VASCULAR SOCIETY

Guidance for re-starting elective vascular surgery – 23rd March 2021

With 50% of the adult population now vaccinated against Covid-19 and both deaths and case numbers in hospitals declining, we believe it is time to increase planned vascular activity. Continued caution is needed however as Europe suffers a resurgence of cases needing hospitalisation and in the UK, the decrease in numbers testing positive has plateaued at a stubborn 5000 or so per day.

National capacity remains a mixed picture with many hospitals still constrained by staffing shortages and reduced critical care and theatre capacity, but it is an improving situation.

Clearly, emergency procedures and some urgent cases have continued throughout, but many aneurysm patients (unless with very large diameters) were classed as P3 and their treatment was deferred. This guidance mainly applies to these patients, but would also apply to any other non-emergency, but clinically needed arterial procedures. Final decisions will need to be made depending on local situations, but the following principles should be followed:

1. All patients with an AAA >5.5cm in maximum diameter should now be considered for treatment.
2. Prioritisation should take account of both maximum diameter and length of wait.
3. Consideration should also be given to patients where custom devices have been delivered and the time interval could risk morphology changes prior to implant.
4. Any patients previously categorised as P3, who have waited >3 months, should now be re-categorised as P2.
5. It is accepted that it will not be possible to treat all such P2 patients within 1 month.
6. All patients should be vaccinated (with at least one dose) at least 3 weeks prior to surgery.
7. Surgery should be deferred for at least 7 weeks after an episode of Covid infection
   – https://associationofanaesthetists-publications.onlinelibrary.wiley.com/doi/full/10.1111/anae.15464

Where staffing is available and day case facilities allow, P4 cases (mainly patients with varicose veins) could be treated, but it would be advisable to ensure that this does not impact on a resource that could delay the treatment of more urgent conditions.

Michael Jenkins
President VSGBI