

## Periop consultation for heart failure

The prevalence of HF is increasing because of aging of the population and improved survival with advanced cardiovascular therapies. Thus, the number of patients with HF requiring preoperative assessment is also increasing. However, they are commonly elderly and have other comorbidities increasing the risk of operation. Thus, risk evaluation and consultation during perioperative period are important.

Population-based studies have demonstrated that HF remains a significant risk for perioperative morbidity and mortality. In a study that used Medicare claims data, the risk-adjusted 30-day mortality and readmission rate in patients undergoing 1 of 13 predefined major noncardiac surgeries was 50% to 100% higher in patients with HF than in an elderly control group without a history of CAD or HF (1,2). These results suggest that patients with HF who undergo major surgical procedures have substantially higher risks of operative death and hospital readmission than do other patients.

Furthermore, the stability of a patient with HF plays a significant role. In a retrospective single-center cohort study of patients with stable HF who underwent elective noncardiac surgery between 2003 and 2006, perioperative mortality rates for patients with stable HF were not higher than for the control group without HF, but these patients with stable HF were more likely than patients without HF to have longer hospital stays, require hospital readmission, and have higher long-term mortality rates (3). These results suggest improved perioperative outcomes for patients with stable HF who are treated according to GDMT.

### Reference

1. Hammill BG, Curtis LH, Bennett-Guerrero E, et al. Impact of heart failure on patients undergoing major noncardiac surgery. *Anesthesiology*. 2008;108:559–67.
2. Hernandez AF, Whellan DJ, Stroud S, et al. Outcomes in heart failure patients after major noncardiac surgery. *J Am Coll Cardiol*. 2004;44:1446–53.
3. Xu-Cai YO, Brotman DJ, Phillips CO, et al. Outcomes of patients with stable heart failure undergoing elective noncardiac surgery. *Mayo Clin Proc*. 2008;83:280–8.