



AMERICAN COLLEGE OF SURGEONS

*Inspiring Quality:
Highest Standards, Better Outcomes*

100+years

COVID 19: Elective Case Triage Guidelines for Surgical Care

Vascular Surgery

Category	Condition	Tier Class
AAA	Ruptured or symptomatic TAAA or AAA	3 Do not postpone
	Aneurysm associated w/infection or Prosthetic graft infection	3 Do not postpone
	AAA > 6.5 cm	2b Postpone if possible
	TAAA > 6.5 cm	2b Postpone if possible
	AAA < 6.5 cm	1 Postpone
Aneurysm peripheral	Peripheral aneurysm, Symptomatic	3 Do not postpone
	Peripheral aneurysm, Asymptomatic	2a Consider postponing
	Pseudoaneurysm Repair: Not candidate for thrombin injection or compression, rapidly expanding, complex	3 Do not postpone
	Symptomatic non-aortic intra-abdominal aneurysm	3 Do not postpone
	Asymptomatic non-aortic intra-abdominal aneurysm	2a Consider postponing
Aortic Dissection	Acute aortic dissection with rupture or malperfusion	3 Do not postpone
Aortic emergency NOS	AEF with septic/hemorrhagic shock, or signs of impending rupture	3 Do not postpone
Bypass graft complications	Infected arterial prosthesis without overt sepsis, or	3 Do not postpone

	hemorrhagic shock, or impending rupture	
	Revascularization for high grade re-stenosis of previous intervention	2b Postpone if possible
	Asymptomatic bypass graft /stent restenosis	1 postpone
Carotid	Symptomatic Carotid Stenosis: CEA and TCAR	3 Do not postpone
	Asymptomatic carotid artery stenosis	1 Postpone
Dialysis	Thrombosed or nonfunctional dialysis access	3 Do not postpone
	Infected dialysis access	3 Do not postpone
	Fistula Revision for Ulceration	3 Do not postpone
	Renal failure with need for dialysis access	3 Do not postpone
	Tunneled Dialysis Catheter	3 Do not postpone
	Fistula Revision for Malfunction/steal	2b Postpone if possible
	Fistulagram for malfunction	2b Postpone if possible
	AV fistula and graft placement for dialysis (ESRD, CK4, and CK5 only)	2a Consider postponing
Mesenteric	Symptomatic acute mesenteric occlusive disease	3 Do not postpone
	Chronic mesenteric ischemia	2b Postpone if possible
PVD	Acute limb ischemia	3 Do not postpone
	Limb Ischemia: Progressive tissue loss, acute limb ischemia, wet gangrene, ascending cellulitis	3 Do not postpone
	Fasciotomy for compartment syndrome	3 Do not postpone
	Peripheral Vascular Disease: Chronic limb threatening ischemia - rest pain or tissue loss	2b Postpone if possible
	Peripheral Angiograms and endovascular therapy for Claudication	1 Postpone

	Surgical Procedures for Claudication	1 Postpone
Thrombolysis	Lysis, Arterial and venous	2b Postpone if possible
TOS	Symptomatic venous TOS with acute occlusion and marked swelling	2b Postpone if possible
	Thoracic Outlet Syndrome, Arterial with thrombosis	2b Postpone if possible
	Thoracic Outlet Syndrome, Neurogenic	1 postpone
	Thoracic Outlet Syndrome, Venous otherwise	2a Consider postponing
Trauma	Traumatic injury with hemorrhage and/or ischemia	3 Do not postpone
venous	Acute iliofemoral DVT with phlegmasia	3 Do not postpone
	IVC filter placement	2b Postpone if possible
	Massive symptomatic iliofemoral DVT in low risk patient	2b Postpone if possible
	Procedures for Ulcerations secondary to venous disease	2a Consider postponing
	Asymptomatic May Thurner syndrome	1 Postpone
	IVC filter removal	1 Postpone
	Varicose veins, GSV ablations	1 Postpone
Wounds/ Gangrene/Amputation	Amputations for infection/necrosis (TMA, BKA, AKA)	3 Do not postpone
	Lower extremity disease with non-salvageable limb (amputation)	3 Do not postpone
	Deep Debridement of Surgical wound infection or necrosis	2b Postpone if possible
	Wounds requiring skin grafts	2b Postpone if possible
	Amputations for infection/necrosis (toes)	2b Postpone if possible
Spine	ALIF exposure for Spine team	2a Consider postponing

Other	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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