Introduction:
With the benefit of neuraxial block in major noncardiac surgery, but serious cardiac events’re reported in high risk pts receiving preop beta-adrenergic blocking agent. The aim of this study was to study predictors of intraoperative cardiac complications in pts underwent major noncardiac surgery with neuraxial block.

Methods:
This prospective observational study was done in 360 high risk for cardiac complication pts, underwent elective major noncardiac surgery with neuraxial block [spinal, thoracic (TE) or lumbar epidural (LE) anesthesia] alone or combined with GA & admitted to the SICU during Jan 2017-Sep 2019. Pts with ESRD or underwent arterial vas sx were excluded. Study data included: pts demographic, comorbidities, ASA class, preop hypertensive med (beta adrenergic blocking agent, ACEI/ARB, vasodilator), intraoperative cardiac complications [significant hypotension (SBP<90 mmHg or MAP<65 mmHg>10 mins) requiring fluid resuscitation or inotropic agent, serious cardiac arrhythmias needed medication or intervention, PMI, cardiac failure, cardiac arrest, cardiac death), within 72 hours postoperative organ dysfunction (AKI, stroke)&30days mortality.

Results:
Among the studied pts (age 65±16yrs), 72% was ASA III, 54% had hx of HTN. 64% underwent major abdominal sx, 21%, 8% & 72% received spinal, spinal plus GA and TE or LE plus GA subsequently. 79% had serious intraop cardiac complications (80%, 15% & 4% had significant hypotension, PMI & cardiac arrest subsequently), 39%, 3% & 11% had AKI, ischemia stroke & delirium subsequently. 30days mortality was 13%. From multivariate variate analysis showed age>75 yrs, hx of HTN, preop beta-adrenergic blocking agent, vasodilator, combined beta-adrenergic blocking agent &vasodilator or ACEI/ARB, high dose local anesthetic agent were significant predictors of intraop serious cardiac complications.

Conclusion:
Further study about decrease or withhold preop antihypertensive med in high risk patient undergoing major noncardiac sx with central neuraxial block is warranted.