# Perioperative Potpourri

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## Stents and Noncardiac Surgery

Case: 62 yo man with a h/o MI 8 weeks ago for which he received a drug-eluting stent, now admitted and recovering from gallstone pancreatitis the previous couple of days. The gastroenterologist recommends a pre-discharge cholecystectomy b/c of the high risk for recurrence. Should you…

A. Stop his clopidogrel and continue aspirin through lap chole surgery
B. Stop clopidogrel and use a bridging IIb/IIIa inhibitor like tirofiban
C. Put off surgery for another 3 months
D. Put off surgyer for another 6 months

## Postoperative Fever

Case: you are called to see a 57 yo diabetic woman on POD#1 from a right total knee arthroplasty because she spiked a fever of 38.9 about 24 hours after her operation. Her wound has normal POD#1 look with mild right ankle swelling. She has a 1L oxygen requirement but no dyspnea, cough, sputum. No dysuria. What is your next step?

A. Order a chest radiograph to diagnosis pneumonia
B. Do nothing unless her fever recurs/worsens
C. Check a UA, since she had a catheter briefly and postop UTIs are common
D. Doppler legs for DVT, as TKA patients are at high risk and acute DVT can cause fever

## OSA and Surgery

Case: a 75 yo obese man admitted to the hospital is preoperative for a Whipple procedure. He has newly diagnosed OSA requiring CPAP with 10cm of water pressure and no day/night oxygen. The surgery team requests you to assess his pulmonary risk. What is the best answer?

A. OSA places pt at high risk for respiratory failure (>5%)
B. The NSQIP pulmonary risk failure score would accurately describe a low risk
C. The patient's severity of OSA is the best marker for his periop risk
D. OSA does not increase risk whereas pulmonary htn would have

## ASA and Noncardiac Surgery

Case: a 48 yo man with a history of NSTEMI 5 years ago who received a stent, completed 1 year of clopidogrel and is now on life long aspirin in addition to other cardiac meds. He is undergoing a surgical removal of a neck mass. What should you do with his aspirin?

A. Stop the ASA 14 days prior to the operation
B. Stop the ASA 7days prior to the operation
C. Stop the ASA 3 days prior to the operation
D. Continue the ASA through the perioperative period

## Preop Glycemic Control

Case: A 67 yo obese woman w/DM2, a1c of 9.5, is preop for a mastectomy for breast cancer. At home she takes 65 units of glargine. Recently her PCP add 5 units of lispro with each of 3 meals. She occasionally has hypoglycemia and but is aware when she has these symptoms. What is the best approach to her insulin management?
A. Give 30 units of glargine daily (even with NPO) +SSI
B. Give 40 units of glargine daily (even with NPO) +SSI
C. Give 50 units of glargine daily (even with NPO) +SSI
D. Use an aggressive SSI and restart glargine on POD#2

## Postop hypertension

Case: 45 yo man with a history of hypertension, no on meds and no cardiovascular disease develops pressures of 205/105 on POD#1 from a fracture surgery. Pain is controlled, no significant bleeding, no chest pain/dyspnea or other complcations. Best next step?
A. Transfer to ICU and start on IV nifedipine
B. Trial of small boluses of IV labetalol or IV hydralazine
C. Oral captopril or furosemide
D. Observe

## Bleeding and the Brain

Case: 78 yo admitted to trauma service after a motor vehicle crash. Chronically on wafarin for afib which risk is complicated by compensated CHF and prior TIA. Had several fractures bony fractures and a subdural hematoma that did not cause mass effect. Patient's warfarin was reversed. The question asked of you is what to do long term for the patients risk of stroke.
A. Restart wafarin after 1 week
B. Restart wafarin after 2 weeks
C. Restart warfarin after 2 months
D. Switch to a novel anticoagulant (dabigatran)
E. Do not restart any anticoagulant

## Bradycardia

A 50 yo man is s/p a large spine surgery. His postop regimen is: hydromorphone PCA (required 3mg/24h), cyclobenzaprine (Flexiril), tizanidine (Zanaflex), senna, docusate, lisinopril, terazosin. Prior to the OR he was on the BP, BPH and a different opioid. His pulse is now 40. BP 108/77. He is mildy lethargic but in pain when fully awake. You are asked to comment on the new bradycardia.

1. Secondary to his PCA
2. Secondary to cyclobenzaprine
3. Due to compression of his sympathetic nerve roots
4. Secondary to tizanidine

## Fun Facts – Drug Side Effects

Tizanidine: alpha-2 blocker, most similar to clonidine
can cause hypotension, bradycardia,
liver test abnormalities

## Bridging Anticoagulation

Case: 75 yo man with a history of atrial fibrillation, stroke, HTN and compensated heart failure undergoing a right hip arthroplasty. His weight is normal, VSS, Cr 0.9 (GFR of 83). Meds include atorvastatin, lisinopril 10, metoprolol 25 q12h and warfarin with a goal of 2.0-3.0. Best management strategy for warfarin?

A. Stop warfarin 5 days before, bridge with heparin gtt
B. Stop warfarin 10 days before, bridge with LMWH
C. Stop warfarin 5 days before, no bridging
D. Stop warfarin 10 days before, no bridging