Sept 2014, Irene Ma

Perioperative Care Handout - Other

Definitions: (*AHA 2014 Periop GL*)

Emergency: < 6 hrs
Urgent: 6-24 hrs
Time sensitive: 1-6 wks
Elective < 1yr

Low risk - MI/Death < 1 % (Cataract/plastics)

Cardiac Testing

ECG: non-low risk + Hx of CAD/arrhyth/PAD/CVA or
Structural heart disease

Echo: Suspect moderate plus valve, echo older than 1 year
Or change in S/Sx

Stress test: Non-low risk, < 4 METS or u/k fxn
If changes management

AICD: inactivate tachy therapy. On telemetry with
External defib on standby
Reprogram back prior to discharge

Post-op routine Trop: uncertain benefit if no S/Sx

SBE Prophylaxis

High Risk

- Prosthetic valve
- Previous SBE
- Unrepaired cyanotic
  - including palliative shunts
- Repaired defect with prosthetic
  - first 6 months
- Repaired defect with residual defects
- Cardiac transplants with valvulopathy

Dental

- Gingival tissue
- Periapical region
- Oral mucosa perforation

Resp

- Invasive (such as tonsillect)
- Biopsy
- Not for bronch

Regime:

Amox 2 g 30-60 min pre

Alternatives:

Amp 2g IV/IM
Ancef 1g IV/IM
Clinda 600 mg PO/IM/IV
Azithro/Clarithro 500mg PO

Not suppressed: any dose < 3 wks; <5 mg am doses; < 10mg EOD.
Suppressed: >20mg pred (16mg methylpred, 2mg Dex, 80 mg HC) x 3 wks; Cushingoid
>5mg for > 1 wk in past year could still present problem

Wilson W. Circulation 2007

Perioperative Glucocorticoid coverage

Degree	Example	Dose
Minor	Local anesth < 1hr	Hydrocortisone 25 mg
Moderate	Joint replacement Lower limb vascular Sx	Hydrocortisone 50-75 mg
Major	CABG Esophagogastrectomy	Hydrocortisone 50 q8h for 48 - 72 hrs

Axelrod L. Endocrinol Metab Clin N Am 2003