

Perioperative medicine update

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We are all used to asking our patients the age-old question: “Can you walk up 2 flights of stairs without stopping?” as a way of assessing their cardiorespiratory reserve prior to having surgery. Several single centre studies have raised concerns with the validity of this method for assessing functional capacity^{3,4}. A recent large multicentre cohort study (the METS study) found that subjective physicians’ assessment did not correctly identify those patients who performed poorly on formal pre-operative exercise testing, or those at an elevated risk of post-operative morbidity and mortality¹.

Evaluation of functional capacity is considered one of the corner stones of pre-operative anaesthetic risk assessment, guiding both of decisions on further pre-operative testing, optimization and risk discussion as well as influencing a patient’s intraoperative course and post-operative disposition². With a multi-centre study now confirming concerns that subjective assessment is not an accurate way of assessing this, what should we be doing?

The METS study and several of the METS study sub-analyses have helped to answer this question^{1,5,6}. These studies have shown us that using the Duke Activity Status Index (DASI) can help predict post-operative morbidity⁶, while an elevated pre-operative NT-pro BNP is associated with increased mortality at 1 year¹. A sub study looking at the 6 minute walk test suggested that using a low cut off 370m helped to predict increased morbidity and mortality at 1 year⁶.

The aim of this presentation is to discuss a pragmatic and cost-effective way to assess high-risk patients’ functional capacity before surgery based on current evidence. Can we now put subjective physicians’ assessment to rest?

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