PREOPERATIVE EVALUATION AND RISK FACTORS PREDICTION OF THE VASCULAR SURGERY PATIENTS

ESSAY

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of Master Degree in **General Sugery**

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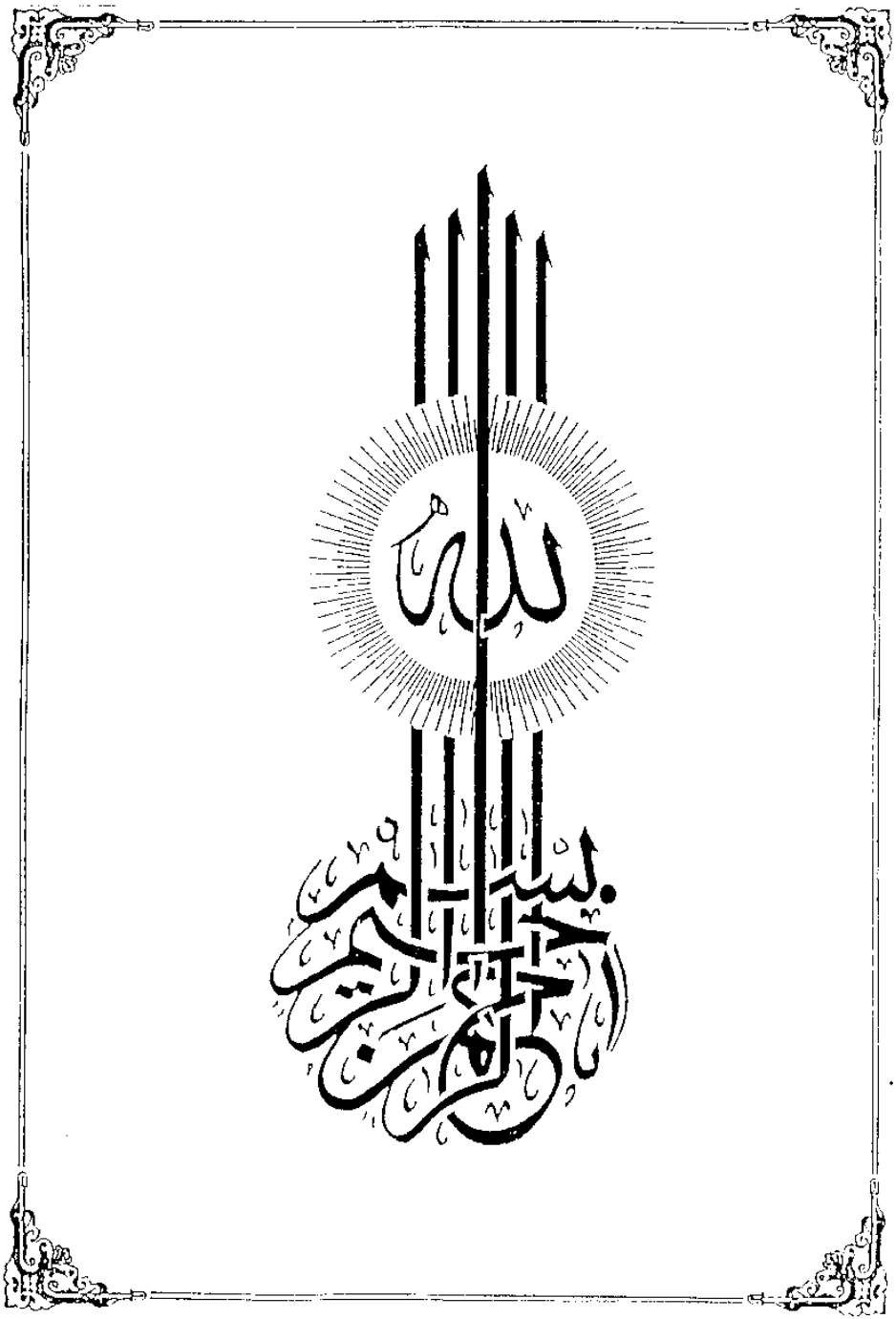
To My Son,

I wish he could survive .



ACKNOWLEDGMENT

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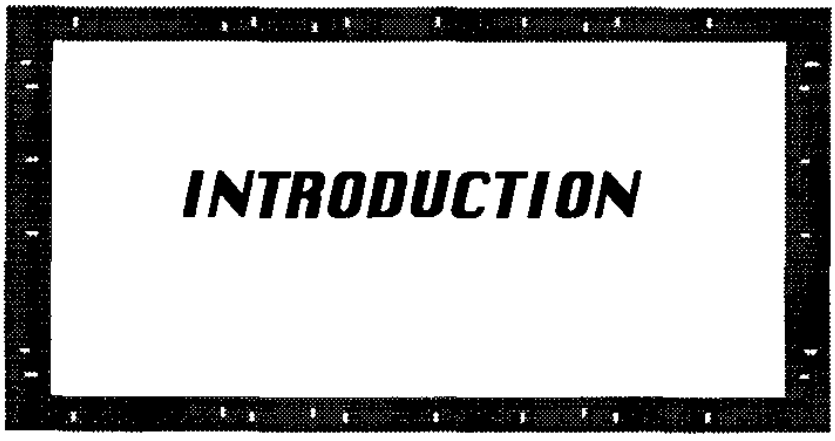

INTRODUCTION

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

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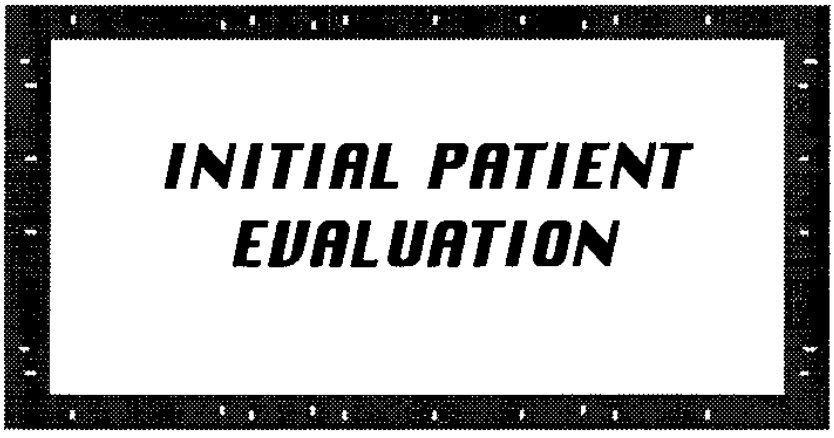
The aim of this work is :

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 .