20 May 2020

Dear Colleagues,

We hope you and your loved ones are keeping safe and well during these unprecedented times.

Soon after the outbreak of COVID-19 elective cardiac surgery activity in most units was paused in order to maximise the availability of intensive care capacity, ventilator equipment and critical care staff for patients affected by acute respiratory distress. During this period, there was a communication recommending avoidance of laparoscopic work in order to reduce aerosol generation risks from potentially infected patients.

As we move now into the recovery phase of the pandemic, and as urgent and elective procedures are being performed once again, we believe that we should revisit this decision.

The following recommendations from BISMICS and SCTS are designed to guide individual surgeons and units as minimally invasive cardiac surgery programmes recommence.

1: Elective patients are selected for surgery after two negative swabs and are asymptomatic on the morning of the surgery. Ideally these patients should have self-isolated for a fortnight prior to admission.

2: Minimally invasive surgery performed by teams and surgeons, who are already proficient in minimally invasive (MIS) techniques should be supported. Assessment of proficiency should be guided by the number of procedures already undertaken, the time taken for procedures and conversion rates, previously recorded.

3: We would recommend that new teams do not start a MIS programme during this period. Similarly, we would not recommend new surgeons being proctored in MIS cardiac surgery at this time.

4: Procedures such as Endoscopic conduit harvesting could be considered by teams experienced in these techniques if it is in the patient's best interest.

5: MIS procedures should be considered on a case by case basis and if the surgeon considers the benefits to outweigh the risk then it is acceptable to offer a minimal access approach.

6: We expect local consent, governance and national recommendations on personal protective equipment to be followed.

This is an expert consensus rather than an evidence based document.

We plan to collect data on all MIS cases being done in the current period so we can look for any outcome variation to guide future practice.

As always we are keen to hear back from surgeons and teams if they find any evidence against this consensus statement.

Sincerely yours,

On behalf of BISMICS and SCTS