

Societies issue guide to safely resume cardiovascular procedures, diagnostic tests

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The American College of Cardiology together with other North American cardiovascular societies has issued a framework for ethically and safely reintroducing invasive cardiovascular procedures and diagnostic tests after the initial peak of the COVID-19 pandemic. The document was published today in the *Journal of the American College of*

Cardiology.

The COVID-19 pandemic has forced appropriate, but significant, restrictions on routine medical care, including invasive procedures to treat [heart disease](#) and diagnostic tests to diagnose heart disease. Many hospitals and practices have attempted to defer and replace these critical procedures with intensified triage and management of patients on waiting lists; however, many patients with untreated cardiovascular disease are at an increased risk of adverse outcomes, and delays in the treatment of patients with confirmed cardiovascular disease can be detrimental. Also, reduced access to diagnostic testing can lead to a high burden of undiagnosed cardiovascular disease that will further delay time to treatment.

Cardiovascular disease is the leading cause of death in women and men worldwide and these patients need prioritization as health care systems return to normal capacity. In this document, North American cardiovascular societies outline how to reintroduce regular cardiovascular care in a progressive manner with appropriate safeguards.

The authors have outlined three areas that must be considered when reintroducing services, including:

- Ethical considerations that include maximizing benefits by prioritizing procedures that will ensure the most lives or life years are saved over those that benefit fewer people to a lesser degree, ensuring fairness in how cases are treated, ensuring proportionality so that the risk of further postponing treatment is weighed against exacerbating the spread, and maintaining consistency in reintroduction across populations regardless of ability to pay and assuring health equity.
- Collaboration between regional public health officials, health authorities and cardiovascular care providers to manage the

dynamic balance between provision of essential cardiovascular care and responding to future fluctuations in COVID-19 infections and hospital admissions.

- Protection of patients and [health care workers](#) through regions having the necessary critical care capacity, [personal protective equipment](#) (PPE), and trained staff available, and a transparent plan for testing and re-testing potential patients and health care workers for COVID-19. Strategies for social distancing between patients and health care workers should also be considered, including virtual pre-procedural clinics, virtual consenting for procedures and [diagnostic tests](#), and minimizing the number of health care workers in physical contact with any given patient.

"Unprecedented times call for unprecedented collaboration, and a [collaborative approach](#) will be essential to mitigate the ongoing morbidity and mortality associated with untreated cardiovascular disease," said Athena Poppas, MD, FACC, ACC president and one of the authors on the document. "It is essential that we work together to ensure cardiovascular [disease](#) patients are safely cared for during this pandemic and that we don't allow for a new crisis of undiagnosed, untreated or worsening [cardiovascular disease](#) to occur in the aftermath of this pandemic."

More information: Athena Poppas. Cardiovascular Disease, *JACC: Case Reports* (2020). [DOI: 10.1016/j.jaccas.2019.12.013](https://doi.org/10.1016/j.jaccas.2019.12.013)

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