

***Anesthesiology Rounds*
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Perioperative Cardiovascular Risk Evaluation and Care for Noncardiac Surgery – Part II

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Objectives:

This issue of *Anesthesiology Rounds* will help readers to:

- Recognize the circumstances where a preoperative myocardial revascularization could be beneficial
- Identify pharmacological treatments available to reduce the risk of postoperative adverse events
- Realize the study limitations and uncertainties for overall perioperative risk management.

Questions: (*Only one response is correct.*)

1. Which of the following statements is true concerning preoperative revascularization?
 - a. Coronary stenting reduces the risk of perioperative events.
 - b. In patients with inducible ischemia, a coronary angiography should always be performed.
 - c. Drug-eluting stents, which decrease the risk of restenosis, are preferred in the perioperative setting.
 - d. Coronary angiography should only be considered if revascularization could have a favourable impact on a patient's health, independently from the prospective surgery.
2. Which of the following statements is false concerning preoperative antiplatelet therapy?
 - a. In most situations, Aspirin[®] can be stopped safely prior to a noncardiac surgery.
 - b. Clopidogrel should be maintained, in conjunction with aspirin, in patients undergoing noncardiac surgery within 1 year of the implantation of a drug-eluting stent.
 - c. Clopidogrel should be maintained, in conjunction with Aspirin, in patients undergoing noncardiac surgery within 1 month of the implantation of a bare metal stent.
 - d. Clopidogrel is not required following angioplasty without stenting.

3. Which of the following statements about statin therapy is true?
- a. Large randomized controlled trials have demonstrated the value of statin therapy prior to noncardiac surgery.
 - b. Statins increase bleeding risk and should be avoided during surgery.
 - c. Statins may help stabilize the coronary plaque during surgery.
 - d. Large doses of statins are required prior to noncardiac surgery.
4. Which of the following statements about beta-blocker therapy is true?
- a. Metoprolol is the best agent to use for such indication, especially at high doses.
 - b. Beta-blockers should be used in most patients undergoing noncardiac surgery.
 - c. All clinical trials have shown a positive impact of beta-blockers in patients undergoing surgery.
 - d. Low-risk patients, unless they are already taking a beta-blocker, likely do not benefit from beta-blockers when undergoing noncardiac surgery.

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