

CODE: ~~015~~ ~~1112~~ C5Question: CardiacType: Urgent/ConsultantAuthor: Dr. B. Warriar**Opening Scenario:**

You are asked to consult urgently on a 60 year old male who has developed sudden severe leg pain and has a pulseless, white foot. The surgeon wants to do a urgent thrombectomy of the left iliac artery.

When you examine the patient he tells you that he has been waiting for open heart surgery for three months. History indicates that he has angina on minimal exertion. He has no allergies and is on no medications.

Examination reveals nothing except a systolic ejection murmur over the left sternal border with radiation to the carotids. He otherwise appears quite healthy. No other history of PVD.

Major points of additional information to be provided to the candidate, e.g., hx, px, labs, x-ray, consults:

If candidate indicates that he/she would attempt to obtain more information about cardiac status, he/she is told that the patient has a two year history of known aortic stenosis. Cardiac catheterization 3 months ago revealed aortic stenosis (gradient 65 torr, valve area (0.4 cm²), normal coronaries.

If the candidate requests further history from the patient: he has had no history of CHF or syncope.

If the candidate indicates interest in discussing possibility of doing the procedure under local infiltration, the surgeon is agreeable.

ECG shows LVH with strain, sinus rhythm at rate of 69. Cxr - LV prominence/no failure

Major decision points (major decision points or options which must be recognized by the candidate)

1. Diagnosis of cardiac pathology - must show some evidence that further information is necessary before proceeding.
2. Type of anesthesia - candidate should indicate that he/she recognizes the possibility of using local infiltration, regional, or general anesthesia. He/she should indicate choice and why.
3. Monitoring?
4. Effects of changes in pre-load, after-load, rhythm, contractility.

Any followup information required to lead to the end of the question

Thrombectomy under local infiltration is unsuccessful - no inflow. Surgeon wants to do immediate fem/fem crossover or iliac endarterectomy.

How does candidate approach the need for increased anesthesia? What technique does he/she choose? How monitor and protect patient? How about post-operative care? Art line → CVP and possibly PA/C

Critical features to be included i.e. the *must* have to pass the question or to be considered *completely unacceptable*

Candidate must make the correct diagnosis and indicate that he/she needs more information before proceeding. There must be a discussion of the pathophysiology of aortic stenosis and the concerns re: various anesthetic techniques. If the candidate wants to do a major regional technique he/she must indicate the risks associated with the decision and indicate how to avoid major problems with hypotension, bleeding (heparin), etc. The candidate must show concern about hemodynamic changes in this condition. If GA, full stomach and Ao valve considerations