Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

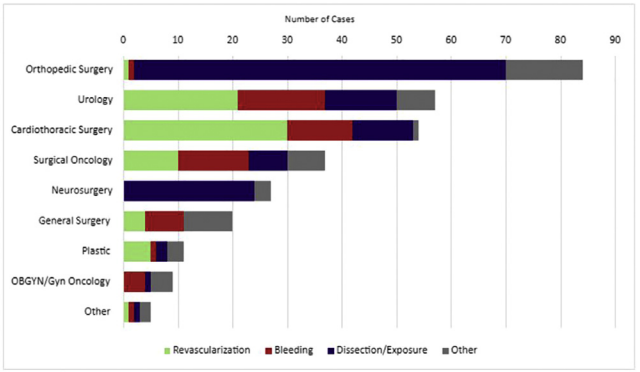

Fig 2. Reason for consultation by specialty. *GYN*, Gynecology; *OBGYN*, obstetrics and gynecology.

the most included orthopedic surgery (84; 27.6%), urology (57; 18.8%), cardiothoracic surgery (54; 17.8%), and surgical oncology (37; 12.2%) (Fig 1). Vascular interventions were necessary for dissection/exposure (127; 41.8%) revascularization (72; 23.7%), and control of bleeding (55; 18.1%), as well as other procedures such as preoperative inferior vena cava filter placement (32; 10.5%) (Fig 2). The most common operative sites included abdomen (184; 60.5%) and lower extremity (75; 24.7%). In-hospital survival to discharge was 93.4%.

Conclusions: Vascular surgeons are equipped with a wide range of open and endovascular surgical skills that are frequently required to assist their surgical colleagues when consulted preoperatively or intraoperatively. This study reinforces the value of a vascular surgeon to the safety and success of elective nonvascular surgical procedures.

Author Disclosures: W. Beckerman: Nothing to disclose; **C. A. Hamilton:** Nothing to disclose; **S. Rahimi:** Nothing to disclose; **C. Soto:** Nothing to disclose; **S. Tarabey:** Nothing to disclose.

PC122.

Impact of COVID-19 Pandemic on Vascular Procedures Performed With in a Multicentre Health Care System

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Objectives: The impact of the COVID-19 pandemic on vascular surgery practice remains uncertain. The objective of this study was to examine trends in volume and types of vascular surgery procedures performed during and after the first wave of the COVID-19 pandemic.

Methods: We conducted a retrospective analysis of vascular procedures between January 1, 2019 and November 30, 2020 performed at 9 hospitals within Mass General Brigham, a multicenter tertiary health care system in Massachusetts. We categorized the study cohort into two periods based on orders by the Massachusetts Department of Public Health on scheduling and performance of elective surgical procedures: initial slowdown during the first COVID-19 wave (March 18 to May 17, 2020) and resumption of surgical services after the first COVID-19 wave (May 18 to November 30, 2020). We compared vascular procedures performed during the two periods in 2020 with the same periods in 2019 as a reference.

Results: A total of 15,708 vascular procedures were performed. During the initial COVID-19 slowdown, there was a 64% (95% confidence interval (CI], 63%-66%) reduction in total vascular procedures. Outpatient procedures had a greater reduction (−73%; 95% CI, −71% to −75%) than inpatient procedures (−46%; 95% CI, −43% to −50%). The largest reductions were observed in venous procedures (−100%; 95% CI, −99% to −100%), endovascular aneurysm repair (−80%; 95% CI, −64% to −96%), and open aneurysm repair (−76%; 95% CI, −56% to −97%). In contrast, nonelective procedures such as blood vessel repair (−22%; 95% CI, −10% to −34%), ruptured aneurysm (−25%; 95% CI, 0% to −67%), and thromboembolectomy (−27%; 95% CI, −14% to −39%]) had the smallest reductions. After resumption of surgical services following the initial COVID-19 wave, we observed a significant increase in vascular procedures performed; however, total procedure volume remained 11% (95% CI, 10%-11%) lower than 2019. Ruptured aneurysm cases increased by 2.2-fold, whereas carotid stenting procedures increased by 84% (95% CI, 71%-93%) during this period. Open aneurysm repair (24%; 95% CI, 13%-35%), inferior vena cava filter insertion (24%; 95% CI, 19%-30%), and open hemodialysis access cases (22%; 95% CI, 17%-27%) also increased considerably after resumption of services compared with 2019 volumes.

Conclusions: After a decrease in procedure volumes during the initial COVID-19 wave, the composition of vascular surgery practice at our institutions changed significantly upon return to full surgical operations. As the pandemic persists, continuing a live review of case volumes is important to help inform adequate resource allocation during this public health emergency.

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PC124.

The Risk of Thromboembolic Events in COVID-19 Patients During the Height of the SARS-CoV-2 Pandemic

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Objectives: COVID-19 is associated with a prothrombotic state and elevated risk of arterial and venous thromboembolism. We seek to assess the risk of thromboembolic events and their impact on mortality in the inpatient COVID-19 patient population at the height of the SARS-CoV-2 pandemic.

Methods: Retrospective review of electronic medical records of all inpatients (≥18 years old) diagnosed with COVID-19 at a single academic medical center from March 15, 2020 to July 1, 2020 was performed. Data was collected on demographics, medical comorbidities, hospital admission type, details of thromboembolic events, hospital length of stay, and mortality. Means (standard deviations) were used to summarize continuous variables; counts and percentages were used to summarize categorical variables for the entire population and for those with and without thromboembolism. The *t*-test was used to test associations for continuous variables. The χ^2 test or Fisher exact test were used to test the associations of categorical variables. All analyses were performed

Table I. Types of thromboembolic events during hospitalization

Thromboembolic event	Total events (N = 98), No.
Venous thromboembolism	
DVT (extremity)	15
DVT (non-extremity)	6
Pulmonary embolism	26
Arterial thromboembolism	
Aortic	1
Splenic artery	1
Renal artery	1
Superior mesenteric artery	2
Extremity artery	2
Cerebrovascular event	
Ischemic stroke	13
Cardiovascular event	
Myocardial infarction	27
Coagulopathy	
Disseminated intravascular coagulation	4

DVT, Deep vein thrombosis.