**THE ROLE OF THE CARDIOLOGIST IN THE PREOPERATIVE EVALUATION OF THE BARIATRIC SURGERY PATIENT**

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**Objective:** Bariatric surgery has been shown to be a safe and effective therapy for morbid obesity, a condition that affects 5% of the U.S. population. Obtaining access to bariatric surgery is a long and arduous journey with numerous consultations and testing requirements that may delay appropriate surgery for several months. Such delay often results in patient dropout. We sought to determine specifically if preoperative cardiac consultation should be required of all bariatric surgery candidates.

**Methods:**141 consecutive patients presenting to a University of Pittsburgh Medical Center cardiologist for preoperative evaluation in anticipation of laparoscopic bariatric surgery were assessed for operative risk and subjected to further cardiac testing and treatment if deemed appropriate. 106 patients subsequently underwent surgery and were followed for an average of 131 days.

**Results:** Despite the prevalence of coronary artery disease (CAD) risk factors in the patient population, including 9% who had documented CAD, the operative mortality in our patients was 0.0%, and no major cardiac events occurred. Thirty-day mortality was 0.0% and remained so throughout the follow-up period. Inpatient cardiac consultation was not required for any patient. After initial evaluation, it appears that further preoperative cardiac testing, intervention or treatment were necessary in only about 18% of all patients evaluated. Those requiring further evaluation were primarily those with known CAD, diabetics with an abnormal electrocardiogram or low level of activity and those with symptoms consistent with cardiac disease.

**Conclusion:** The majority of patients undergoing laparoscopic bariatric surgery do not need routine preoperative cardiac evaluation. Other current prerequisites for bariatric surgery including preoperative consultations and testing should be examined to ensure that their performance results in decreasing surgical risk and improving the outcomes of surgery.