



General Cardiology webinar on Non-cardiac surgery in patients with cardiac disease: how to evaluate risks and how to manage the patients?

Correct answers to the pre and post test can be found below (in red).

Q1. Which procedure is associated with a high (>5% death/myocardial infarction) -surgical risk?

- A. Bile duct surgery**
- B. Carotid surgery
- C. Cholecystectomy
- D. Hemicolectomy
- E. Renal transplantation

Q2 Which of the following patients do NOT have clinical risk factor according to the revised cardiac risk index ?

- A. Diabetes type II and EGFR 45 mL/min/1,73m²
- B. History of brief TIA (5min of right sided hemiparesis with speech difficulty) with full functional outcome 5 years ago
- C. Hypertension with blood pressure 170/105 and previous surgery for asymptomatic carotid stenosis.**
- D. Previous admission for acute HF, but with preserved EF (70%) 3 years ago
- E. Stable coronary artery disease with PCI 10 years ago

Comment: correct answer C according to table 4 in the Guidelines

Q3. Which of the following patients does NOT have an “unstable cardiac condition” according to the guidelines

- A. A 45 year old woman who was treated for STEMI 3 weeks ago (uncomplicated PCI within 70min after chest pain with DES in an occluded CX-marginal branch) now scheduled for mastectomy for cancer.
- B. A 54 year old patient with diabetes and hypertension who was admitted for heart failure 1 week ago, EF 36%, scheduled for colon cancer surgery
- C. A 60 year old patient scheduled for knee surgery, BP 105/70 and a pre-operative ECG shows atrial flutter with rapid ventricular rate (142)
- D. A 75 year old patient scheduled for cataract surgery, with shortness of breath after one flight of stairs and an echo shows calcified aortic valve with Vmax 4,2 m/s
- E. A 86 year old patient with a myocardial infarction 2 months ago (LAD occlusion treated with DES, also peripheral RDP disease, not stented due to small vessel) and occasional chest pain when walking two flights of stairs, now scheduled for nephrectomy for renal cancer**

Comment: MI not recent (limit 30 days), stable coronary artery disease

Q4. In which patient scheduled for colon resection is there a class I indication for preoperative imaging stress test?

- A. 55 year old female with BMI 31, Type II DM treated with metformin, paroxysmic atrial fibrillation, an ischaemic stroke 6 months ago, Creatinine clearance 50 mL /min/1,73 m². Oxygen uptake by CPX was 16 ml/kg/min.
- B. 65 year old male with HF (EF 38%), Type I Diabetes, hypertension (180/100 on triple therapy) and a minor TIA 5 years ago. Shortness of breath after one flight of stairs.
- C. 75 year old female with prior PCI of LAD and CX for stable angina 9 months ago, hypertension (165/90 on ACE, CCB and thiazide), hypertensive heart disease with hospitalization for decompensated HF 6 months ago, EF on recent echo 42 %. VO₂max by CPX 13,5 ml/kg/min.
- D. 85 year old male with hypertension (160/100 on medication), previous carotid surgery, PCI for STEMI 12 months ago, no current angina, serum creatinine 130 µmol/l, can climb 3 stairs without stopping .

Comment: correct answer B (three clinical risk factors and < 4 METS)