

Supplementary file 1

Table S1. Cardiac operations classification based on level of urgency during COVID 19 pandemic in Iran

| Emergent Operations | Urgent Operations |
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| Cardiac & Great artery Trauma | CAD patient with low threshold angina (Class III-IV) |
| Acute Type A Dissection | Patients with severe symptomatic AS |
| Cardiac Tamponade | NVE or PVE after optimal Antibiotic and medical therapy or complicated endocarditis |
| Mechanical Valve Thrombosis | Acute MR (Flail MV) |
| Acute Pulmonary Emboli (with no medical or interventional options) | Post-MI complications (VSD, LV false aneurysm, sever acute MR) |
| Patients with ACS and sever CAD (Significant LM lesions or high SYNTAX score) | Post-operative Mediastinitis |
| Post PCI or other percutaneous approaches sever complications | CAD patients with ostial LAD lesion amenable to percutaneous management |
| Ongoing ischemia in CAD Patients uncontrolled by percutaneous approaches and GDMT | Large right heart clots (>20mm) with no other non-surgical treatment option |
| Patients with STEMI not suitable response to GDMT or percutaneous approaches (or have ongoing ischemia after culprit lesion PCI) | Large hypermobile left heart clots (>10mm) with no other non-surgical treatment option |
| CHD patients with cyanotic spell | LA Myxoma |
| Prostaglandin dependent CHD patients | Ascending Aorta aneurysm larger than 60 mm |
| Individualized cases (according to the heart team decision making) | Subacute and Chronic Type A dissection |