

**2022 SAMBA ANNUAL MEETING · MAY 11 – 14, 2022**

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**We should NEVER cancel a case for hypertension**

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**No Disclosures**

**DISCLOSURE**

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Joint Guidelines of the Association of Anaesthetists of Great Britain and Ireland (AAGBI) and the British Hypertension Society

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• The recommendation of the Joint Guidelines of the Association of Anaesthetists of Great Britain and Ireland (AAGBI) and the British Hypertension Society to proceed with elective surgery if a patient's blood pressure is < 180/110 mmHg.

Hypertension stage	Systolic BP; mmHg	Diastolic BP; mmHg
Normotensive	< 140	< 90
Hypertension stage 1	140-159	90-99
Hypertension stage 2	160-179	100-109
Hypertension stage 3	≥ 180	≥ 110

BP, blood pressure.

Crowther, M., Van Der Spuy, K., Roodt, F., Nejlandt, M. B., Davids, J. G., Roos, J., ... & Biccard, B. M. (2018). The relationship between pre-operative hypertension and intra-operative haemodynamic changes known to be associated with perioperative morbidity. *Anesthesia*, 73(7), 872-878.

**What we think we know**

**HYPERTENSION**

• "The association between uncontrolled hypertension and adverse peri-operative outcomes has been known since the 1950s."

• "Patients with uncontrolled hypertension undergoing anaesthesia have increased rates of complications such as myocardial ischaemia."

• "A pre-operative history of uncontrolled hypertension is strongly associated with peri-operative cardiovascular death, renal dysfunction and cerebral vascular disease."

• "Increased postoperative mortality is seen with diastolic hypertension and raised pre-operative pulse pressure is associated with an increased risk of myocardial injury, even when systolic BP is controlled."

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**How much do we know?**

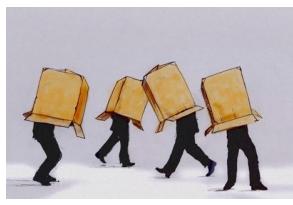
• "There is a lack of data regarding the degree of hypertension and subsequent risk of peri-operative mortality."

• "It has been suggested that systolic BP of less than 180 mmHg or diastolic BP less than 110 mmHg (i.e. stage 1 or 2 hypertension) may be associated with a reduced risk of perioperative complications compared with those patients with higher blood pressures"

• Secondary end organ damage?

• ACE inhibitors and intraoperative hypotension? Is hypertension or hypotension the culprit???

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**Becoming Evident**

• "Hypertension is not consistently associated with postoperative cardiovascular morbidity and is therefore not considered a major peri-operative risk factor."

• "Hypertension may predispose to peri-operative haemodynamic changes which are associated with peri-operative morbidity and mortality, such as intra-operative hypertension and tachycardia."

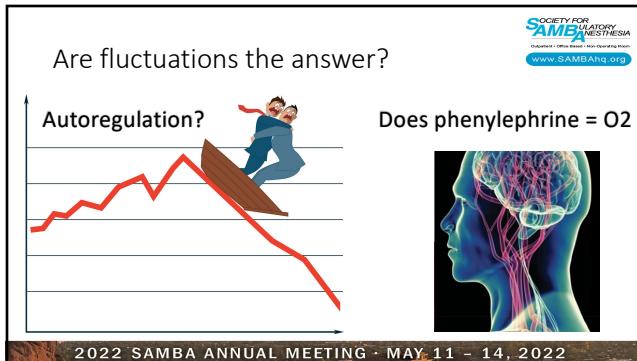
• "There was no association between pre-operative hypertension and peri-operative haemodynamic changes known to be associated with major morbidity and mortality."

• One study randomly assigned 989 hypertensive patients who presented for surgery with a diastolic BP of > 110 mmHg to be managed, to a usual care group, to a group managed by control following by immediate surgery, or delayed surgery with conventional BP control over several days. It found no benefit to delaying surgery.\*

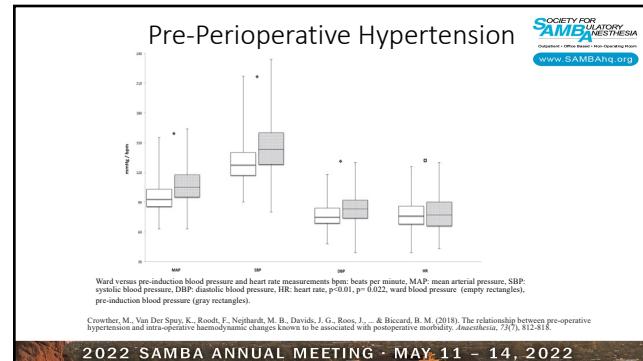
Wolman, N., Alton, M., Donofrio, G., Rosenberg, E., Schrey, M., Bill, L., & Gersman, M. (2013). The effect of conventional preoperative hypertension on rates and predictors of perioperative surgery. *Anesthesia & Analgesia*, 116(4), 1036-1042.

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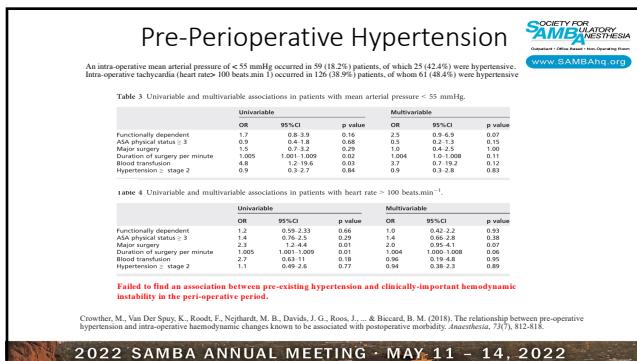
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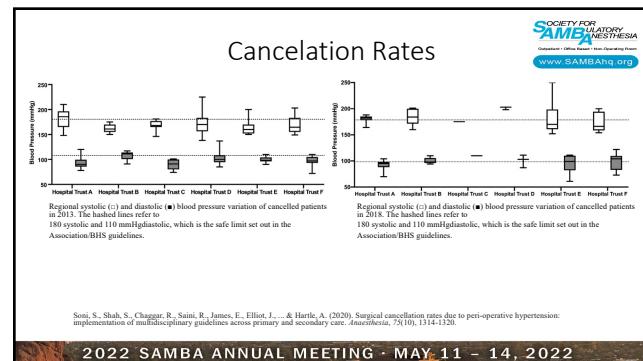
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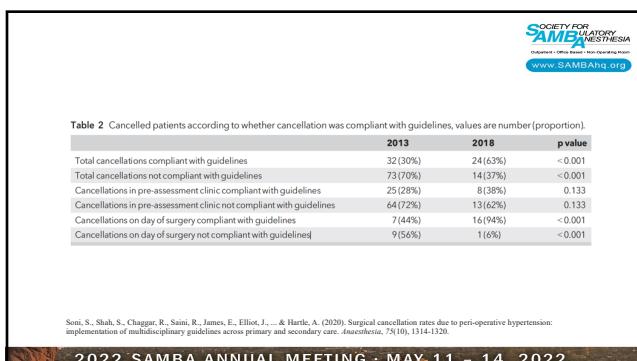
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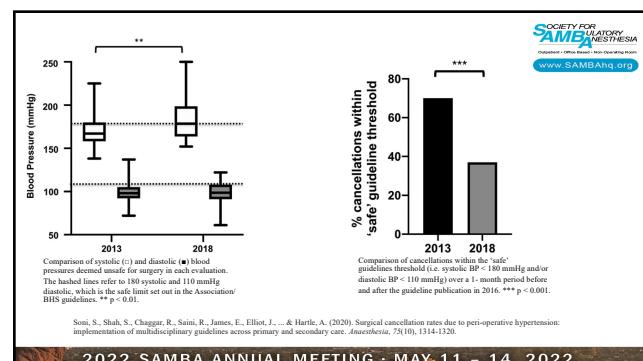
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