

Heart failure

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Left ventricular failure is the end result of several conditions, including IHD, hypertension, cardiomyopathies and valve dysfunction. Decompensated heart failure puts the patient at risk of multiorgan failure. Those with ejection fractions of less than 35%, and in whom the failure is undiagnosed or its severity underestimated, are at highest risk. The patient's functional capacity needs to be assessed and surgery may have to be delayed for investigations such as an echo and/or for optimisation of medical therapy. B-type natriuretic peptide is a useful marker and can be prognostic. Drugs used in chronic heart failure can have significant implications for perioperative care, including intraoperative hypotension. β -blockers and probably ACE inhibitors (unless renal perfusion is to be significantly affected) should be discussed with a cardiologist and optimised. Cardiac resynchronisation therapy devices may be considered, depending on the QRS duration.

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