

# High Yield Surgery

Shelf Exam Review

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# Pre-Op Evaluation

- Contraindications to surgery
  - Absolute? **Diabetic Coma, DKA**
  - Poor nutrition? **albumin <3, transferrin <200, weight loss <20%.**
  - **bili >2, PT >16, ammonia > 150**  
Severe liver failure? **or encephalopathy**
  - Smoker? **stop smoking 8wks prior to surgery**

*If a CO2 retainer, go easy on the O2 in the post-op period. Can suppress respiratory drive.*

- Goldman's Index → Tells you who is at greatest risk for surgery
  - #1 = CHF
    - What should you check? EF. If <35%, no surg.
  - #2 = MI w/in 6mo
    - EKG → stress test →
    - What should you check? cardiac cath → revasc.
  - #3 = arrhythmia
  - #4 = Old (age >70)
  - #5 = Surgery is emergent
  - #6 = AS, poor medical condition, surg in chest/abd
    - What should you check?

Listen for murmur of AS-

Late systolic, crescendo-decrescendo murmur that radiates to carotids. ↑ with squatting, ↓ with decr preload

- Meds to stop:
  - Aspirin, NSAIDs, vit E (2wks)
  - Warfarin (5 days) – drop INR to <1.5 (can use vit K)
  - Take ½ the morning dose of insulin, if diabetic
- If CKD on dialysis: Dialyze 24 hours pre-op
- Why do we check the BUN and Creatinine?
  - What is the worry if BUN > 100?

There is an increased risk of post-op bleeding 2/2 **uremic platelet dysfunction.**

- What would you expect on coag pannel?

Normal platelets but prolonged bleeding time

# Vent Settings

- Assist-control → set TV and rate but if pt takes a breath, vent gives the volume.
- Pressure support → pt rules rate but a boost of pressure is given (8-20).  
\*Important for weaning.\*
- CPAP → pt must breathe on own but + pressure given all the time.
- PEEP → pressure given at the end of cycle to keep alveoli open (5-20).  
\*Used in ARDS or CHF\*

































































































































































