



“From the Trough”

Perioperative Interest Group Notes

Based on Cases discussed at the Weekly PIG Clinical Meeting 27/09/2018.

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Website: www.perioptalk.org

The imperfect opinions in these reports are only meant to stimulate discussion:- they should not be considered a definitive statement of appropriate standards of care.

Attendance: Lee-ann Kitto, Yanna Lai, Alyin Seven, Mark Davies

TOPIC 1: Full dental CL for recurrent abscesses

A 62 year old female for full dental CL for recurrent abscesses.
Factor V Leiden / unprovoked DVT – not anticoagulated.

- T2 DM – Hb A1C 7.7, newly diagnosed.
- Mod severe OSA
- IHD negative myocardial perfusion study.

Told by surgeon that Aspirin would cover DVT risk.

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|--------------------------------|--------------------------------------|
| Discussed with Endocrinologist | - Happy Hb A1C 7.7 |
| | - Says unlikely to get her below 7.5 |
| Discussed with Haematologist | - Happy for clexane but post-op. |

Question: - Would you anaesthetize her with high Hb A1C?

Discussion: - Yes - endocrinologist consulted already. Recurrent abscess will interfere with glycaemic control as well so likely to be able to get better control post op.

TOPIC 2: Carotid Endarterectomy

A 52 year old female
CABG aged 39

- Recent NSTEMI 2017 - patient CABG
- Failed stent of native vessels
- Denies angina

- T2 DM – Hb A1C 7.3
 - PVD – limits ex tolerance, claudication
- Carotid disease incidental finding when Ix PVD.
90% occlusion ICA, 99% occlusion vertebral art.
1 no symptomatic stroke but radiologically basal ganglia stroke).
Sent back to original cardiac surgeon in Sydney.

“Low risk for surgery”

Offered no intervention

Sestamibi – reversible LV defects EF 29%

Echo: EF 54% inferoposterior hypokinesia

Revised Cardiac index: 11% risk of MACE

Question: - Is risk acceptable? (Given patient is fixed on cardiac surgeon telling her she is low risk).

Discussion: - HDU bed booked – definite requirement for admission

- Tight Haemodynamic control
- Awake surgery
- Risk is reasonable and about average for this group of patients.