Weekly Calendar
5/16: Noon Report: Orange Team
5/17: Noon Report: ***Residency Research Roundtable*** with Denada Palm, Katie Donnelly, and Nida Houssain
5/18: Grand Rounds: Mark Bibler, MD: “Medical Malpractice”
5/20: Noon Report: Red Team

Happy 513 day!!!
Check out the multi-cultural Cincinnati celebrations this weekend: (all have hyperlinks for more information)

Anonymous Feedback
Our website has a section for anonymous feedback. Think of this like an electronic suggestion box that you can use at any time. The message will be sent directly to Dr. Warm, and is completely anonymous. If you have constructive feedback that you would like to share, please use this tool. The link is: http://intmed.uc.edu/education/residency/feedback.aspx
Sports on Sunday

What: Soccer
When: 5pm Sunday 5/8
Where: Withrow High School Turf Field.
Stephen will be there!!!

Spotlight on Resident Research:

Our very own Nida Hussain won first place in basic science research poster at the Ohio ACP Conference back in October and that landed her a presentation at the National ACP Conference last week. Way to represent UC on the national level!

In addition, many of you saw the preview of Megan Caroway’s presentation at last month’s Residency Research Roundtable. She followed up by presenting her review of rhabdomyolysis in the ICU at the National Kidney Foundation Conference. Go Megan!

Next Residency Research Roundtable: Tuesday, May 17th noon in Noon Report Room
Clinic Corner

This week’s Pearl: How to use the Afib Decision Support Tool (AFDST) developed by Dr. Eckman:

For outpatient access:
- Bottom LEFT navigation bar --> click “More Activities”
- Find “AFIB” on the list and click the star to make it a “favorite” (it turns yellow)
- AFIB now appears in LEFT navigation bar

For inpatient access:
- Bottom LEFT navigation bar --> click “More Activities”
- On that menu, find and click “Other Inpatient Tools”
- Find “AFIB” on the list and click the star to make it a "favorite" (it turns yellow)
- AFIB now appears in the LEFT navigation bar

To use the AFDT, click on "AFIB" in the toolbar. You will automatically be redirected to the website that goes through the patient's CHA2DS2-VASc and HAS-BLED scores and provides QALY (Quality Adjusted Life Years) based on anticoagulation recommendations.

***THIS CANNOT BE SEE IN Epic’s WIDE SCREEN view***

Send comments or questions to Ruth E Wise, Ruth.Wise@uc.edu.

Fluoroquinolones Advisory

The FDA put out a strong warning against fluoroquinolones this week. Click here to read to full report —>

Upcoming events:
Interns!
AME 5/16-5/20 OSA – find in your Dropbox folder or in Medhub
Long Blockers!
Heme/Onc Exam review 5/18!
## Terminology

- **Emergency procedure**: Life/limb threatened if not in OR within 6h
- **Urgent procedure**: Life/limb threatened if not in OR within 6-24 h; may be time for limited clinical evaluation
- **Time-sensitive procedure**: Delay of 1-6 weeks will negatively affect outcome (i.e. oncologic proc)
- **Elective procedure**: Could be delayed up to 1 year
- **MACE**: Major Adverse Cardiac Event = cardiac death or nonfatal MI

## Stepwise Approach to Preoperative Care:

1. **Is surgery emergent?**
2. **Does patient have an active cardiac condition?**
3. **Assess patient functionality.**
4. **Assess patient risk.**

## General Principles:

### Beta-Blockers:
- Continue if on chronically
- Consider starting if RCRI ≥ 3 and have > 24 hrs before procedure
- Do NOT start < 24 hrs before procedure

### ACEi:
- Hold day of surgery if indication is HTN, DM, or CKD
- Continue with close monitoring if indication is LV dysfunction

### NOACs:
- Consider procedural bleeding risk
- Consider pharmacokinetics

## Risk Prediction Tools:

- **ACS NSQIP Surgical Risk Calculator**: [http://www.riskcalculator.facs.org/PatientInfo/PatientInfo](http://www.riskcalculator.facs.org/PatientInfo/PatientInfo)
## Perioperative Pocket Cards

**Emergency Surgery**?
- **Yes**: Proceed to surgery
- **No**: Proceed to surgery

**Active Cardiac Conditions**?
- **Yes**: Delay surgery for treatment of active cardiac conditions
- **No**: Proceed to surgery

**CAD Risk Factors**?
- **Yes**: Proceed to surgery
- **No**: Proceed to surgery

**Low Risk (<1%) of MACE based on combined clinical/surgical risk?**
- **Yes**: PMID: 25091544
- **No**: Proceed to surgery

**Functional Capacity ≥4 METS?**
- **Yes**: Proceed to surgery
- **No**: Proceed to surgery

**Will coronary assessment change management?**
- **Yes**: Pharmacologic Stress Testing
  - **Normal**: Proceed to surgery
  - **Abnormal**: Possible coronary Revascularization
    - **emergency surgery required within 6 hours to prevent loss of limb/life**

**Active Cardiac issues**: ACS, moderate-severe valvular disease, symptomatic HF, arrhythmias

**CAD Risk Factors**: known CAD, CVA/TIA, CKD, DMII, and HF

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### Functional Capacity

- **Metabolic equivalent task (MET)**
- **1 MET = 0.23.5 ml/kg/min (resting consumption of 70kg 40 yr old man)**

**1 MET**
- Can you take care of self?
- Eat, dress, use toilet?
- Walk indoors in house?
- Walk a block or two on level at 2-3 mph?
- Do light housework like dusting or dishes?

**4 METs**
- Climb a flight of stairs, walk up hill?
- Walk on level at 4 mph?
- Run a short distance?
- Heavy housework
- Golf, bowling, dancing, doubles tennis

**>10 METs**
- Swimming, singles tennis
- Football, basketball

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**If <4 METs, shared decision making on whether further testing will impact management**
Preoperative Pocket Cards

Preoperative Testing

**ECG:**
- consider obtaining in patients with known cardiovascular disease having intermediate- or high-risk surgical procedures (Weak recommendation)
- do NOT obtain in patients without clinical risk factors or who are asymptomatic and having low-risk surgery (Strong recommendation)

**TTE:**
- perform preoperatively in patients with clinically suspected moderate or severe valvular stenosis or regurgitation if prior TTE has not been done in > 1 year or a significant change in clinical status or physical exam has occurred (Strong recommendation)
- consider evaluation of left ventricular function with TTE for patients with current heart failure or dyspnea or it may be considered in asymptomatic patients having high-risk surgery (Weak recommendation)
- do NOT obtain TTE in asymptomatic patients having low- or intermediate-risk surgery (Strong recommendation)

**Preoperative noninvasive cardiac stress testing:**
- consider in patients with > 2 clinical risk factors and poor functional capacity (< 4 metabolic equivalents [METs]) who are having high-risk surgery (Weak recommendation)
- consider in patients with elevated risk and unknown functional capacity if it will change management (Weak recommendation)
- do NOT perform in patients having low-risk surgical procedures (Strong recommendation)

-- Consider performing pharmacologic stress test with imaging in patients with poor functional capacity (< 4 METs) if test will affect management (Weak recommendation) but do not use to screen patients having low risk non cardiac surgery (Strong recommendation).

**Preoperative coronary angiography:**
- obtain in medium- to high-risk patients having major vascular surgery as it may improve survival after surgery (Strong recommendation)
- consider in patients with unknown or poor functional capacity (< 4 METs) and abnormal result on stress test (Weak recommendation)
- do not obtain in stable cardiac patients having low-risk surgery (Strong recommendation)

PMID: 25091544
## Perioperative Pocket Cards

### RCRI Criteria (1 point each)

1. **High-risk surgical procedures**: Intraperitoneal, Intrathoracic, Suprainguinal vascular

2. **History of ischemic heart disease**: History of myocardial infarction, History of positive exercise test, Current complain of chest pain considered secondary to myocardial ischemia, Use of nitrate therapy, ECG with pathological Q waves

3. **History of congestive heart failure**: History of congestive heart failure, Pulmonary edema, paroxysmal nocturnal dyspnea, Bilateral rales or S3 gallop, Chest radiograph showing pulmonary vascular redistribution

4. **History of cerebrovascular disease**: History of transient ischemic attack or stroke

5. **Preoperative treatment with insulin**

6. **Preoperative serum creatinine > 2.0 mg/dL**

### RISK OF MACE: Rate of cardiac death, nonfatal myocardial infarction, and nonfatal cardiac arrest according to the number of predictors

<table>
<thead>
<tr>
<th>Point</th>
<th>Class</th>
<th>Risk</th>
<th>(95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>I</td>
<td>0.4%</td>
<td>0.1-0.8</td>
</tr>
<tr>
<td>1</td>
<td>II</td>
<td>0.9%</td>
<td>0.5-1.4</td>
</tr>
<tr>
<td>2</td>
<td>III</td>
<td>6.6%</td>
<td>1.3-3.5</td>
</tr>
<tr>
<td>3+</td>
<td>IV</td>
<td>11%</td>
<td>2.8-7.9</td>
</tr>
</tbody>
</table>

### New Anticoagulants

<table>
<thead>
<tr>
<th>New Anticoagulants</th>
<th>Dabigatran (Pradaxa)</th>
<th>Rivaroxaban (Xarelto)</th>
<th>Apixaban (Eliquis)</th>
<th>Edoxaban (Savaysa)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Half-life (hrs)</td>
<td>Normal organ function</td>
<td>13</td>
<td>5-9</td>
<td>12</td>
</tr>
<tr>
<td>Tmax (hrs)</td>
<td></td>
<td>1-2</td>
<td>2-4</td>
<td>3-4</td>
</tr>
<tr>
<td>Route of Elimination</td>
<td></td>
<td>80% Renal 20% GI</td>
<td>70% Renal 30% GI</td>
<td>25% Renal 70% GI</td>
</tr>
</tbody>
</table>
### Perioperative Pearls!

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best approach to glycemic control in a diabetic patient in the immediate perioperative period?</td>
<td>Give long-acting basal insulin</td>
</tr>
<tr>
<td>Routine preoperative diagnostic testing in healthy patients undergoing low-risk surgery?</td>
<td>No preoperative diagnostic testing indicated</td>
</tr>
<tr>
<td>Perioperative medication management in patients receiving chronic low-dose glucocorticoid therapy (&lt;10 mg/day)?</td>
<td>Administer usual dose of glucocorticoid on morning of surgery</td>
</tr>
<tr>
<td>Preoperative cardiovascular evaluation in an asymptomatic patient without risk factors for CAD who is undergoing noncardiac surgery?</td>
<td>No preoperative cardiovascular evaluation indicated</td>
</tr>
<tr>
<td>Optimal timing for elective noncardiac surgery following placement of a drug eluting stent?</td>
<td>1 year after DES placement</td>
</tr>
<tr>
<td>Surgery restriction for elective noncardiac surgery in a patient with asymptomatic severe aortic stenosis?</td>
<td>None; proceed to surgery</td>
</tr>
<tr>
<td>Recommended postoperative duration of pharmacologic prophylaxis for DVT in patients undergoing cancer surgery?</td>
<td>Up to 28 days post-operatively</td>
</tr>
<tr>
<td>Number of METs indicating good functional capacity and the need for no additional preoperative testing in patients with cardiac risk factors undergoing elevated-risk procedures?</td>
<td>≥4 METs</td>
</tr>
<tr>
<td>Preoperative pulmonary evaluation for patients with no history of cardiopulmonary disease or symptoms?</td>
<td>No preoperative pulmonary evaluation indicated</td>
</tr>
</tbody>
</table>
**Weekend to-do!**

**FRIDAY**  
**Art A La Carte**, 5-8 p.m., Taft Museum of Art, 316 Pike St., Downtown. www.taftmuseum.org.

**CincItalia**, Cincinnati Italian Festival, 6 p.m.-midnight (Friday: Ages 19 and up. Music by the Rusty Griswolds.) Friday, 3 p.m.-midnight (Family-friendly. With Michael Sutherland and Ray Massa’s Eurorhythms) Saturday, 1-9 p.m; www.cincitalia.org.

**SATURDAY**  

**Asian Food Fest**, 4 p.m.-midnight Saturday, noon-8 p.m. Sunday, Washington Park, 1230 Elm St., Over-the-Rhine;www.asianfoodfest.org.

**SUNDAY**  
**Burlington Antique Show**, 6 a.m.-3 p.m., Boone County Fairgrounds, 5819 Idlewild Road, Burlington; www.burlingtonantiqueshow.com.

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**TRIVIA**

Little Ian and Tom were hot on the trail  
Looking for waves on the beach or a comet tail  
But although long and hard they did peer and peer  
All they saw were lines of the stratosphere.  
What did they just diagnose?  

Bonus: who are Ian and Tom?

First correct answer wins a $5 Starbucks gift card

Congrats to **Jesse Rhodes** for identifying Austin Flint murmur in aortic regurgitation.

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**SHOUT OUTS!!!**

-to **Javier Baez** who successfully delivered stylish new IM fleeces. Just in time for May!

-to the newest addition to the UCMC IM family: **Parker Bartholomew Rowley**. Shout-out to **Li’ and Belden** too.

-to **Thomas Getreu** and his stylish 1/4 zip pullover game.

- to **Korey Haddox**, **Drew Petersen**, **Kalyn Jolivette**, **Brandon Waters**, **Greg Mott**, and **Eric Niespodzany** for presenting great noon report cases all this week.