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Dear ANZSVS Members,

I hope all our members and their families are well in these strange times.

Our communities and their governments are trying to come to terms with the health and economic impacts of this crisis. The two imperatives are often at cross purposes. Our job is to work in the best interests of our patients as advocates.

Most of us have stopped elective surgery and are resigned to providing emergency and urgent surgery. Some of the pressure on private hospitals in Australia will be eased today with the announcement of financial support by the Australian Government. Similar measures are being considered in New Zealand where private hospital nurses and staff also have job concerns. Private hospitals and their staff may well be crucial in the next few weeks to provide an outlet and a backstop to the public system. It is important that they remain viable and functional.

https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/australian-government-partnership-with-private-health-sector-secures-30000-hospital-beds-and-105000-nurses-and-staff-to-help-fight-covid-19-pandemic

A number of guidelines have been published by large Societies and I have previously circulated those from the VSGBI. Below is a link to those from the American College of Surgeons which seem broadly applicable to our situation. These detail many procedures and provide some discretion for individual locality, Surgeon, and patient circumstances.

https://www.facs.org/covid-19/clinical-guidance/elective-case/vascular-surgery

I have also included a link to guidelines from the Cardiac Society of Australia and New Zealand which are important as we are often backups for cardiac intervention.

https://www.csanz.edu.au/wp-

content/uploads/2020/03/CSANZ CONSENSUS GUIDELINES FOR INVASIVE CARDIOLOGY SERVICES DELIVERY DURING COVID PANDEMIC 29-March 2020.pdf

Be safe and be kind,

Mr Andrew Hill, FRACS President,

ANZSVS

cc: Mr Tony Sparnon, President, RACS