

### Takatsubo Cardiomyopathy:- Late Perioperative Management

A 68yo patient for a knee replacement gives a history of severe Takatsubo Cardiomyopathy following death of her dog more than 2 years ago. She now appears well, has good exercise tolerance, and is otherwise reasonably well. Only medication is Beta Blockers and Aspirin. How can she best be managed through the perioperative period?

**Discussion:** Recovery of the left ventricle both pathologically and functionally after Takatsubo Cardiomyopathy is almost universal. The risk of occurrence seems to be very low (less than 5%) and is unpredictable. There is no evidence to support any strategy to prevent a recurrence of Takatsubo Cardiomyopathy (eg anxiolysis, beta blockers and/or alpha Blockers, etc). Further, although there are good theories, there is still no clear understanding of what causes Takatsubo Cardiomyopathy. Therefore it is reasonable to treat a patient with a past history of Takatsubo who has recovered, as “entirely normal”