Queensland Government

Urgent Left Main Stenosis >70% Surgery Management Plan

Facility: .....

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

Clinical pathways never replace clinical judgement.
Care outlined in this protocol **must be altered** if it is not clinically appropriate for the individual patient.

*This management plan is used for patients that have left main stenosis >70% who have been referred for **URGENT** coronary artery bypass surgery.*

*For the purpose of this document, the criteria for defining the patient's need for **URGENT** surgery will be based on the Cardiologist's and Cardiac Surgeon's assessment. Stable versus unstable clinical syndrome:*

- *rest or nocturnal angina;*
- *a change in the frequency or pattern of angina;*
- *haemodynamic changes with pain;*
- *electrocardiographic changes with pain;*
- *the nature and severity of the left main stenosis and associated lesions.*

Transfer of patient from a hospital without onsite open heart surgery facilities.

Upon making the diagnosis of left main stenosis arrangements for transfer to a hospital with surgical facilities should be made. The transfer of the patient should be completed within 12 hours of the diagnosis being made. Contact Retrieval Services Queensland (1300 799 127) or Queensland Ambulance Service to arrange transport.

	Critical Timeframe (from diagnosis)	Management Plan	Time	Initials
Diagnosis	N/A	• Date of diagnosis: ... / ... / ... Time: ... : ...		
Cardiology review / management To be completed by the cardiologist immediately upon diagnosis of left main stenosis	Within 1 hour	• Urgent referral by cardiologist to cardiac surgeon (as soon as diagnosis of left main stenosis and associated lesions is made) and agree upon a time frame for review of patient by cardiac surgeon and associated surgery time. • Document the severity of left main stenosis and other associated lesions in the patient's health record. Note the nature (e.g. presence or absence of thrombus) of the left main stenosis. • Consider balloon pump insertion for patients with critical left main stenosis with an unstable clinical syndrome. ☐ Balloon pump insertion organised ☐ Not applicable		
Cardiologist name: ..... Signature: ..... Date: ... / ... / ...				
Cardiac surgeon review / management To be completed by the cardiac surgeon responsible for the patient	Within 12 hours	• Review angiographic study / patient. • Document the proposed operation in the patient's health record. • Document the time frame for performing the operation (this should be performed within 72 hours from the time of the diagnosis being made). If this time frame cannot be met then the clinical and administrative reasons for not performing surgery in this time frame should be documented in the patient's health record, and in the variances section below.		
Patient transferred Only if applicable	Within 12 hours	• Upon making the diagnosis of left main stenosis arrangements for transfer to a hospital with surgical facilities should be made. The transfer of the patient should be completed within 12 hours of the diagnosis being made. Contact Retrieval Services Queensland (1300 799 127) or Queensland Ambulance Service to arrange transport. • Date of transfer: ... / ... / ... Time: ... : ... • Transfer to another: ☐ Hospital ☐ Ward		
Surgery to be performed	Within 72 hours	Scheduled surgery date: ... / ... / ... Time: ... : ... Facility:		
Surgery outcome		Actual surgery start date: ... / ... / ... Time: ... : ... Outcome:		
Cardiac surgeon name: ..... Signature: ..... Date: ... / ... / ...				

Variations to Plan

For further management, see reverse of this form ➡

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LEFT MAIN STENOSIS SURGERY MANAGEMENT PLAN

v1.00 - 05/2017

SW765

Queensland Government

Urgent Left Main Stenosis >70% Surgery Management Plan

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Left Main Stenosis Management Plan

	Assessment / Investigations	Management	Rehabilitation / Education
0–12 hours from diagnosis	• If the patient experiences any of the following, prolonged pain (>15 minutes), ST segment depression or elevation or haemodynamic instability the surgeon should be notified immediately. Consideration should be given to placement of an intra-aortic balloon pump and performance of surgery on the next available operating session. • If ventricular function has not been assessed at the time of angiography then urgent bedside echocardiogram should be performed.	• The patient should be on bed rest in a monitored bed with hourly observations including symptoms, heart rate, blood pressure, ST segments, heart rhythm and oxygen saturation. • Anti-coagulation with IV Heparin (APTT 60–85 seconds) should be considered, and should be mandatory in individuals having intermittent chest pain. • Clopidogrel to be discontinued but it is advisable for the patient to remain on Aspirin and be administered IV Heparin (APTT 60–85 seconds). • If the patient is having chest pain symptoms, treatment with intravenous Nitroglycerin and the addition of Beta blockers (if not already taking the drug and there is no contraindication to the use of the drug) should be given and surgery performed on the next available operating session. • The pre-operative use of Clopidogrel in a patient undergoing coronary artery bypass surgery increases the risk of post-operative bleeding. It may take five days for the effect of Clopidogrel to dissipate. However the clinical situation of an individual patient may dictate the need to proceed with surgery without allowing a period of time for the effects of Clopidogrel to dissipate.	• Brief explanation of condition. • Reassure patient. • Communicate with next of kin.

- **For hospitals *with* cardiac surgical facilities, refer to appropriate tertiary facility surgical pathway for continuing care.**
- **For hospitals *without* cardiac surgical facilities, refer to your hospital's policy for the transfer of cardiac patients. Contact Retrieval Services Queensland (1300 799 127) or Queensland Ambulance Service to arrange transport.**

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