

2022 SAMBA ANNUAL MEETING
MAY 11 - 14, 2022

**Con: We Should NEVER Cancel
a Case for Hypertension**

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1

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


2

I acknowledge:

• 160/100 → 180/110

3

Never?



4


Severe Asymptomatic Hypertension

- "Hypertensive Urgency"
- BP $\geq 180/\geq 120$ mmHg

5

Severe Asymptomatic Hypertension

- Acute head injury or trauma
- Generalized neurologic symptoms
- Focal neurologic symptoms
- Fresh flame hemorrhages, especially if performed, as these are contraindicated with hypertensive encephalopathy
- Nausea and vomiting, which may be due to increased intracranial pressure
- Chest discomfort or pain, which may be due to aortic dissection
- Acute, severe back pain, which may be due to aortic dissection
- Dyspnea, which may be due to pulmonary edema
- Pregnancy, as such patients are at high risk for developing eclampsia
- Use of drugs that can produce a hyperadrenergic state, such as cocaine, amphetamines, phencyclidine, 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](#)

6

Severe Asymptomatic Hypertension

- Management is Controversial: Hours vs Days



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7

Intraoperative Hypotension

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



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8

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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9

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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10

Postoperative hypertension

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

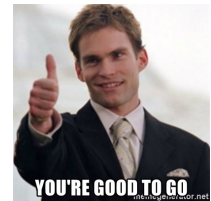
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11

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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12