

The day after tomorrow: echocardiography laboratories after the COVID-19 outbreak

José María Viéitez Flórez 💿 *, Vivencio Barrios Alonso, and Covadonga Fernández-Gofín

University Hospital Ramón y Cajal, Madrid, Spain

Received 23 June 2020; editorial decision 28 June 2020; accepted 1 July 2020; online publish-ahead-of-print 30 July 2020

Statements of several cardiology societies on protection of patients and echocardiographers during the coronavirus disease 2019 (COVID-19) outbreak have been published.^{1–3} COVID-19 has changed the way in which echocardiographic studies are performed.

The spread of the virus in Spain has been impressive, with dramatic consequences for our healthcare system. At present there is stable intracommunity transmission with small outbreaks focused on hospitals and nursing homes. We need to stop transmission during medical activities. In our institution, we have introduced simple but effective measures to reduce virus transmission during echocardiography. These measures are similar to the recommendations of European and American societies during the pandemic, but, in order to prevent new outbreaks, we have to go further.

General cardiologists can perform an echocardiogram in their consulting room, and only patients who need a study performed by an expert echocardiographist are referred to the laboratory. This allows us to reduce medical visits and the risk of COVID-19 transmission. Before entering the echocardiography lab, the patient is interrogated by a nurse about COVID-19 symptoms. If the patient has symptoms, echocardiography is postponed and the patient is referred to the emergency department to rule out COVID-19. In transthoracic studies, echocardiographers should wear a surgical mask, disposable gown, and gloves. Patients have to wear a surgical face mask. The study should be performed from the right side. If the study is performed from the left side, we recommend that echocardiographers should wear protective glasses or a face shield. Transoesophageal echocardiography (TOE) and exercise echocardiography are considered high-risk procedures because of aerosolization. Thus, all patients must show a negative polymerase chain reaction (PCR) test 24-48 h previously. However, since the PCR test has a sensitivity of ~70% in symptomatic patients^{4,5} and indeed this could be lower in asymptomatic patients, we recommend that even with PCR-negative patients referred for TOE, echocardiographers should wear gloves, an N95 face mask, a face shield or protective glasses, and an isolation gown.

With these simple measures, we have returned to normal activity since the end of April with no COVD-19 cases among our staff or patients. Protection of patients and physicians definitely works.

Conflict of interest: none declared.

References

- Kirkpatrick JN, Mitchell C, Taub C, Kort S, Hung J, Swaminathan M. ASE Statement on protection of patients and echocardiography service providers during the 2019 novel coronavirus outbreak. J Am Coll Cardiol 2020;75:3078–3084.
- ESC Guidance for the Diagnosis and Management of CV Disease during the COVID-19 Pandemic. 2020. https://www.escardio.org/Education/COVID-19-and-Cardiology/ESC-COVID-19-Guidance
- Skulstad H, Cosyns B, Popescu BA, Galderisi M, Salvo GD, Donal E, Petersen S, Gimelli A, Haugaa KH, Muraru D, Almeida AG, Schulz-Menger J, Dweck MR, Pontone G, Sade LE, Gerber B, Maurovich-Horvat P, Bharucha T, Cameli M, Magne J, Westwood M, Maurer G, Edvardsen T. COVID-19 pandemic and cardiac imaging: EACVI recommendations on precautions, indications, prioritization, and protection for patients and healthcare personnel. *Eur Heart J Cardiovasc Imaging* 2020;21:592–598.
- Fang Y, Zhang H, Xie J, Lin M, Ying L, Pang P, Ji W. Sensitivity of chest CT for COVID-19: comparison to RT–PCR. *Radiology* 2020;doi: 10.1148/radiol. 2020200432.
- Woloshin S, Patel N, Kesselheim AS. False negative tests for SARS-CoV-2 infection—challenges and implications. N Engl J Med 2020;doi: 10.1056/NEJMp2015897.

^{*} Corresponding author. Department of Cardiology, Hospital Universitario Ramon y Cajal, Carretera de Colmenar, 28029 Madrid, Spain. Tel: +34 91 648883415, Email: chemavieitez@gmail.com

Published on behalf of the European Society of Cardiology. All rights reserved. © The Author(s) 2020. For permissions, please email: journals.permissions@oup.com.