Evaluation of Cardiac Patients for the Non-Cardiac Surgery

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Background

Cardiac patients in situation of our possibility in Herat Regional Hospital, internal medicine department is not sufficient as well as we do not have a cardiac center to transfer non cardiac patients to be evaluated before surgery in that center for more evaluation. Our internists do the job and evaluate the cardiac patients for those emergent and routine non-cardiac surgeries. Mainly, the nominated team see between 500 to 600 candidate patients for the surgery which 30-35% of them have cardiac diseases in their history and evidences. Them nominated team of consultancy do not lean to the history of patients that was taken by doctors from other disciplines, we mostly preform in accord to the guidelines we access to that [1,2].

Method:

- Taking history is the main job of the consultant.
- Current evaluation of candidate patients for their comorbid diseases.
- The consultant has to differentiate in which category of operation the patient is put:
  - Emergency procedures
  - Urgent procedures
  - Time sensitive procedures
  - Elective procedures
  - Low risk procedures
  - High risk procedures.

![Guideline definition for ACC/AHA](image)

*Figure 1*

Citation: Mohammad Nabil Faqiryar. "Evaluation of Cardiac Patients for the Non-Cardiac Surgery". EC Cardiology 8.2 (2021): 38-41.
• Comparisons of old and new assays.

• Taking required action to eliminate catastrophic surgery and post-surgery events.

Results

• Mortality rate in post-surgery events are less than 1%.

• In 2018 we had only two MI cases after abdomen surgery procedures.

• The consultant cannot decree there is no risk in the procedure.

• Epidemiologic studies show 50,000 MI and 1,000,000 other cases of perioperative occur.

• Mortality rate of perioperative MI in hospitals goes to 10 - 15%.

• Consultants could play a better performance in the selective surgical procedures.

• More than 20% new pathology were detected from assays in perspective of perioperative evaluation.

• The consultants can only decree for emergency or urgency cases on the light of vital indication.

• HF mortality rate is estimated by the level of HF as the followings:
  
  • **Asymptomatic diastolic of LV dysfunction.**
  
  • **Asymptomatic systolic of LV dysfunction.**
  
  • **HFpHF.**

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_Citation_: Mohammad Nabil Faqiryar: “Evaluation of Cardiac Patients for the Non-Cardiac Surgery”. _EC Cardiology_ 8.2 (2021): 38-41.
- HFrEF.
- Decompensated HFpEF.
- Decompensated HFrEF
- Advanced HF.

Figure 3
**Conclusion**

1. Lack of means are the main obstacles.
2. Patients records are still under questions.
3. A rectangular parties should be instituted to play the main role in the points of medical consultation (consultant + surgeon+ anesthiologist + patient).
4. Medical consultant can play a role of the science and the art.

**Bibliography**

1. Ceicel medicine.

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