

Risk of perioperative myocardial event

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History, physical examination and resting electrocardiogram (ECG) form the basics of assessing perioperative cardiovascular risk. Patients who are found to have an active cardiac condition should be evaluated by a cardiologist and optimised (medical, revascularisation or cardiac surgery) before thoracic surgery. Surgery should be avoided within 30 days of myocardial infarction.

2 14 3 Peripheral zone Station 12: lobar 12 13 Station 13: segmental 7 Station 14: subsegmental
11 Oesophagus 9 AP zone Station 5: subaortic 6 Station 6: para-aortic 5 Left pulmonary artery

Risk assessment for surgery Postoperative cardiac event ACC/AHA risk stratification +/-
cardiology review Address potentially modifiable risk factors and reassess Does the patient
accept the risk in each category +/- potential impact on lifestyle? No Exclude surgery from
multimodality management Figure 60.4 Tripartite risk assessment. ACC, American College of
Cardiology; AHA, American Heart Association.

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