

5. Anaesthesia

Preoperative investigations >> Assessment by a cardiologist

22% of elective admission patients were seen preoperatively by a cardiologist.

Anaesthetists were asked whether the patient had been assessed preoperatively by a cardiologist.

Table 6 shows the results for elective patients. The data provide a useful benchmark, that approximately one patient in five was referred to a cardiologist.

| Table 6. Preoperative assessment by cardiologist, elective open and endovascular procedure patients | | | | | | | | | |
|---|------------|----|--------------|----|----------|----|--------------|------------|----|
| Assessed by cardiologist | Large | % | Intermediate | % | Remote | % | Not answered | Total | % |
| Yes | 46 | 23 | 37 | 20 | 1 | 33 | 4 | 88 | 22 |
| No | 157 | 77 | 149 | 80 | 2 | 67 | 4 | 312 | 78 |
| Sub-total | 203 | | 186 | | 3 | | 8 | 400 | |
| Unknown | 5 | | 5 | | 0 | | 0 | 10 | |
| Not answered | 34 | | 22 | | 1 | | 10 | 67 | |
| Total | 242 | | 213 | | 4 | | 18 | 477 | |

It is not possible to state an appropriate level of referral for a cardiology opinion. Referral to a cardiologist can assist in advising on further sophisticated cardiac investigations. Referral can also be very helpful in optimising the condition of patient with severe coronary artery disease or impairment of myocardial function. However, some patients may already be under review by the cardiology service so further referral is not necessary. For many others their cardiac status may be such that an anaesthetist who regularly anaesthetises patients for major vascular surgery is entirely competent to supervise their preoperative cardiac preparation. Referral to a cardiologist may introduce a delay before the patient is admitted for operation.

Coronary artery angioplasty and bypass before elective surgery

21 elective patients had coronary angiography. Three of the patients had coronary angioplasty and nine had coronary artery bypass grafting before surgery. This low rate of intervention mirrors evidence that the decision to offer patients bypass grafting or angioplasty should be based on their cardiac status alone and should not be influenced by the prospect of vascular surgery⁵.