

## **MEDICAL PROBLEMS IN PREOPERATIVE PATIENTS**

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### ***Preoperative cardiac evaluation:***

Coronary artery disease is the commonest cause of operative mortality for non-cardiac surgery. Patients at high risk (angina, diabetes, history of cerebral stroke or congestive heart failure) should be assessed clinically, and by non-invasive stress ECHO or thallium stress test preoperative  $\beta$ -Blockers for high risk patients reduce cardiac mortality post surgery.

### ***Preoperative pulmonary evaluation:***

Postoperative pulmonary complications are common, Commonest lung disease leading to such complications is COPD, which is diagnosed on clinical basis, and best treated aggressively preoperatively. Postoperative CPAP ventilation reduces pulmonary risk.

### ***Surgery in liver disease:***

The risk of operative mortality is related to the extent of hepatic dysfunction according to child Pugh score. Correction of coagulopathy, ascites, encephalopathy and electrolytes is mandatory-

### ***Diabetes control:***

Persistent hyperglycemia is a risk factor for postoperative sepsis. Blood glucose should be maintained in 100-200 mg/dl range by insulin **S.C.** or infusion with glucose infusion to prevent ketosis.

### ***Patients with preoperative steroid therapy:***

Should receive I.V. hydrocortisone or methyl prednisolon to prevent adrenal crisis.

### ***Perioperative care of kidney patients :***

Include maintenance of serum potassium below 5.5 mmol/L correction of platelet dysfunction, metabolic acidosis and anemia. All patients with ESRD should do hemodialysis on the day before surgery-**Common medication**

### ***adjustment in preoperative period:***

Include stopping aspirin, NSAIDS, statins but continue inhaled medication's, thyroid medications, antiepileptics, antiparkinsonian and benzodia

zepincs.

***Prophylaxis against D. V.T.:***

For all high risk patients for D.V.T. or major surgery by S-C. heparins.

***Prophylaxis against infective endocarditis:***

For all patients with underlying rheumatic vascular heart disease by antibiotics.

***Correction of anemia:***

Avoiding blood transfusion routinely in any anemic patients as it has its own risks- Only indicated is anemia is severe (hemoglobin < 7 gm%) especially in patients with ischemic heart disease or tissue are markedly hypoxic (C>2 extraction ratio > 50%).

The use of Swan-Ganz pulmonary catheter to monitor hemodynamics is only indicated in decompensated cardiac patients with hemodynamic instability.