escalated to urgent category if and when appropriate.







AORTOVASCULAR MDT:

During this period the AortoVascular MDT will be conducted via videoconferencing and patients will be assessed appropriately either by video clinic or face to face assessment.

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On behalf of the AortoVascular MDT at Barts Heart Centre – 27th March 2020

Protocol endorsed by the SCTS and the UK AS Group – 2nd April 2020







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