

# MIDDLE EAST HEART CONGRESS

March 18-20, 2019 Dubai, UAE



## Yasser Zaghloul

Sheikh Khalifa Medical City, UAE

### Heart failure in non-cardiac surgery patients

The prevalence of Heart Failure (HF) in the general population continues to grow. Meanwhile, the risk of perioperative HF increases with major surgery, elderly patients, vascular surgery and in the presence of a systemic disease. This makes HF one of the most common conditions requiring evaluation and treatment in the perioperative period. HF is considered a major risk factor for development of postoperative cardiac complications e.g. ischemia, infarction and cardiac death. Moreover, some patients may develop HF without structure heart disease like in cases of hypertension, diabetes mellitus, obesity, metabolic syndrome and sepsis. HF is associated with significant neurohormonal changes and activation of sympathetic nervous system. In addition to the systemic perioperative changes e.g. stress response, blood loss and hypoxaemia, all result in increase in the complexity of the patho-physiology and management. There are many causes which contribute in the pathogenesis of HF e.g. impaired contractility, systolic and or diastolic dysfunction, obstructive and regurgitated vavular disease, rate and rhythm abnormalities and pulmonary diseases. In the perioperative sitting, HF should be differentiated from other causes of pulmonary edema which may occur in patients without cardiac problems e.g. fluid overload and neurogenic pulmonary edema. In patients with chronic HF, perioperative and anesthetic management should focus on prevention and treatment of factors which may precipitate acute de-compensation e.g. discontinuation of therapy, sympathetic activity, myocardial ischemia, anemia, volume overload, arrhythmias and poor pain management. Patients with diagnosed HF should continue their cardiac medications during the perioperative period. These include anti-hypertensive, ant-ischemic, anti-arrhythmic and ant-failure medications. In conclusion, HF is an important predictor of adverse outcome; it increases the risk of operative mortality and hospital readmission. Improvements in perioperative care are needed to minimize the risk of heart failure and its consequences.

### Biography

Yasser Zaghloul is a Consultant of Anesthesia at Sheikh Khalifa Medical City, Abu Dhabi, UAE. He is the Director of Abu Dhabi Anesthesia Club and Anesthesia Refresher Course and also Lecturer and Instructor in the following international courses: FCCS, PFCCS, ENLS, airway management, critical care nephrology and mechanical ventilation courses. He had previously worked as a Consultant of Anesthesia & ICU in Ireland. He has completed graduation in 1986 from Faculty of Medicine, Alexandria University, Egypt. He has been trained in anesthesia and critical care medicine in both Egypt and Ireland. He has extensive experience and interest in neuro-anesthesia and neurocritical care, neonatal and pediatric anesthesia and perioperative medicine. He has delivered more than 160 lectures in international anesthesia, pain and ICU conferences.

[yzaghloul@gmail.com](mailto:yzaghloul@gmail.com)

### Notes: