

CARDIAC SURGERY

Guidelines for Specialists Referrals

These guidelines should serve as 'guidelines' only. They are based on current literature and are borrowed heavily from the ACC/ AHA task force report and the Practice guidelines from the Society of Thoracic Surgeons. They are, however, only guidelines and as such not be seen as all inclusive. Any patient who the referring physician feels may potentially benefit from surgery should not be denied referral on the basis they do not fall within the guidelines or that for uncommon conditions no guidelines exist.

The fact that a patient falls within the guidelines does not automatically mean that the patient will be accepted for surgery. Patients with appropriate haemodynamic indications may have other co morbid conditions which would preclude surgery. Moreover patients who fall within the guidelines may chose not to be referred for surgery.

These guidelines cover the common surgical conditions and do not cover multiple valve lesions, Aortic surgery, cardiac tumours or disorders of the pericardium.

These guidelines are separated into two groups of indications, those that would be considered definite and those that are considered relative. Definite indications are where there is general agreement that surgical referral/intervention is of benefit to the patient. Relative indications are those where there is evidence that surgical intervention may be beneficial and that referral of such a patient reflects majority practice.

CARDIAC SURGERY

National Referral Guidelines for Cardiac Surgery

NATIONAL REFERRAL GUIDELINES : CARDIAC SURGERY	
Diagnosis	Referral Guidelines
ISCHAEMIC HEART DISEASE	
Definite	<ul style="list-style-type: none"> Symptoms - Stable - Not satisfactorily controlled by non surgical strategies Symptoms - Acute - Not satisfactorily controlled by non surgical strategies Post Angioplasty Acute Ischaemic Syndromes Complications of Myocardial Infarction On going pain VSD MR Anatomy - LMS TVD (proximal LAD lesion) Reduced Left Ventricular Function Coronary Artery Disease in patients undergoing other Cardiac Surgical Procedures Left Ventricular Aneurysm producing Cardiac Failure/Arrhythmias or Recurrent Emboli
Relative	<ul style="list-style-type: none"> Anatomy - DVD with Proximal ADA Patients with IHD undergoing other major surgery ie. AAA Ischaemic Mitral Regurgitation Ischaemia Induced Ventricular Arrhythmias
AORTIC STENOSIS	
	(The definition of severe Aortic Stenosis is a valve area <1.0cm ² or a mean gradient >50mmHg. The definition of Moderate Aortic Stenosis is a valve area 1.0cm ² - 1.5cm ² or a mean gradient 30mm Hg - 50mmHg.)
Definite	<ul style="list-style-type: none"> Symptomatic Aortic Stenosis Patients with Severe Aortic Stenosis undergoing other forms of cardiac surgery Asymptomatic Patients with Severe Aortic Stenosis who have: L.V.Dysfunction Hypotension in response to exercise
Relative	<ul style="list-style-type: none"> Patients with Moderate Aortic Stenosis undergoing other forms of cardiac surgery. Patients being considered for other major non cardiac surgery ie. AAA
AORTIC REGURGITATION	
Definite	<ul style="list-style-type: none"> Symptoms - NYHA Class III or IV - irrespective of LV status NYHA Class II where there is evidence of Progressive LV dilatation or reduction in Ejection Fraction NYHA Class I where there is marked LV systolic dysfunction Patients undergoing other forms of cardiac surgery
Relative	<ul style="list-style-type: none"> Symptoms - NYHA Class II with good LV function and stable size LV size NYHA Class I with good systolic LV Function but with severe LV dilatation. EDD > 75mm or ESD > 55mm

NATIONAL REFERRAL GUIDELINES : CARDIAC SURGERY	
Diagnosis	Referral Guidelines
MITRAL STENOSIS (Replacement or Repair)	(The definition of Severe Mitral Stenosis is a valve area < 1.0cm ² . The definition of Moderate Stenosis is a valve area 1.0cm ² - 1.5cm ² .)
Definite	<ul style="list-style-type: none"> • Symptoms - NYHA Class III-IV with moderate-severe Mitral Stenosis • The presence of left atrial thrombus in those patients that might otherwise be suitable for balloon valvuloplasty
Relative	<ul style="list-style-type: none"> • Symptoms - NYHA Class I-II with Severe Mitral Stenosis and Severe Pulmonary Hypertension
MITRAL REGURGITATION (Severe)	
Definite	<ul style="list-style-type: none"> • Symptoms - NYHA Class II, III or IV symptoms with normal LV Function NYHA Class II, III or IV with mild - moderate LV Dysfunction (EJFN < 60% and > 30% or ESD > 45mm and < 55mm) NYHA Class II, III or IV with severe LV Dysfunction (EJFN < 30% or ESD > 55mm) • Asymptomatic Patients who: Have mild - moderate LV Dysfunction (see above)
Relative	<ul style="list-style-type: none"> • Asymptomatic Patients who: Have good LV function and AF Have good LV function and Pulmonary Hypertension - >50mmHg systolic Mild reduction in EJFN 50% - 60% and ESD < 45mm Have an EJFN > 60% and ESD 45mm - 55mm. Severe LV dysfunction EJFN < 30% and/or ESD > 55mm
BACTERIAL ENDOCARDITIS (Native Valve)	
Definite	<ul style="list-style-type: none"> • Haemodynamic - Acute regurgitant lesion with cardiac failure • Anatomic - Evidence of abscess or aneurysm • Bacteriological - Fungal infection Persistent infection with valve dysfunction despite appropriate antibiotic therapy
Relative	<ul style="list-style-type: none"> • Gram negative infections • Recurrent emboli
PROSTHETIC VALVE ENDOCARDITIS	
Definite	<ul style="list-style-type: none"> • Haemodynamic - Cardiac Failure with valve Dysfunction • Anatomic - Evidence of abscess, aneurysm, paravalvar leak or fistula. • Bacteriological - Fungal infection Staphylococcal or Gram negative infection not responding to antibiotics • Early Prosthetic valve endocarditis
Relative	<ul style="list-style-type: none"> • Persistent bacteraemia • Recurrent Emboli