

COVID-19 AND VASCULAR PRACTICES



Think back to what you were doing on New Year's Eve, December 31, 2019. Maybe at a big party celebrating with friends and family, a small gathering of family, or (like some of us) providing patient care. Few, if any, of us understood how the report that day of the

outbreak of a novel coronavirus (COVID-19) in Wuhan, China, would directly and deeply impact personal and professional lives across the globe. Nearly everything we do has changed due to COVID-19, and everyone is affected. In rare instances, we have seen favorable developments, such as those who are fortunate enough to still be working quickly learning how much they can do remotely, an arrangement that is likely to persist after the pandemic. But of course, many if not most other aspects of life are more challenging. In patient care, especially procedural-based fields, direct human-to-human interaction is often a necessity.

In every area of endovascular care, COVID-19 has presented new clinical challenges in addition to logistical hurdles. The purpose of this issue is to highlight how our colleagues have managed to continue providing care while keeping patients, coworkers, and themselves safe.

First, Akhilesh Sista, MD, explains what has been learned so far about venous emergencies during the COVID-19 era for practice, safety protocols, and decision-making. Two additional articles highlight how stroke care has changed in a pandemic environment. Kurt A. Yaeger, MD; Johanna T. Fifi, MD; and J Mocco, MD, provide insights on how the Mount Sinai Health System in New York City responded and continues to manage stroke care. Then, Ameer E. Hassan, DO; Thabele (Bay) Leslie-Mazwi, MD; Ashkan Mowla, MD; William J. Mack, MD; and Stavropoula Tjoumakaris, MD, each offer one practice adaptation that has made a difference in managing stroke at their institution.

We then look at how treatment is changing for another emergent procedure. Niten Singh, MD, and Benjamin Starnes, MD, share their experience at the

University of Washington School of Medicine in Seattle and how they adapted to maintain patient and physician safety during emergency arterial repairs.

Then, Divya Sridhar, MD, elucidates on the considerations for interventional oncology, including risk mitigation strategies and treatment decision-making for COVID-19–positive cancer patients.

Outside the hospital setting, office-based labs have also seen significant shifts in process. We gathered a panel that includes Bryan Fisher, MD; Mark J. Garcia, MD; Yazan Khatib, MD; and Sonya Noor, MD, to discuss the impact this novel coronavirus has had on procedural volume shifts, hospital referrals, follow-up scheduling, and more.

Finally, we look at how to ensure quality when using telemedicine for treating peripheral artery disease (PAD). Tony Das, MD, and Nicholas Macpherson, MD, describe the unique opportunities telemedicine offers for PAD and dispel perceived barriers to adoption.

Each of these authors has given generously of their limited time and considerable expertise—thanks to all of you. The readership of *Endovascular Today* is greatly in your debt. I would also like to thank the nimble editorial staff of *Endovascular Today* for their flexibility, adaptability—and unflappability. The topics for these issues are chosen well in advance, but this topic chose itself and *Endovascular Today* executed a perfect pivot.

In closing, it is important to acknowledge that the COVID-19 pandemic has also been a backdrop for seismic shifts in awareness of the historic and ongoing problems of inequality and racial injustice. COVID-19 has emphasized issues in the differential impact among economically disadvantaged communities and communities of color. However, this pandemic is also a stage on which we can collectively work to address these problems. We will get through this and be stronger, smarter, and more equal for it. ■

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