Revised Goldman cardiac risk index (RCRI)

Cardiac Risk Factors (6 Factors)

- High-risk surgery:
  - Vascular surgery
  - Open intraperitoneal or intrathoracic

- History of IHD:
  - History of MI
  - Positive exercise test
  - Current complaint of chest pain
  - Use of nitrate therapy
  - ECG with pathological Q waves
  - History of PTCA/CABG with current angina

- History of HF:
  - LV failure by examination
  - History of PND
  - History of pulmonary edema
  - S3 gallop
  - Bilateral rales
  - Pulmonary edema on CXR

- History of cerebrovascular disease:
  - CVA
  - TIA

- DM (requiring insulin)
  - CRF (Cr > 2 mg/dL)

Rate of cardiac death, nonfatal myocardial infarction, nonfatal cardiac arrest

- No risk factors - 0.4%
- One risk factor - 1%
- Two risk factors - 2.4%
- Three or more risk factors - 5.4%

Recommendation:

- IF possible, surgery be delayed 30–45 days after bare metal stent and 365 days after drug-eluting stent.
- IF must surgery early (> 14 days): Balloon angioplasty without stent

Metoprolol:

- RCRI ≥ 2  (Target resting HR of 60–65/min)
- ACC/AHA guidelines:
  - should be: high-risk who previously received + vascular surgery
  - should be: high-risk and ischemia on preoperative assessment + vascular surgery
  - probably: high-risk + intermediate- or high-risk procedures
  - may be: intermediate-risk + intermediate- or high-risk procedures
  - may be: low-risk + vascular surgery

Statins (Fluvastatin):

Intermediate or high risk patients + atherosclerotic cardiovascular disease + major noncardiac surgery.

ACEI/ARB: DC 24 hours prior to surgery

Aspirin / Plavix:

- DC 5–7 days prior to major surgery
- In high risk or recent stent: Not DC or restarted as soon as possible postoperatively