

Interventional Cardiology Practice during the COVID-19 Pandemic

The world is going through an unprecedented novel corona virus COVID-19 pandemic. Though appears to be in a relatively better position at present, Bangladesh, India and other South Asian countries are at ongoing risk of worsening epidemic. A significant proportion of COVID 19 patients have cardiovascular complications, including acute coronary syndrome (ACS). On the other hand, non-COVID patients may need treatment for ACS or chronic coronary syndrome. Cardiologists, nurses and allied personnel of the country have come forward boldly attending all patients even at this point of crisis. We cannot thank them enough for their untiring efforts in giving the best. Our Society and the country as a whole would remain indebted to the healthcare professionals of the country in general for the services offered to the people.



Prof. Dr. Afzalur Rahman

MD, PhD, FRCP, FACC, FSCAI

Chairman, BIT

Email: afzalur.bit@gmail.com

We need to observe the clinical outcome in our population. Studies abroad have shown that, the patients with comorbidities like hypertension and diabetes are at greater risk.

Cardiac Catheterization Laboratory Procedure Guidelines during the COVID 19 Pandemic

The leading concerned organizations of the world like the Society for Cardiovascular Angiography and Interventions (SCAI), the American College of Cardiology (ACC) and the European Society of Cardiology (ESC) have recommendations on the context of the changing COVID 19 scenario. In concert with these fellow organizations, Bangla Interventional Therapeutics (BIT) likes to have some interim recommendations primary related to ACS and catheterisation laboratory-based interventional procedures till further evidence become available.

A. Emergency catheterisation lab procedures during COVID 19 epidemic:

- ST elevation myocardial infarction (STEMI) patients should have primary percutaneous coronary intervention (PCI), with appropriate protection including effective personal protective equipment (PPE) for the entire cath lab team. If primary PCI is not feasible, thrombolytic therapy or pharmaco-invasive therapy should be provided.

- Non-STEMI (NSTEMI) patients, if otherwise stable, should be managed with standard medical management. NSTEMI patients with ongoing symptoms or haemodynamic compromise, should be dealt with early invasive strategy with appropriate protection including effective PPE for the entire cath lab team. If early invasive strategy is not feasible, standard medical management should be given.

- PCI should only be performed to the culprit vessel.
- A single cath lab room should be designated for the care of COVID-19 patients.
- Procedures like pericardiocentesis, temporary pace-making, intra-aortic balloon pump insertion should preferably be done bedside with appropriate protection including effective PPE for the entire team.

B. Elective Cath lab procedures during COVID 19 epidemic:

- Elective cath lab procedures for stable coronary artery disease, structural heart disease, and peripheral vascular disease should be deferred when feasible.

Continuing professional development

Our continuing professional activities will be channelled through online education through our website www.bitmd.org. Essentially the world has become a global village and with rapid developments in ICT, we should make good use of the technology. We intend to connect local and international experts from various organisations. We would enter into collaborative webinars with TCTMD, SCAI, PCR Online and ACC.

I would like to reiterate our commitment to development of the practice of Interventional cardiology in this part of the world. We, all the nations of the world, must face the situation with boldness and courage. We need to remember that *"We're All In This Together"*.