



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.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.

**Conclusion:** In our institution, early arterial ligation and wound debridement is almost the exclusive management for IFAPs. Patients should be advised of a 20% amputation risk and significant need for RTT (38.1%).

Characteristics	n (%)
<b>Post-operative destination</b>	
Ward	39 (92.9)
ICU	0 (0.0)
ITU	3 (7.1)
<b>No. of patients return-to-theatre (RTT)</b>	
Frequency of RTT per patient, median (IQR)	16 (8-17)
<b>Reasons for RTT</b>	
Wound re-look/debridement	3 (7.1)
Amputation	8 (19.0)
Negative pressure dressing application/change	6 (14.3)
Drainage of seroma	3 (7.1)
Drainage of haematomas	1 (2.4)
Drainage of groin abscess	2 (4.8)
<b>Days from index surgery to RTT, median (IQR)</b>	
Neurological pain	3 (7.1)
Post-operative sepsis	4 (9.5)
Venous insufficiency	2 (4.8)
<b>Amputation</b>	
Below-knee	0 (0.0)
Through-knee	1 (2.4)
Above-knee	6 (14.3)
Hip disarticulation	1 (2.4)
Revision of Above-knee to hip-disarticulation	2 (4.8)
<b>Days to amputation, median (IQR)</b>	
	3.5 (3.5)
<b>Death at 30-days</b>	
Multisystem failure	2 (4.8)
<b>Days from index surgery to death, median (IQR)</b>	
	172.5 (436)
<b>Patient self-discharge</b>	
Days from discharge to follow-up appointment, median (IQR)	30 (31.5)
Did not attend local follow-up appointment	10 (24.0)

Table 2. Post-operative outcomes for patients with IFAPs.

**P-128**

**Impact of COVID-19 on Patients Undergoing Scheduled Carotid Interventions**

Mahmood Kabeil\* <sup>a</sup>, Mario D’Oria <sup>b</sup>, Max V. Wohlaer <sup>a</sup>, Vipul Khetarpaul <sup>c</sup>, Riley Gillette <sup>a</sup>, Kathryn Colborn <sup>a</sup>, Robert F. Cuff <sup>d</sup>, Nicolas J. Mouawad <sup>e</sup>

<sup>a</sup> University of Colorado Anschutz Medical Campus, Aurora, CO, USA

<sup>b</sup> University Hospital of Trieste, Trieste, Italy

<sup>c</sup> Washington University School of Medicine, St Louis, MO, USA

<sup>d</sup> Spectrum Health, Grand Rapids, MI, USA

<sup>e</sup> McLaren Health System, Grand Blanc, MI, USA

**Objectives:** The COVID-19 pandemic has drastically altered the medical landscape. Not in our lifetime have we seen such a rapid and widespread cancellation of scheduled vascular surgical operations. The objective of this study was to evaluate the impact of COVID-19 on the care of patients with carotid disease.

**Methods:** An interim data analysis of the Carotid module of VASCC Project 1: Impact of COVID-19 on Scheduled Vascular Operations was performed. The Vascular Surgery COVID-19 Collaborative (VASCC) was founded in March of 2020. Modules were developed by international vascular surgeon working groups and extensively beta tested before implementation. Each participating site agreed

**Table 1.**

Symptoms	Remains postponed with plans for surgery in future (n = 15)	Cancelled (n = 6)	Other (n = 1)	Overall (n = 57)
Asymptomatic	11 (73.3)	6 (100)	1 (100)	43 (75.4)
Cerebrovascular accident	1 (6.7)	0 (0)	0 (0)	5 (8.8)
Transient ischaemic attack (TIA)	2 (13.3)	0 (0)	0 (0)	5 (8.8)
Crescendo TIA	0 (0)	0 (0)	0 (0)	0 (0)
Amaurosis fugax	1 (6.7)	0 (0)	0 (0)	2 (3.5)
Missing	0 (0)	0 (0)	0 (0)	2 (3.5)

Data are n (%).

**Table 2.**

Number of days surgery was delayed	Overall (n = 33)
Mean ± SD	78.3 ± 36.1
Median (range)	73.0 (18.0–150)
Missing – n (%)	1 (3.0)

**Table 3.**

Reason for postponement	Frequency (n = 57)
Institutional policy	41 (71.9)
By surgeon (in absence of inst. policy)	11 (19.3)
By patient	5 (8.8)

Data are n (%).

to share a collection of patient data whose vascular surgeries were postponed due to the COVID-19 pandemic. The REDCap database, housed at the University of Colorado, was determined to be exempt from Institutional Review Board review. A total of 57 patients with carotid stenosis whose surgeries were postponed during the COVID-19 pandemic surge in the USA were included in the interim data analysis. Patients whose surgeries were scheduled but not postponed were not included.

**Results:** The mean ± SD age of the 57 patients was 70.5 ± 10.8 years. Seventy per cent were male and 28.1% were female. Seventy-two per cent of patients were white, 17.5% were Hispanic, 1.8% were Asian or Pacific Islander, and 1.8% were black. Seventy-five per cent of patients were asymptomatic, 8.8% had a cerebrovascular accident (CVA), 8.8% had a transient ischaemic attack (TIA), 3.5% had amaurosis fugax, and no patients presented with crescendo TIA (Table 1). The average length of surgical delay was 78.3 ± 36.1 days, with a median of 73 days (interquartile range 45.75 days) (Table 2). Of the 57 patients, 33 (57.9%) had surgeries postponed and successfully completed surgery at time of data entry. Seventy-two per cent of the postponement were due to institutional policy (Table 3). No patients (0%) decompensated or required an emergency surgery during the delay. Two patients (4.0%) with carotid disease died while waiting for surgery. The cause of death of both patients was unrelated to cerebrovascular disease.

**Conclusions:** None of the asymptomatic patients became symptomatic during the surgery delay. Two patients with carotid disease died while waiting for surgery due to causes not related to cerebrovascular disease. Our interim analysis supports institutional and national guidelines in the USA that patients with asymptomatic carotid stenosis may be safely postponed during a COVID-19 pandemic surge. Further data are needed to evaluate the impact of patients with symptomatic carotid stenosis.