PREOPERATIVE EVALUATION AND RISK FACTORS PREDICTION OF THE VASCULAR SURGERY PATIENTS

ESSAY

Submitted for Partial Fulfillment of Master Degree in **General Sugery**

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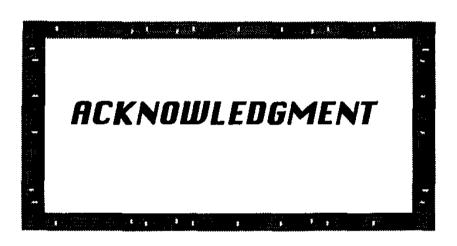
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M. M.

To My Son,

I wish he could survive.





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CONTENTS

*	Introduction.
*	Aim of the work .
*	Initial patient evaluation.
*	Medical risk factors:
	- Introduction .
	I - Cardiac Risk in Vascular Surgery :
	= Overview .
	= Cardiac Risk Index .
	II- Pulmonary Risk in Vascular Surgery .
	III- Renal Risk in Vascular Surgery.
	IV- Hepatic Risk in Vascular Surgery .
	V - Additional Risk Factors .
*	Preoperative evaluation of the vascular surgery patients:
	- General Evaluation .
	- Pulmonary Evaluation .
	- Renal Evaluation .
	- Hepatic Evaluation .
	- Cardiac Evaluation .
	- Special Cardiac Studies :
	Echocardiography.
	Nuclear Cardiology .
	Cardiac Catheterization .
	Studies of the Coronary Arteries .
	An Approach for preoperative cardiac evaluation of the vascular
	surgery patient.
•	Designatal protocal for preoperative evaluation of vascular
	surgery patient.
E	Summary & Conculsion
:	Refrences.

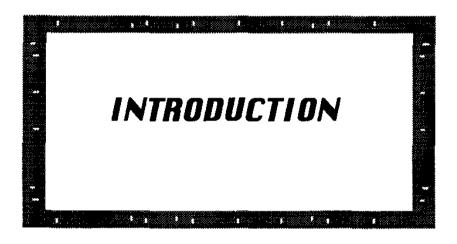
LIST OF "TABLES"

1 -	Clinical predictors of significant coronary artery disease.
2 -	Goldman risk criteria
3 -	Estimate of probability of cardiac complications based on
	Multifactorial Cardiac Risk Index (%).
4 -	Review of 474 patients with vascular reconstructive opera-
	tions Using Goldman Risk Index .
5 -	Results of DTS testing and cardiac mortality based on Gold-
	man Risk classifications.
6-	Surgical risk factors for patients with chronic lung disease
7 -	Glomerular filteration rate with the related renal dys-
	function.
8 -	Normal values of Echocardiographic Measurements in
	Adults .
9 -	Normal values for Echocardiographic Measurements in
	Adults corrected for body surface area.
10-	Ejection fractions and surgical risk.
11-	Interpretation of stress / rest thallium images .
12-	Dipyridamole-thallium scintigraphy as a predictor of cardi-
	ac events after aortic surgery .
13-	Evaluation criteria for perioperative cardiac risk assess-
	ment.
14-	Decision analysis: strategies tested.
15-	Major complications of cardiac catheterization .

16-	Coronary artery disease predictors .	93
17-	Correlation of exercise ECG with coronary arteriogrophy	97
18-	Comparison of exercise ECG testing results in population of	
	PVD and those without PVD for the 15 studies (table - 17)	98
19-	Comparison between first transit method and MUGA	101
20-	Conditions lead to false-positive and false-negative results	
	of exercise thallium imaging.	104
21-	Incidence of adverse effects with high and low doses of dip-	
	yridamole stress echocardiography,	107
22-	Ouestionaire for preoperative cardiac evaluation of the vas-	
	cular surgery patient .	110

LIST OF ''FIGURES''

1 -	The risk: benefit analysis.
2 -	Diagramatic cross - section of the heart and corresponding ech- ocardiogram .
3 -	Diagram showing of how to obtain a cross - sectional image or two-dimensional image of the heart.
4 -	Long - axis cross - sectional echographic image.
5 -	Diagrams of short - axis cross - sectional echographic image
6 -	Coronary anatomy in standard projections and schematic drawing of a normal thallium 201 scan.
7 -	An algorithm for preoperative risk assessment.
8 -	Side effects of DTS .
9 -	An algorithm shows the appropriate pathways through cardiac screening tests.
10-	Risk: benefit analysis for patients with peripheral arterial oc-

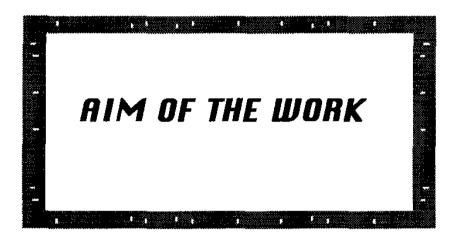


INTRODUCTION

Surgeons are called more often to provide care for patients with vascular disease (WYLIE, 1983). Most of those patients have problems related to arterial occlusive disease. Involving any segment of the vascular system: Cardiac (Myocardial infarction, angina); Cerebrovascular (Stroke, Transient ischaemic attacks); Visceral (Abdominal Pain, Weight loss); Renal (Hypertension); and Extremity (Claudication, Rest pain).

Surgeons are understandably concerned about the chances of survival of their vascular surgery patients after Anaesthesia and Surgery. Patients with known cardiac disease who face operative procedures are usually more concrned than other patients because they perceived to be at greater risk, (SCHNEIDER, 1983).

Presence or absence of atherosclerotic risk factors: Smoking, hyperlipidemia, hypertension and diabetes without specific non-surgical disease affecting surgical risk as extracranial cerebrovascular disease, renal artery disease, or coronary artery disease require detailed preoperative examination and assessment.



Aim of the work

The aim of this work is:

- 1 To identify the different medical risk factors and their predictors for patients undergoing vascular surgery.
- 2 To define the preoperative evaluation modalities and thus; surgical risk assessment of the vascular surgery patients.



INITIAL PATIENT EVALUATION

The initial patient interview and physical examination provide information that directs all subsequent diagnostic procedures and treatment (HALLETT, 1983).

The proper selection of patients for operative treatment is the cornerstone of clinical ability for the vascular surgeon equal in importance to technical skill (RUTHERFORD, 1986).

Advances in sophisticated techniques of noninvasive vascular testing and imaging have tended to divert attention from the importance of simply talking to the patient and examining him despite these newer diagnostic tests certainly added valuable haemodynamic and anatomic information to the initial patient evaluation .