

COASTAL ANESTHESIOLOGY MEDICAL ASSOCIATES

Competent, Compassionate, Consistent and Comprehensive Anesthetic Care

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WHO NEEDS A PREOP CARDIOLOGY CONSULT?

Adapted from the 2007 American College of Cardiology (ACC) and American Heart Association (AHA) guidelines on peri-operative cardiovascular evaluation care for non-cardiac surgery.

Screening EKG Abnormalities

These patients need further evaluation for diagnosis and appropriate therapy

- Any acute EKG change (ST depression or elevation)
- Any significant Q waves (> 1mm) that has not been previously worked up
- New onset A-fib/flutter
- A-fib/flutter with poor rate control (>100 bpm)
- Significant dysrhythmia (type II 2nd degree AVB, 3rd degree AVB, multifocal or runs of PVCs)
- New onset LBBB

Previously Undiagnosed Murmur on Examination

These patients need further evaluation for diagnosis and appropriate therapy

Major Surgery

*These patients need consultation for provocative stress testing to evaluate for myocardium at risk **IF**, functional status is poor (unable to walk up 1 flight of stairs without symptoms) or unknown **AND** the patient has two or more clinical risk factors listed below:*

- History of ischemic heart disease
- History of compensated or previous congestive heart failure
- History of cerebrovascular disease
- Diabetes mellitus
- Renal insufficiency

The following patient populations need consultation for medical optimization and risk stratification.

Unstable Coronary Syndromes

- Unstable or severe angina
- Recent MI (< 6 months)

Decompensated CHF

- New-onset
- Worsening
- NYHA class IV (SOB at rest)

Significant Dysrhythmia

- Mobitz type II AV block
- 3rd degree AV block
- Symptomatic ventricular arrhythmias
- Supraventricular arrhythmias with HR > 100 bpm
- Symptomatic bradycardia
- Newly recognized ventricular tachycardia

Severe Valvular Disease

- Severe aortic stenosis (valve area < 1.0cm² or symptomatic)
- Symptomatic mitral stenosis

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