

# Pocket Surgery

**Table 1. Estimated Energy Requirements for Various Activities\***

<b>1 METS</b> <ul style="list-style-type: none"> <li>Care for self</li> <li>Eat, drink, dress, use toilet</li> <li>Walk indoors around house</li> <li>Walk a block or two, level ground, 2-3 mph (3-5 km/h)</li> <li>Do light housework (e.g. dusting)</li> </ul>	<b>4 METS</b> <ul style="list-style-type: none"> <li>Climb 1 flight; walk up hill</li> <li>Walk on level ground, 4 mph (6 km/h)</li> <li>Run short distance</li> <li>Do heavy house work (e.g. scrub floors, move furniture)</li> <li>Moderate recreational activities (e.g. golf, bowl, tennis doubles)</li> </ul>
	<b>&gt;10 METS</b> <ul style="list-style-type: none"> <li>Strenuous sports (swimming, tennis singles, football, skiing)</li> </ul>

**Table 2. Clinical Predictors of Increased Cardiovascular Risk (Myocardial Infarction, Congestive Heart Failure, Death)**

<b>Major</b> <ul style="list-style-type: none"> <li>Unstable coronary syndromes</li> <li>Recent MI with evidence of important ischemic risk by clinical symptoms or noninvasive study</li> <li>Unstable or severe angina (Canadian Class III or IV) Decompensated congestive heart failure Significant arrhythmias</li> <li>High-grade atrioventricular block</li> <li>Symptomatic ventricular arrhythmias in the presence of underlying heart disease</li> <li>Supraventricular arrhythmias with uncontrolled ventricular rate</li> <li>Severe valvular disease</li> </ul>
<b>Intermediate</b> <ul style="list-style-type: none"> <li>Mild angina pectoris (Canadian Class I or II)</li> <li>Prior myocardial infarction by history or pathological Q-waves</li> <li>Compensated or prior CHF</li> <li>Diabetes mellitus</li> <li>Creatinine <math>\geq 2.0</math> mg/dl</li> </ul>
<b>Minor</b> <ul style="list-style-type: none"> <li>Advanced age</li> <li>Abnormal ECG (left ventricular hypertrophy, left bundle branch block, ST-T abnormalities)</li> <li>Rhythm other than sinus (eg. atrial fibrillation)</li> <li>Low function capacity (eg. inability to climb one flight of stairs with a bag of groceries)</li> <li>History of stroke</li> <li>Uncontrolled systemic hypertension</li> </ul>

**Table 3. Cardiac Risk Stratification for Noncardiac Surgical Procedures**

<b>Major</b> (Reported cardiac risk often >5%) <ul style="list-style-type: none"> <li>Emergent major operations, particularly in the elderly</li> <li>Aortic and other major vascular</li> <li>Peripheral vascular</li> <li>Anticipated prolonged surgical procedures associated with large fluid shifts and/or blood loss</li> </ul>
<b>Intermediate</b> (Reported cardiac risk 1-5%) <ul style="list-style-type: none"> <li>Intraoperative and intrathoracic</li> <li>Head and neck</li> <li>Carotid endarterectomy</li> <li>Orthopedic</li> <li>Prostate</li> </ul>
<b>Low†</b> (Reported Cardiac Risk generally <1%) <ul style="list-style-type: none"> <li>Endoscopic procedures</li> <li>Superficial procedure</li> <li>Cataract</li> <li>Breast</li> </ul>
*Combined incidence of cardiac death and nonfatal myocardial infarction. †Do not generally require further preoperative cardiac testing

\*The ACC National Database Library defines recent MI as greater than 7 days but less than or equal to 1 month (30 days).

\*\*May include stable angina in patients who are unusually sedentary.

†Campeau L. Grading of angina pectoris, *Circulation* 1976;54.

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