## COVID 19: Elective Case Triage Guidelines for Surgical Care
### Vascular Surgery

<table>
<thead>
<tr>
<th>Category</th>
<th>Condition</th>
<th>Tier Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAA</td>
<td>Ruptured or symptomatic TAAA or AAA</td>
<td>3 Do not postpone</td>
</tr>
<tr>
<td></td>
<td>Aneurysm associated w/infection or Prosthetic graft infection</td>
<td>3 Do not postpone</td>
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<tr>
<td></td>
<td>AAA &gt; 6.5 cm</td>
<td>2b Postpone if possible</td>
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<tr>
<td></td>
<td>TAAA &gt; 6.5 cm</td>
<td>2b Postpone if possible</td>
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<tr>
<td></td>
<td>AAA &lt; 6.5 cm</td>
<td>1 Postpone</td>
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<tr>
<td>Aneurysm peripheral</td>
<td>Peripheral aneurysm, Symptomatic</td>
<td>3 Do not postpone</td>
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<tr>
<td></td>
<td>Peripheral aneurysm, Asymptomatic</td>
<td>2a Consider postponing</td>
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<tr>
<td></td>
<td>Pseudoaneurysm Repair: Not candidate for thrombin injection or compression, rapidly expanding, complex</td>
<td>3 Do not postpone</td>
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<tr>
<td></td>
<td>Symptomatic non-aortic intra-abdominal aneurysm</td>
<td>3 Do not postpone</td>
</tr>
<tr>
<td></td>
<td>Asymptomatic non-aortic intra-abdominal aneurysm</td>
<td>2a Consider postponing</td>
</tr>
<tr>
<td>Aortic Dissection</td>
<td>Acute aortic dissection with rupture or malperfusion</td>
<td>3 Do not postpone</td>
</tr>
<tr>
<td>Aortic emergency NOS</td>
<td>AEF with septic/hemorrhagic shock, or signs of impending rupture</td>
<td>3 Do not postpone</td>
</tr>
<tr>
<td>Bypass graft complications</td>
<td>Infected arterial prosthesis without overt sepsis, or</td>
<td>3 Do not postpone</td>
</tr>
<tr>
<td>Condition</td>
<td>Postponement Recommendation</td>
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<td>---------------------------------------------------------------------------</td>
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<tr>
<td>Hemorrhagic shock, or impending rupture</td>
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<tr>
<td>Revascularization for high grade re-stenosis of previous intervention</td>
<td>2b Postpone if possible</td>
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<tr>
<td>Asymptomatic bypass graft/stent restenosis</td>
<td>1 postpone</td>
<td></td>
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<tr>
<td>Symptomatic Carotid Stenosis: CEA and TCAR</td>
<td>3 Do not postpone</td>
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<tr>
<td>Asymptomatic carotid artery stenosis</td>
<td>1 Postpone</td>
<td></td>
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<tr>
<td>Thrombosed or nonfunctional dialysis access</td>
<td>3 Do not postpone</td>
<td></td>
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<tr>
<td>Infected dialysis access</td>
<td>3 Do not postpone</td>
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<tr>
<td>Fistula Revision for Ulceration</td>
<td>3 Do not postpone</td>
<td></td>
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<tr>
<td>Renal failure with need for dialysis access</td>
<td>3 Do not postpone</td>
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<tr>
<td>Tunneled Dialysis Catheter</td>
<td>3 Do not postpone</td>
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<tr>
<td>Fistula Revision for Malfunction/steal</td>
<td>2b Postpone if possible</td>
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<tr>
<td>Fistulagram for malfunction</td>
<td>2b Postpone if possible</td>
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<tr>
<td>AV fistula and graft placement for dialysis (ESRD, CK4, and CK5 only)</td>
<td>2a Consider postponing</td>
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<tr>
<td>Symptomatic acute mesenteric occlusive disease</td>
<td>3 Do not postpone</td>
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<tr>
<td>Chronic mesenteric ischemia</td>
<td>2b Postpone if possible</td>
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<tr>
<td>Acute limb ischemia</td>
<td>3 Do not postpone</td>
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<tr>
<td>Limb Ischemia: Progressive tissue loss, acute limb ischemia, wet gangrene, ascending cellulitis</td>
<td>3 Do not postpone</td>
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<tr>
<td>Fasciotomy for compartment syndrome</td>
<td>3 Do not postpone</td>
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<tr>
<td>Peripheral Vascular Disease: Chronic limb threatening ischemia - rest pain or tissue loss</td>
<td>2b Postpone if possible</td>
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<tr>
<td>Peripheral Angiograms and endovascular therapy for Claudication</td>
<td>1 Postpone</td>
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</tbody>
</table>

**Carotid**

**Dialysis**

**Mesenteric**

**PVD**
<table>
<thead>
<tr>
<th>Section</th>
<th>Procedure</th>
<th>Postponement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical Procedures for Claudication</td>
<td>1 Postpone</td>
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<tr>
<td>Thrombolysis</td>
<td>Lysis, Arterial and venous</td>
<td>2b Postpone if possible</td>
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<tr>
<td>TOS</td>
<td>Symptomatic venous TOS with acute occlusion and marked swelling</td>
<td>2b Postpone if possible</td>
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<tr>
<td></td>
<td>Thoracic Outlet Syndrome, Arterial with thrombosis</td>
<td>2b Postpone if possible</td>
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<tr>
<td></td>
<td>Thoracic Outlet Syndrome, Neurogenic</td>
<td>1 postpone</td>
</tr>
<tr>
<td></td>
<td>Thoracic Outlet Syndrome, Venous otherwise</td>
<td>2a Consider postponing</td>
</tr>
<tr>
<td>Trauma</td>
<td>Traumatic injury with hemorrhage and/or ischemia</td>
<td>3 Do not postpone</td>
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<tr>
<td>venous</td>
<td>Acute iliofemoral DVT with phlegmasia</td>
<td>3 Do not postpone</td>
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<td></td>
<td>IVC filter placement</td>
<td>2b Postpone if possible</td>
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<tr>
<td></td>
<td>Massive symptomatic iliofemoral DVT in low risk patient</td>
<td>2b Postpone if possible</td>
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<tr>
<td></td>
<td>Procedures for Ulcerations secondary to venous disease</td>
<td>2a Consider postponing</td>
</tr>
<tr>
<td></td>
<td>Asymptomatic May Thurner syndrome</td>
<td>1 Postpone</td>
</tr>
<tr>
<td></td>
<td>IVC filter removal</td>
<td>1 Postpone</td>
</tr>
<tr>
<td></td>
<td>Varicose veins, GSV ablations</td>
<td>1 Postpone</td>
</tr>
<tr>
<td>Wounds/ Gangrene/Amputation</td>
<td>Amputations for infection/necrosis (TMA, BKA, AKA)</td>
<td>3 Do not postpone</td>
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<tr>
<td></td>
<td>Lower extremity disease with non-salvageable limb (amputation)</td>
<td>3 Do not postpone</td>
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<td></td>
<td>Deep Debridement of Surgical wound infection or necrosis</td>
<td>2b Postpone if possible</td>
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<td></td>
<td>Wounds requiring skin grafts</td>
<td>2b Postpone if possible</td>
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<tr>
<td></td>
<td>Amputations for infection/necrosis (toes)</td>
<td>2b Postpone if possible</td>
</tr>
<tr>
<td>Spine</td>
<td>ALIF exposure for Spine team</td>
<td>2a Consider postponing</td>
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<tr>
<td>Other</td>
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<td>-------------------------------------------</td>
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</tbody>
</table>
| Surgery/Embolization for uncontrolled bleeding in unstable patients | 3 Do not postpone  
| Surgery/Embolization for bleeding in stable patients | 2b Postpone if possible  
| MediPort for immediate infusion needs | 2b Postpone if possible  
| Port Removal for complication | 2b Postpone if possible  

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