This document provides some example copy that can be adapted for Trust websites during the coronavirus (COVID-19) outbreak. Highlighted items should be customised per Trust contact details.

Sections include:

* Overview text for main cardiovascular services page
* Information for patients and GPs that can be tailored per subspecialty
* Commonly asked questions – The first list can be used across cardiovascular services, with subsequent headers denoting specific subspecialty content.

## Cardiovascular (main)

**Coronavirus (Covid-19) update and advice**

We know that this is a concerning time for lots of people, especially if you have an existing health problem. Most people with coronavirus (Covid-19) have mild symptoms and make a full recovery. Having a heart and circulatory condition probably doesn’t make you any more likely to catch coronavirus than anyone else. But if you have a heart or circulatory condition it may mean that you could get more ill if you get coronavirus, which is why it’s really important to protect yourself.

Over the next few weeks and months we are changing how we work in the cardiovascular department at XXX Trust, so that we continue to provide the best care we can for our current patients, assess and treat new patients, and also look after patients with coronavirus. This means we are adapting how we look after patients, both in and out of our hospital, to ensure everyone’s safety.

What does this mean for you?

* **As always, we remain completely committed to caring for you and your family. If you are worried about your health or feel that your symptoms are getting worse, please let us know so that we can give you the help and treatment you need.**
* If you have symptoms that could be a medical emergency (such as a heart attack or stroke), dial 999.
* If you have been called about, or have, an upcoming appointment, we may ask you to see a different doctor or nurse, as members of our team are being deployed to help other departments in the hospital.
* Where appropriate, we may hold appointments over the phone or via a video service.

Each cardiovascular speciality area has a list of commonly asked questions. If you have any questions, please contact your team directly and we will respond to you as soon as we can.

If you do not know which clinical team or specialty is providing your care, please email GENERIC EMAIL or call us on GENERIC PHONE.

## Generic information for patients / GPs

**Covid-19 update and advice**

We know that this is a concerning time for lots of people. Even through the coronavirus situation, we remain committed to providing you and your family the best – and safest – care possible.

We are changing how we work in the cardiovascular team, so that we can continue providing the best care possible for current and new patients, both in and out of our hospital. These changes are designed to help keep everyone as safe as we can during this challenging time.

Please see our commonly asked questions and the links below for further details on changes we are making, and contact details for your clinical team.

### Patients

To reduce the risk to our patients, whilst still ensuring they get the care they need, our team of consultants and nurses are carefully reviewing every single patient’s medical history and test results. Following these detailed reviews, they can find which patients need to be seen in person, which patients could have a ‘virtual’ review, and which patients could safely have their appointment postponed.

We are currently working to contact every patient regarding any changes. We understand that you may have waited some time for an appointment, and we apologise that your appointment may be changed.

After our detailed review, one of the following may happen:

* In some cases, we are changing appointments to a telephone consultation, and in certain circumstances, a video appointment. This prevents you from having to travel to the Trust.
* Some patients may be discharged back to their GP and we will write to you if this is the case. If you have been discharged back to your GP, it is because we believe it is safe to do so. If your situation as changed, please let us know.
* Some appointments may be deferred without a future date being arranged at this stage. If we defer your appointment, this is because we believe it is safe to do so. You will remain on our waiting list and we will contact you in due course. **If your symptoms have changed and you think you should be seen, please contact your team so we can give you the help and treatment you need.**

If you have not heard from us within 3 days of your scheduled appointment please contact us by **email GENERIC EMAIL**.

If you are unable to use email or your query is urgent, please **call GENERIC PHONE**. Our phone lines are very busy and there may be a wait for your call to be answered.

**Clinical help and advice**

**If you have symptoms that could be a medical emergency (such as a heart attack or stroke), dial 999.**

The XXX (eg cardiac surgery) service is run by the following consultants. If you are under their care, then you are a patient of the XXX (eg cardiac surgery) team.

* LIST OF SUBSPECIALITY CONSULTANTS

**It is possible that you are seen in more than one service. If your query is specifically about your** XXX (eg cardiac surgery) **condition, you should direct that query as outlined below.**

**If you are worried about your health** or feel that you are getting worse, or you are unable to email, please contact us via **email GENERIC EMAIL** or **call us on GENERIC PHONE** so that we can give you the help and treatment you need.

Please note that many of our clinical staff are assisting with the unprecedented situation of the coronavirus situation. This may mean a slightly longer response time than usual. However, we assure you that we will contact you as soon as we can.

**Contact us by email for**

* Queries regarding your appointment or the contact details we have for you
* If you have recently discovered you are pregnant and need specific advice and guidance
* If you are self-isolating for a confirmed or suspected Covid-19 infection

**Contact us by telephone if**

* You need to urgently discuss your clinical condition, or are concerned about new symptoms
* You do not have access to email or our website

### GPs

We are doing everything we can to support GPs and your patients during the coronavirus (Covid-19) situation. If you need advice from our clinical team, please use the current advice and guidance channels, including eRS Advice and Guidance for written communication, or Consultant Connect to speak to a senior clinician immediately.

#### ERS referrals

We would encourage you to contact our clinical team through Advice and Guidance before making a referral. Please note that all of our services available on e-RS are set up for Advice requests. GPs can attach documents to the e-RS Advice request, which may include diagnostic results, scanned images (eg ECGs).

Our consultants are vetting all referrals as usual. We will be contacting urgent patients but we are not currently booking routine patients and so there may be a significant delay before seeing your patient. Please consider this before making any referral as our capacity to see new patients is very limited, and please advise patients that they may not be seen immediately.

#### Consultant Connect

For GPs in south east London, your CCG has commissioned the Consultant Connect service which you can also use to seek advice.  We are in the process of expanding our Consultant Connect lines. Lines are available Monday to Friday, from 9am to 5pm. Details are available through your local CCG bulletins, and we request that you cascade this information within the practice.

## Commonly asked questions: Coronavirus and cardiovascular conditions

### I am worried that I might have coronavirus (Covid-19).

Please also bear in mind that the majority of patients, including the majority of patients with cardiovascular conditions, will make a full recovery from coronavirus.

Do not leave your home if you have coronavirus symptoms:

* **a high temperature** – this means you feel hot to touch on your chest or back (you do not need to measure your temperature)
* **a new, continuous cough** – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)

To protect others, do not go to places like a GP surgery, pharmacy or hospital. Stay at home.

Use the [111 online coronavirus service](https://111.nhs.uk/covid-19) to find out what to do. Only call 111 if you cannot get help online.

### I have symptoms are worrying me and I am not sure what to do.

If you have symptoms that could be a medical emergency (such as a heart attack or stroke), **dial 999**.

Even though the NHS is under pressure, we can still treat patients quickly and safely in an emergency. You should always dial 999 immediately if you:

* Have sudden chest pain which spreads to your arms, back, neck or jaw
* Have sudden chest pain which feels heavy or tight
* Show signs of a stroke, such as your face drooping on one side, are unable to hold both arms up, or have difficulty speaking. Have severe difficulty breathing such as gasping for breath, choking, lips turning blue, or not being able to get words out.

If you are concerned that your symptoms relate to coronavirus, you should use the [111 online coronavirus service](https://111.nhs.uk/covid-19) to find out what to do. To protect yourself from exposure to coronavirus, you should remain at home and follow government advice on [social distancing and self isolation](https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults).

Whether or not you have coronavirus symptoms, it is essential to come to hospital if you have a medical emergency, or if your heart symptoms get much worse.

If the symptoms are related to the condition that are long-standing and you need specific clinical advice, please contact your [specialist cardiovascular team](https://www.guysandstthomas.nhs.uk/our-services/cardiovascular/specialties/specialities.aspx).

### When are hospital services going to return to normal?

Unfortunately, we do not know how long this will last. We understand that this is a concerning time. Providing our patients with the best – and safest – care is essential. But we can assure you that we will continue to work together to ensure that services are safe and effective for our patients.

### I am a patient and am worried about getting coronavirus. Should I shield myself / self-isolate?

Coronavirus can make anyone seriously ill. But some people are at a higher risk and need to take extra steps to avoid becoming unwell. Having a heart and circulatory condition probably doesn’t make you any more likely to catch coronavirus than anyone else. But if you have a heart or circulatory condition it may mean that you could get more ill if you get coronavirus, which is why it’s really important to protect yourself.

The NHS website has advice for [people who may be at higher risk](https://www.nhs.uk/conditions/coronavirus-covid-19/advice-for-people-at-high-risk/), including what they can do to protect themselves.

Even if you are not considered to be at extremely high risk, you should be staying at home apart from essential needs as per current government advice, as you may still be at particularly high risk because of your heart condition.

You may be at particularly high risk if you have:

* Heart or circulatory disease and are aged over 70
* Heart or circulatory disease and lung disease or chronic kidney disease
* Angina that restricts your daily life, or means you have to use glyceryl trinitrate (GTN) frequently
* Heart failure, especially if it restricts your daily life or you’ve been admitted to hospital to treat your heart failure in the past year
* Heart valve disease that is severe and associated with symptoms, such as regularly feeling breathless, or you have symptoms from your heart valve problem despite medication, or if you are waiting for valve surgery. (A heart murmur that does not cause you symptoms doesn't put you at high risk.)

### Should I continue my medications?

Do not stop any medication unless specifically told to do so by your clinical team. If you are experiencing new symptoms, or are concerned about your medications, please contact your [specialist cardiovascular team](https://www.guysandstthomas.nhs.uk/our-services/cardiovascular/specialties/specialities.aspx).

### My medication is running out and I need a prescription.

If your medication is usually prescribed by your GP, please contact the surgery. We understand that some patients are struggling to get in touch with the GP practices, in which case please [contact the team looking after you](https://www.guysandstthomas.nhs.uk/our-services/cardiovascular/specialties/specialities.aspx) so we can help if we can.

### I have an appointment soon and I have not heard from you.

We are attempting to contact all patients in advance of their appointments. If you haven’t heard from us and your appointment is less than 3 days away, please [contact the team looking after you](https://www.guysandstthomas.nhs.uk/our-services/cardiovascular/specialties/specialities.aspx) (that is, the team and consultant to whom you have been referred).

### I am unable to get in touch with my usual doctor or nurse and I am worried.

We are really sorry, as we know it is a very stressful time, especially if you can’t speak to the people who know you and your condition best. Our cardiovascular department is a large team, and many of us have (and will be) deployed to help other departments during this unprecedented challenge of the coronavirus situation. Another doctor or nurse may be handling your care and will contact you in the meantime. They will have access to all of the information they need about your care.

### I have been referred to the service. Why I have not heard anything?

We know that being referred to see a specialist can be concerning, and that the coronavirus situation may be making you feel more anxious. Please be assured that we have received your referral and one of our specialists is reviewing it. If your appointment is urgent, you will be scheduled for a face-to-face appointment or a clinician may contact you by phone.

### Why has my appointment been changed?

To reduce the risk to our patients, whilst still ensuring they get the care they need, our team of consultants and nurses are carefully reviewing every single patient’s medical history and test results. Following these detailed reviews, they can find which patients need to be seen in person, which patients could have a ‘virtual’ review (eg by telephone), and which patients could safely have their appointment safely postponed.

We are currently working to contact every patient regarding any changes. We understand that you may have waited some time for an appointment, and we apologise that your appointment may be changed.

After our detailed review, one of the following may happen:

* In some cases, we are changing appointments to a telephone consultation, and in certain circumstances, a video appointment. This prevents you from having to travel to the Trust.
* Some appointments may be deferred without a future date being arranged at this stage. If we defer your appointment, this is because we believe it is safe to do so. You will remain on our waiting list and we will contact you in due course. If your symptoms have changed and you think you should be seen, please contact your team so we can give you the help and treatment you need.
* Some patients may be discharged back to their GP and we will write to you if this is the case. If you have been discharged back to your GP, it is because we believe it is safe to do so. If your situation as changed, please let us know.

**If you are worried about your health or feel that you are getting worse, please let us know so that we can give you the help and treatment you need.** Contact details for each team can be found through the main pages for [cardiology](https://www.guysandstthomas.nhs.uk/our-services/cardiovascular/specialties/cardiology/cardiology.aspx), [cardiac surgery](https://www.guysandstthomas.nhs.uk/our-services/cardiovascular/specialties/cardiac-surgery/overview.aspx), and [vascular surgery](https://www.guysandstthomas.nhs.uk/our-services/cardiovascular/specialties/vascular-surgery/overview.aspx).

### Should I stop smoking because of coronavirus?

All of the evidence suggests that smokers are at higher risk of complications from coronavirus. Smoking increases your risk of catching it (because you touch your mouth more frequently when smoking) and because it damages your lungs and general health. If you smoke, please try to stop smoking today.

### Where can I find more information?

There are many trusted resources containing information on coronavirus (Covid-19), its symptoms, and ways that you can to protect yourself.

* [NHS website](https://www.nhs.uk/conditions/coronavirus-covid-19/) - Symptoms and risk factors for coronavirus (Covid-19)
* [Coronavirus information](https://www.gov.uk/coronavirus) on Gov.uk
* [British Heart Foundation](https://www.bhf.org.uk/informationsupport/heart-matters-magazine/news/coronavirus-and-your-health) - Coronavirus: what it means for you if you have heart or circulatory disease

## Commonly asked questions | Cardiac surgery

### I have had cardiac surgery in the past. Am I at higher risk for getting coronavirus?

Coronavirus can make anyone seriously ill. But some people are at a higher risk and need to take extra steps to avoid becoming unwell. If you are considered to be in a higher risk group as per published guidance, then you will receive a letter from the NHS.

If you are still recovering from your operation or have heart symptoms, we would ask that you take the [recommended actions to keep you safe](https://www.nhs.uk/conditions/coronavirus-covid-19/advice-for-people-at-high-risk/). To learn more about people in the extremely vulnerable group, please visit [the Gov.uk website](https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19#what-do-we-mean-by-extremely-vulnerable).

## Commonly asked questions | Adult congenital heart disease

### Does having congenital heart disease put me in a higher risk category for coronavirus (Covid-19)?

Patients with any of the following conditions are in the “higher risk” category:

* Fontan circulation
* Chronic cyanosis (very low oxygen levels)
* Significant valvular disease
* Impaired cardiac function requiring medication
* Pulmonary hypertension
* Heart transplant
* Associated comorbidities such as diabetes, hypertension, chronic kidney disease or chronic lung disease

In this instance you should be stay at home and follow government advice on [social distancing and self isolation](https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults). Extremely vulnerable patients should be shielding themselves. To learn more about people in the extremely vulnerable group and shielding, please visit [the Gov.uk website](https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19#what-do-we-mean-by-extremely-vulnerable). The British Congenital Cardiac Association also provides more [specific congenital heart disease guidance](https://www.bcca-uk.org/documents/my_files/COVID_BCCA_Vulnerable_groups_FINAL-18_March_2020.pdf).

## Arrhythmia

**For patients with an implanted pacemaker or defibrillator**

If you have a query, please use your usual mode of access to the pacemaker service, as found on your pacemaker ID card, on **PHONE or EMAIL**.

COVID-19 does not affect the function of your pacemaker. We have carefully reviewed the case notes for all patients with implanted devices, and have identified all patients in whom replacement of their pacemaker battery is needed in the next 3 months. These procedures have been prioritised and these patients will already have been contacted by the pacemaker team if this applies.

## Commonly asked questions | Arrhythmia

### Am I at increased risk?

It is possible that your heart condition places you at increased risk of complications related to coronavirus (Covid-19). This is likely to be the case for patients with pre-existing heart failure and cardiomyopathy. Other associated medical conditions that are common in heart patients and are associated with an increased risk are diabetes, high blood pressure, chronic kidney disease and chronic lung disease.

Common heart rhythm conditions which do **not** appear to be associated with an increased risk include: atrial fibrillation and flutter, supraventricular tachycardia, ectopic beats or palpitations with normal heart function. Having an implanted pacemaker does **not** increase your risk in the absence of any underlying weakness of the heart muscle.

If you are at increased risk, you should remain at home and follow government advice on [social distancing and self isolation](https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults).

### When will my follow up appointment be rescheduled?

At present, the vast majority of outpatient appointments in the Heart Rhythm Service are taking place by telephone. If you do not receive a telephone call from your doctor, it is because after thorough review of your hospital record, you are deemed to be well enough to await either a letter from your doctor or a follow up appointment later in the year. We apologise for not being able to call everyone. The situation is unprecedented and we need to prioritise our calls to those patients where it is medically needed.

### My booking for an investigation (heart monitor, echocardiogram) has been cancelled. Will it be rescheduled?

All outstanding investigations have been triaged by the consultants. Those which are deemed essential will continue to be done. Those which can safely be performed at a later date will be rescheduled and you will be notified. Those that are not essential to your care may be cancelled, in which case you will be notified.

### What happens if I am listed for a procedure?

All listed procedures have been thoroughly re-assessed by the consultant team. All non-essential procedures (ie procedures which can be safely deferred), will be performed at a later date after resolution of the coronavirus situation. If your procedure is considered urgent, provision is already being made to organise your procedure. This applies to a very small minority of patients in the Heart Rhythm Service. You will be contacted by the administration team to inform you of your cancellation or procedure booking, according to your particular circumstances.

### Who do I contact if I have a concern about my pacemaker?

If you have a query, please use your usual mode of access to the pacemaker service. The contact phone number is **PHONE** and the email address is **EMAIL**. There are the details printed on your Pacemaker ID card.

## Heart failure

## Commonly asked questions | Heart failure

### I am on medication prescribed by your team and I am not sure if I should stop them.

Do not stop any medication unless specifically told to do so by your clinical team. Based on the current evidence, the team strongly recommends that all patient using ACE-i/ARB for hypertension, post MI LV dysfunction, hypertension, ischaemic heart disease, and heart failure with reduced ejection fraction should continue treatment with their usual therapy during the coronavirus (Covid-19) outbreak.

### I have heart failure and am worried about getting coronavirus. Should I shield myself/self-isolate?

Coronavirus can make anyone seriously ill. But some people are at a higher risk and need to take extra steps to avoid becoming unwell. Having a heart and circulatory condition probably doesn’t make you any more likely to catch coronavirus than anyone else. But if you have a heart or circulatory condition it may mean that you could get more ill if you get coronavirus, which is why it’s really important to protect yourself.

Some heart patients are considered at extremely high risk of severe illness from coronavirus. You are classed as extremely vulnerable if you have had an organ transplant at any time, or are pregnant with significant heart disease. If you are in one of these groups, you should protect yourself by staying at home and minimising contact with people you live with, for the next 12 weeks. This is called shielding.

If this applies to you, you will be contacted directly by the NHS with further advice. If you think you fall into one of these categories but have not received a letter, email or text by Thursday April 2, you should discuss your concerns with your GP or specialist doctor or nurse.

Covid-19 coronavirus is a new disease and we don’t know everything about who is most at risk of complications. Other heart patients may still be at particularly high risk or high risk. This list is based on the best information available from relevant experts. It is possible that other conditions could put you at risk that we don't know about yet, so it's important that everyone works hard not to catch or spread coronavirus.

Even if you are not at extremely high risk, you should be **staying at home apart from essential needs** as per current advice, as you may still be at particularly high risk because of your heart condition. You may be at particularly high risk if you have:

* Heart disease and are over 70
* Heart disease and lung disease/chronic kidney disease
* Angina that restricts your daily life or means you have to use your GTN frequently
* Heart failure, especially if it restricts your daily life or you’ve been admitted to hospital to treat your heart failure in the past year
* Heart valve disease that is severe and associated with symptoms (such as if you regularly feel breathless, or you have symptoms from your heart valve problem despite medication, or if you are waiting for valve surgery). A heart murmur that does not cause you symptoms doesn't put you at high risk.
* You’re recovering from recent open-heart surgery in the last three months (including heart bypass surgery)
* Cardiomyopathy (any type) if you have symptoms such as breathlessness, or it limits your daily life, or you’ve been told you have problems with your heart function
* Congenital heart disease (any type) if you also have any of the following: lung disease, pulmonary hypertension, heart failure, you’re over 70, you are pregnant, or if you have complex congenital heart disease (such as Fontan, single ventricle or cyanosis).

To learn more about people in the higher risk and extremely vulnerable groups and what they should do, please visit [the Gov.uk website](https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19#what-do-we-mean-by-extremely-vulnerable) and the British Heart Foundation’s page, [Coronavirus: what it means for you if you have heart or circulatory disease](https://www.bhf.org.uk/informationsupport/heart-matters-magazine/news/coronavirus-and-your-health) on coronavirus and for more information. .

### Where can I find more information?

The British Heart Foundation has a page dedicated to coronavirus questions, [Coronavirus: what it means for you if you have heart or circulatory disease](https://www.bhf.org.uk/informationsupport/heart-matters-magazine/news/coronavirus-and-your-health), which is updated regularly and is an excellent source of medically verified advice.

Pumping Marvellous Foundation, the UK’s heart failure charity, has set up a new page, [Heart failure patient information during the Covid-19 outbreak](https://pumpingmarvellous.org/heart-failure-advice-leaflet-for-patients-during-covid-19/)

Please also read the position statement of King’s Health Partners cardiovascular department on [ACE-inhibitor and angiotensin receptor blocker use during the COVID-19 situation](https://www.guysandstthomas.nhs.uk/our-services/cardiovascular/specialties/cardiology/heart-failure/coronavirus-update-heart-failure-service.aspx).

## ICC

## Commonly asked questions | Inherited cardiac conditions

### I am on medication prescribed by your team and I am not sure if I should stop them.

Do not stop any medication unless specifically told to do so by your clinical team. Based on the current evidence, the team strongly recommends that all patient using ACE-i/ARB for hypertension, post MI LV dysfunction, hypertension, ischaemic heart disease, and heart failure with reduced ejection fraction should continue treatment with their usual therapy during the coronavirus (Covid-19) outbreak.

### Where can I find more information?

* [Support and information for patients and families with cardiomyopathies or heart muscle conditions](https://www.cardiomyopathy.org/)
* [Support and information for patients and families with arrhythmias or inherited heart rhythm conditions](http://www.arrhythmiaalliance.org.uk)
* [Cardiac Risk in the Young](https://www.c-r-y.org.uk/) (CRY)
* [Sudden Arrhythmic Death UK](https://www.sadsuk.org.uk/) (SAD)
* [Drugs to avoid list for Long QT Syndrome](https://www.crediblemeds.org)
* [Drugs to avoid for Brugada Syndrome](file:///C%3A%5CUsers%5CAMarlow%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CAVT2A4V2%5C%3A%20https%3A%5Cwww.brugadadrugs.org%5Cavoid)

## Interventional cardiology

## Commonly asked questions | Coronary artery disease

### I was due to be admitted for an angiogram or angioplasty but this has been delayed. Am I at risk because of this?

The cardiology teams at GSTT have reviewed all cases who were due to have a planned procedure. Although the procedures can help guide therapy, and angioplasty can be very helpful in reducing angina, there are only a very few instances where these procedures reduce the risk of heart attacks. Far more important are: having a healthy lifestyle (espescially not smoking), controlling blood pressure and diabetes, and medications –in particular statins. Delaying the procedure for the large majority of patients would not put you at increased risk of a heart attack.

Your consultant will have reviewed your specific case and decided the best course of action for you. If this has not been discussed with to you, or you have concerns, please contact us on **EMAIL** or on **PHONE.**

### My cardiologist has arranged for me to attend for an angiogram /angioplasty. Am I at increased risk of contacting the coronavirus?

In some cases, because of the nature of your symptoms, or recent test results, your cardiologist will have asked for you to be admitted for a coronary angiogram or angioplasty procedure despite the current COVID19 situation. This decision will have been made on an individual patient basis.

Whilst there is a risk of contracting the virus with all travel, on any occasion that you or your family leave your home, we have tried to minimise the risks for your admission. Coronary angiogram and angioplasty procedures are undertaken in a part of the hospital that is separate from the emergency department. We aim to undertake all procedures as day cases. You would not be admitted to a ward, but would be admitted directly to the catheter labs. Here you would be checked in, have the procedure, and then recover within the catheter lab unit before being allowed home later that day.

Your consultant will have reviewed your specific case and decided the best course of action for you. If this has not been discussed with you, or you have concerns, please contact us on gst-tr.cardiology@nhs.net or on **0207 188 8524 or 0207 188 1073.**

### Am I at increased risk of catching the virus, or being ill from it, if I have coronary artery disease, or a previous stent or bypass operation?

At present there is no good reason to believe that having had a previous bypass graft operation more than 3 months ago, or a previous angioplasty would increase your risk of catching the virus. Patients who have weakened heart muscle may have more serious consequences from catching the virus, and should seek advice (see heart failure doc) but the fact that you may have heart artery narrowings, or previous stenting or grafting in itself does not appear to give rise to an extra risk. If you are recovering from a major illness (for example a heart attack in the last 6 weeks) or a major operation (for example an open heart operation in the past 3 months) then you might be expected to be more vulnerable to the virus and should take extra precautions (see below).

## Valve disease

## Commonly asked questions | Valve disease

### What should I do if I develop symptoms from the valve disease?

If you develop new and especially progressive breathlessness or chest tightness on exertion, you should contact your GP or the cardiologist who usually supervises your care. People with very severe valve disease may still need surgery despite the current covid-19 epidemic. This is a judgement for your specialist and the arrangements for care will vary depending on local arrangements.

###  I was scheduled to have heart valve surgery and have now been told it will be delayed. Should I be worried?

Although many planned / scheduled operations will be delayed by the coronavirus outbreak, it is important for you to be reassured that there will always be provision in the NHS to provide urgent operations for patients that need it. If your planned procedure has been delayed, you should monitor any symptoms and let the hospital team know if you experience any deterioration (e.g. increasing breathlessness on exertion, new chest pain on exertion, or dizziness on exertion).

###  I have a metallic / mechanical heart valve and it is difficult to get INR checks at present. Should I switch from warfarin to heparin injections?

The reasoning behind this question is the hope of avoiding visits to the GP or hospital for blood tests to check the INR. However, if you are taking warfarin because of a mechanical replacement valve, heparin injections are not as good as warfarin medication as there is a higher risk of developing blood clots on the valve. Therefore, continuing on warfarin is the best option for you if this is possible. Some anticoagulation clinics are suggesting home testing where there is adequate back-up from district nurses. Other clinics are sending transport to avoid patients needing to use public transport. Most clinics are trying to space out appointments to maintain ‘social distancing’. You should only switch to heparin injections if INR testing is proving very challenging and this is the advice of your local cardiologist after discussing with you the risks and benefits of this change.

### If I develop a fever, do I need to think of infective endocarditis?

The main symptoms of Covid-19 are fever, a dry cough and breathlessness. Some people experience diarrhoea and some have loss of taste. Other than the fever these symptoms are not typical of infective endocarditis. Currently Covid-19 is all too common while infective endocarditis is still uncommon. This means that a fever is more likely to be caused by Covid-19. If, however, you are severely unwell you need to phone 111 whatever the cause. If you have a more minor fever lasting longer than a week you should ask your GP for advice especially if you have severe gum disease or an untreated tooth infection.

### Should I stop any of my medications?

There have been questions over whether angiotensin blocking medicines (e.g. “ACE inhibitors”) might worsen the effects of Covid-19. However, there is also some evidence that these drugs may be protective. All major international cardiac authorities agree that you should not stop angiotensin converting enzyme inhibiting drugs or angiotensin receptor blockers. No other drug has attracted concern to date.

Finally, the British Heart Valve Society would like to re-iterate that the best way to stay safe during this viral situation is to follow the government’s advice:

* Wash your hands often, using soap and water for at least 20 seconds. Use an alcohol-based hand gel if soap and water are not available.
* Avoid touching your eyes, nose, and mouth
* Avoid close contact with people who are sick
* If you feel unwell, stay at home, do not attend work or school

## Vascular

## Commonly asked questions | Vascular surgery

### I am concerned that my condition is getting worse.

The vascular team has an urgent email address which is answered daily: **EMAIL** or you can dial an urgent telephone number on which you can leave a voice message: **PHONE**.

### Is there a number that I can dial 24/7 other than the ambulance?

Unfortunately we do not have a 24/7 number that patients can call directly. However, our urgent mobile number, **PHONE**, is checked regularly.

### Is my GP surgery open as usual?

Please check with your GP surgery to find out what services are available to you.

### If I need to come to emergency vascular (EVC) clinic no one can now give take me how can I arrange transport?

If you need to come to EVC one of the nurses will arrange for you come to the clinic via taxi which we will arrange

### When will surgery resume?

We are not able to answer this question at the moment as it very much depends on what happens with coronavirus over the next two months. However it is extremely unlikely that we will be able to resume elective operating through May 2020 .

### Are surveillance scans still being carried out?

The surveillance programme has been temporarily suspended and will be restarted as soon as it is safe to do so.