

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%.**
 - **Severe liver failure?** **bili >2, PT >16, ammonia > 150** 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
 - What should you check? EKG → stress test → 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-

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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 $\frac{1}{2}$ 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 panel?

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 *Important for weaning.* pressure is given (8-20).
- CPAP → pt must breathe on own but + pressure given all the time.
- PEEP → pressure given at the end of cycle to keep alveoli open *Used in ARDS or CHF* (5-20).

