EDITORIAL

Miguel Guerra
Cardiothoracic Surgeon, CHVN Gaia/Espinho
Professor at Faculty of Medicine of Porto University
migueldavidguerra@yahoo.com

Cardiac Surgeons against the COVID-19 Pandemic

Cardiac surgeons should be actively engaged in the emergency response teams of their respective institutions during the pandemic response. We need to employ all of our skills—clinical, academic, administrative, and otherwise—to ensure optimal care for our patients while offering a safe environment for our health care teams.

1. *The first priority of the cardiac surgery team is to be involved in regular discussions with their administrations, cardiology colleagues, and critical care colleagues to evaluate resource availability to ensure the appropriate utilization of potentially scarce resources including ward and intensive care unit beds, ventilators, ECMO circuits, operating rooms, equipment, drapes, PPE, medications, blood products, and health care personnel.*
2. *Cardiac surgeons should triage patients that are in hospital or on the elective wait list in a manner that is based not only on the patient's clinical status and risk-factor profile but also on the extent to which services are available or have been reduced in response to the COVID-19 pandemic.*
3. *Undoubtedly, there is concern that the proposed prioritization strategy will result in a surgical delay and may put patients at significantly increased risk. As such, it is critically important that cardiac surgeons ensure the presence of a robust wait-times database at their institutions that captures rates of adverse events in these patients while on the wait list so that decisions around the reallocation of resources may be made in a timely fashion.*
4. *When it is feasible, cardiac surgical programs should make every effort to maintain areas within their institutions for cardiac surgery patients that are completely separate from patients with COVID-19, given the vulnerability of the average cardiac surgery patient (increased biological age and cardiovascular risk factors) were they to become infected with COVID-19.*
5. *Non-emergent cardiac surgical interventions for patients suffering from acute viral infections (such as—but not limited to—COVID-19) are largely discouraged, based on the belief that this could significantly elevate the risk of postoperative acute respiratory distress syndrome and mortality in that setting.*
6. *Cardiac surgeons and their health care teams must be aware of procedures and techniques that may potentially generate increased quantities of aerosol matter including—but not limited to—double-lumen vs single-lumen endotracheal intubation, re-operative minimally invasive surgery requiring lung dissection, and redo sternotomy vs traditional sternotomy.*
7. *Cardiac surgeons should take the necessary steps (donning and doffing PPE), as mandated by their institution and their local health authorities, to ensure their own health and well-being as well as the health and well-being of the members of the health care teams that they work with.*

Miguel Guerra | Editor-in-Chef