



# British Cardiovascular Society

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## **British Cardiovascular Society Statement: (unintended but inevitable) consequences of cancellation of cardiac procedures during the COVID-19 pandemic**

The COVID-19 pandemic has placed immense pressure upon the national health service. Front-line hospital (and other services) were completely re-organised in order to cope with the surge in cases which occurred in the UK in March. This included the cancellation of all non-emergency procedures across most specialties, including cardiology and cardiac surgery, in order to protect patients from viral infection and to free-up staff for redeployment to front-line, COVID-facing services. The extent to which these cancelled procedures contributed to the large excess of deaths during the COVID-19 pandemic is not yet clear. However, there is evidence that they were a factor. The British Cardiovascular Society (BCS) has been notified of a number of deaths in patients whose cardiac procedures were cancelled as part of the COVID-19 response. The particular procedure highlighted to the BCS was implantable cardioverter defibrillator (ICD) implantation for primary prevention, but it seems likely that patients whose wait was extended for other interventions with the potential to improve prognosis such as myocardial revascularisation (in certain subgroups) and transcatheter or surgical aortic valve replacement for aortic stenosis, suffered harm as a result. What's more, the backlog of patients who require cardiac procedures means that the risk of harm is ongoing.

In highlighting this issue to the Society, the relevant organisation was aiming to share its learning, through the BCS, with others. The BCS recommends that interventions which have the potential for prognostic benefit should be prioritised in the recovery work which is being undertaken to address the backlog of procedures. Cardiac centres should consider undertaking renewed risk assessments for patients who are waiting for procedures, particularly those aimed at treating ventricular arrhythmia, severe valve disease, and severe coronary artery disease. A modified approach to managing the risks and benefits of continued service delivery should be considered in the event of a second wave of COVID-19 related hospitalisations in the UK. This may need to be individualised to the local circumstances, but the BCS cautions against the widespread cancellation of cardiac procedures in any future wave(s) of COVID-19.

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BCS Vice President for Clinical Standards

Professor Simon Ray  
BCS President

### *'The Voice of UK Cardiology'*

#### Affiliated Societies

Arrhythmia Alliance (A-A)  
Association for Inherited Cardiac Conditions (AICC)  
British and Irish Hypertension Society (BIHS)  
British Association for Cardiovascular Prevention and Rehabilitation (BACPR)  
British Association for Nursing in Cardiovascular Care (BANCC)  
British Atherosclerosis Society (BAS)

British Cardio-Oncology Society (BCOS)  
British Cardiovascular Intervention Society (BCIS)  
British Congenital Cardiac Association (BCCA)  
British Heart Rhythm Society (BHRS)  
British Heart Valve Society (BHVS)  
British Junior Cardiologists' Association (BJCA)  
British Nuclear Cardiology Society (BNCS)

British Society for Cardiovascular Imaging (BSCI)  
British Society for Cardiovascular Research (BSCR)  
British Society for Heart Failure (BSHF)  
British Society of Cardiovascular Magnetic Resonance (BSCMR)  
British Society of Echocardiography (BSE)  
Cardiovascular Care Partnership (UK) (CCPUK)  
Society for Cardiological Science and Technology (SCST)