

The Cardiac Patient Undergoing Non-Cardiac Surgery

Proceedings

The Post Anesthesia Care Unit (PACU) is a key element in ensuring a successful operative experience. Recovery from surgery is dependent on a transition from the intensive focus of the operating room to safe care in a hospital ward or home after surgery. The key area of transition is the Post Anesthetic Care Unit. It is in the PACU that the patient “awakens” from anesthesia. Respiratory function has to be maintained and stable vital signs have to be assured. In addition, pain issues as well as postoperative nausea have to be addressed. In an effort to facilitate throughput, each type of surgery is establishing protocols to aid in rapid recovery, minimize pain, increase ambulation, and decrease hospital stay.

What are the keys to ensuring patient safety in the PACU? What are the special issues for the cardiac patient undergoing non-cardiac surgery? PACU protocols are standardized and

care givers are under the impression that all that is required is to watch the patient as they “wake up from sleep”. This is false and misleading perception. Anesthesia is not sleep; rather it is the ablation of a patient’s protective reflexes in order to do an invasive, nonphysiologic, traumatic procedure. The degree and intensity of the violation of a patient’s body varies-from simple examination, to the removal of body parts with complex insertion of artificial devices within the body.

Protocols are instituted to minimize thought and overcome lack of understanding. First it has to be understood that any procedure that requires anesthesia entails trauma to the patient and requires the ablation of their protective reflexes. Secondly each procedure violates a patient body in a particular manner for which the anesthetist and the patient’s body have to compensate. Thirdly after a surgical procedure the patient’s protective reflexes have to return, the patient body realizes that it has undergone trauma and has been violated. Lastly the patient’s body has to re-equilibrate to whatever trauma was done to it during and by the surgical procedure, this will depend largely on the patients underlying physiological condition.

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Cardiac patients have by definition an impaired cardiovascular system and an abnormal cardiovascular response. The degree of postoperative impairment is largely predicated on the preoperative level of function and the degree and duration of intraoperative insult or damage. Rhythm devices (pace makers, AICDS) must be checked in order to ensure proper function. Cardiovascular demand has to be minimized which oxygen and cardiovascular supply is maximized. All arrhythmias and chest discomfort has to be analyzed and assessed to exclude possible cardiac cause and damage. The importance of understanding the patients preoperative condition, underlying cardiovascular physiology, and the complete recovery of the patient protective reflexes as well as the degree of intraoperative stress and damage is imperative. Consultation with cardiovascular specialist must be undertaken at the earliest sign of abnormality; in addition, therapy must be instituted promptly while awaiting the cardiac specialists impute.