Introduction:
Patients with known coronary artery disease have higher perioperative risk for myocardial ischemia. Mortality is frequent following cardiac ischemia in the intensive care unit (ICU) after non-cardiac surgery.

Methods:
The first group includes patients admitted to the Intensive Care Unit for post-operative follow-up without myocardiac ischemia in the first 24 hours. The second group includes patients with myocardiac ischemia postoperatively and needs intensive care monitoring. Cardiac risk assessment was made with the Lee Index, hemorrhagic risk assessment with the HAS-BLED bleeding score and thrombotic risk assessment with CHA2DS2-VASc score. Postoperatively, pathological test values such as BNP, troponin, CRP, calcitonin were estimated. The Sequential Organ Failure Assessment (SOFA) systeme was used to assess sepsis. The Nursing Activity Score (NAS) scale was used to measure the workload of various nursing activities in the ICU.

Results:
According to the pilot study, the sample consists of 35 patients. 31.4% had myocardial ischemia. The Lee index was significantly higher in patients with myocardial ischemia. The duration of hospitalization, the high dose of vasoconstrictive drugs, the length of stay in the ICU, the duration of mechanical stay and the nursing workload were higher in patients with myocardial ischemia. CK-MB and troponin levels differed significantly between the two groups. Creatinine, bilirubin and BNP during the 24 hours were significantly higher. Patients with myocardial ischemia had significantly higher mortality.

Conclusion:
Cardiac risk assessment, HAS- BLED score and CHA2DS2-VASc score in combination with cardiac enzymes such as troponin could predict myocardiac ischemia in severely ill ICU patients .

References:
Spyropoulos, JD. Douketis. How I treat anticoagulated patients undergoing an elective procedure or surgery. Blood 2012; 120: 2954-2962