

2022 SAMBA ANNUAL MEETING
MAY 11 - 14, 2022

Con: We Should NEVER Cancel a Case for Hypertension

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Disclosures

- I have no actual or potential conflict of interest in relation to this presentation.
- My words are my own and do not represent the official views of the Veteran Health Administration or the United States government

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I acknowledge:

• 160/100  180/110

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Never?



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Severe Asymptomatic Hypertension

- “Hypertensive Urgency”
- BP $\geq 180/\geq 120$ mmHg

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Severe Asymptomatic Hypertension

- Acute head injury or trauma
- Generalized neurologic symptoms
- Focal neurologic symptoms
- Fresh flame hemorrhages, especially in the macula, can be associated with hypertensive encephalopathy
- Nausea and vomiting, which can be associated with hypertension
- Acute, severe back pain, which can be associated with hypertension
- Dyspnea, which may be due to left ventricular failure
- Pregnancy, as such patients are at increased risk for hypertension
- Use of drugs that can produce a hyperadrenergic state, such as cocaine, amphetamines, phenylcyclidine, or monoamine oxidase inhibitors, or recent discontinuation of clonidine or, less commonly, other antihypertensive agents

[UpToDate: Management of severe asymptomatic hypertension \(hypertensive urgencies\) in adults](#)

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Severe Asymptomatic Hypertension

- Management is Controversial: Hours vs Days



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Intraoperative Hypotension

- Patients with HTN are more likely to have hemodynamic instability intraoperatively



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Severe Asymptomatic Hypertension

- 56 y/o blind man with hypertension presents for Rotator Cuff Repair
- Patient lost medication organizer 9 days before surgery
- Had been taking medications based on tactile discrimination from a bag
- Preoperative BP 222/124



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Teachable Moment

- Given that HTN is prevalent and better treatment can dramatically improve a patient's health, should this time be used to optimize BP meds?

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Postoperative hypertension

- Associated with adverse outcomes
- Stroke, MI, Arrhythmias, Bleeding

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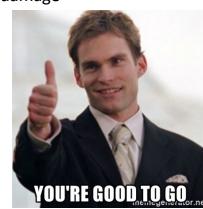
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OK to proceed if:

- Patient has no signs or symptoms of end organ damage
- Patient has no major cardiovascular risk factors
- Scheduled surgery is low or intermediate risk
- Intraoperative hypotension is avoided



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