



C12 Patient with Severe Aortic Stenosis Undergoing Noncardiac Surgery – Case Report

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Background: The prevalence of aortic stenosis (AS) increases with aging. It is an important risk factor for perioperative complications in patients undergoing non-cardiac surgery, a common situation in older patients. The average survival is 3 years after the onset of angina pectoris or syncope and 1.5 to 2 years after the onset of congestive heart failure in patients with severe AS who does not undergo surgery. (*Geriatrics* 200762(12):23-32). Careful teamwork and communication between the cardiologist, the anesthesiologist and the surgeon is mandatory.

Report of a case: A case of 96-year-old female with bladder tumor scheduled for emergency cystoscopies to remove blood clots and check bleeding. She underwent two urologic procedures and both under general anesthesia. The first procedure proceeded with undiagnosed severe AS. Later, the severe AS was found by echocardiography through investigation of the chest discomfort during hospitalization. Therefore, when she was scheduled for the second emergency operation for checking bleeding, she was monitored with FlowTrac™ Vigileo™ for continuous monitoring of the arterial blood pressure and measuring the cardiac output (CO) by arterial pulse pressure. The induction and maintenance of anesthesia of the second procedure were better. The anesthetic was well adjusted with the continuous monitoring of arterial blood pressure. No hypotensive episode was found compared with the first procedure. And the CO was improved after careful hydration with the guidance of stroke volume variation. The patient recovered with clear consciousness and stable vital signs after both emergency cystoscopies.

Conclusion: Due to the advance of modern medical science, people live longer. Our patients are more advanced in age too. We should pay attention on the underlying diseases related to aging. It is important to be awareness of and to make early diagnosis and use the invasive monitoring of blood pressure, as the severity of the aortic stenosis increased. And it will lower the risk for perioperative cardiac complications in noncardiac surgery.