

27 April 2020

The ANZSVS believes that the points referenced in bold italics covers procedures such as intact non-symptomatic aortic aneurysms, symptomatic carotids or asymptomatic high grade carotid stenoses, chronic limb ischemia including diabetic-pattern vascular disease, failing A-V fistulas where thrombosis will lead to need for temporary dialysis catheters, creation of A-V fistulas in patients with impending dialysis, vascular tumours

We understand that the national cadaveric renal transplant program is being considered for re-introduction and will be guided by the peak body managing this program

Patient Selection Principles – Guidance for the re-introduction of elective surgery

1. Restoration of essential non-emergency surgical activity will be guided by avoiding harm and mitigating risk of deferral of procedure or services in line with clinical guidelines, and appropriate use and supply of PPE.
2. Essential non-emergency surgical procedure in the context of the current public health emergency should only be performed if such procedures as performed represent low risk, high value patient care as guided by evidence based clinical guidelines as determined by specialist surgical societies and current guidelines published by the Royal Australasian College of Surgeons*;

Essential non-emergency surgical procedures should proceed based the following set of general principles. These represent a set of general guidance and should be informed by individual patient clinical assessment. The following procedures should proceed.

- Where there is a proven malignancy requiring surgical treatment
- Where there is a likely malignancy requiring surgical treatment including any procedure that is required to confirm a diagnosis – including endoscopy, bronchoscopy, percutaneous biopsy or an interventional radiological procedure
- ***Where there is risk of death in the event of an acute deterioration of a known condition***
- ***Where there is a risk of non-lethal complication in event of acute deterioration (including risk of permanent disability) of a known condition***
- ***Where there is a risk of adverse impact on social or psychological wellbeing of a patient (with a requirement of a documented clinical assessment by 2 independent specialist practitioners)***



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