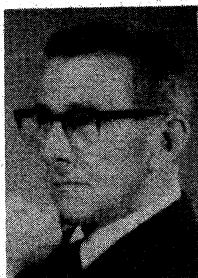


By Warren J. Taylor, M.D.

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The primary physician plays a vital part in the overall management of his cardiac patient undergoing elective surgery. The history, physical, basic laboratory data, and when indicated, testing, provide information that may be critical in the OR. Respiratory function, nutritional status, hepatic and renal function must all be optimal prior to surgery. Consultation with the other physicians providing care during the patient's hospital stay is crucial. Yet one of the most important contributions the primary physician can make is simply "being there" when his apprehensive cardiac patient is anesthetized.

Your cardiac patient is scheduled for an elective or semi-elective procedure. What are the consequences of his cardiac condition for the overall surgical management? The operative stress coupled with the potential hazards of the anesthetic state may have a debilitating effect on an already over-strained heart. Careful attention to the following details will help your cardiac patient have as safe a hospital stay as possible.

Basic Workup

Primary prerequisites are a thorough history and physical exam, basic laboratory data, profile, electrolyte determination, prothrombin time and partial thromboplastin time, chest x-ray, and resting ECG. Stress testing may be helpful in evaluating an individual with occult cardiac disease. It should not be considered as a routine, but when indicated it provides a baseline on cardiac reserve that might prove to be a useful reference when the heart is stressed by the surgical procedure. Often, patients who exhibit a normal resting ECG will, when stressed on a treadmill or bicycle, show ECG changes or manifest chest pain. It is important that all clinicians involved in the management of your patient—anesthesiologists and surgeons—be informed of the results of the stress test and any other pertinent information derived from the history and physical.

Cessation of Beta Blockade?

The cardiac patient who regularly takes beta blockers like propranolol may present a problem. There is recent convincing evidence that sudden cessation of propranolol can precipitate status anginosus or myocardial infarction. Yet having propranolol on

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