

Are the Requests for Cardiac Consultation in Non Cardiac Surgery Consistent with the 2009 ACC/AHA Guidelines?

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Background:

The number of surgical procedures performed in patients (pts) with significant ischemic heart disease is growing. Therefore the need for justified preoperative cardiac consultation is becoming a true issue.

Objective:

We evaluated if the requests of preoperative cardiac consultation in pts undergoing non cardiac surgery were consistent with the last (2009) ACC/AHA published guidelines.

Patients and Method:

Pts referred for cardiac consultation prior to non cardiac surgery were eligible for the study. Demographic data, reasons for consultation, type of surgery, pts functional capacity (Mets) estimated by medical history, new cardiac physical findings, Lee's cardiac risk stratification classes and perioperative outcome were reported.

Results:

One hundred seventy patients were evaluated; 89 men (52.3%) and 81 women (47.6%), their mean age was 74.2±years. One hundred and five (62%) had a functional capacity ≥ 4 Mets. The reported major risk factors were: 75 (44.1%) had diabetes mellitus, 21 (12.3%) had prior or compensated heart failure, 79 (46.5%) had documented ischemic heart disease, 29 (17.1%) had stroke, 30 (17.7%) had renal insufficiency. Fourteen pts (8.2%) had an implanted pacemaker. Active cardiac conditions (Unstable coronary syndromes, decompensated heart failure, significant arrhythmias, severe valvular disease) were present in 11 pts (6.5%). Perioperative death was reported in 12 pts (7.1%). The orthopedic and general surgical departments asked the highest number of preoperative cardiac consultations, 26.5% and 38.8% respectively. Most of the surgical procedures were of intermediate risk (68.2%). Only 41/170 (24%) of the requested preoperative cardiac consultations were confirmed by the ACC/AHA guidelines.

Conclusions:

In the majority of pts undergoing non cardiac surgery the preoperative cardiac consultations did not follow the 2009 ACC/AHA guidelines.