

Guidelines for Preoperative Echocardiography



Congestive Heart Failure/Cardiomyopathy	
Clinical Indication	Timeframe
Initial evaluation of known or suspected cardiomyopathy/CHF	During the preoperative evaluation
Uncharacterized cardiomyopathy/CHF (reported disease with no information) <i>Unsubstantiated history may be documented by provider as no history of cardiomyopathy</i>	During the preoperative evaluation
Evaluation of unstable CHF, based on clinical assessment	During the preoperative evaluation
Re-evaluation of stable, characterized CHF	<i>Poor functional capacity and high risk surgery</i> - one year, if not assessed clinically by a cardiologist <i>Good functional capacity</i> - not routinely required
Baseline and serial evaluations of patients receiving cardiotoxic agents	Dependent on med regimen and clinical symptoms
More than one first degree relative with inherited cardiomyopathy or sudden cardiac death	Within 5 years if > age 18 and consider referral to cardiology
History of Congenital Heart Disease	Per patient's cardiologist (or refer if not established)
Valvular Disease	
Clinical Indication	Timeframe
Initial evaluation of suspected significant* valvular disease	During the preoperative evaluation
Re-evaluation of known valvular disease with change in clinical status	During the preoperative evaluation
Surveillance of moderate or greater valvular disease without clinical change	One year
Surveillance of prosthetic valves	Three years
Pulmonary Hypertension	
Clinical Indication	Timeframe
Surveillance of known pulmonary HTN without clinical change	One year for patients requiring treatment with medications or PASPs >50
Evaluation of suspected pulmonary HTN	During the preoperative evaluation
Hemolytic anemias, scleroderma	Two years
Additional Considerations	
Q waves/inverted T waves in contiguous leads in pts with poor functional capacity without previous testing	During the preoperative evaluation
Low risk surgeries without GA or neuraxial anesthesia in asymptomatic patients	No new imaging required
Patients with clinical change or significant change in echo findings should have continuity follow up	
*Significant valvular disease is defined as ANY murmur consistent with Aortic Stenosis or any III-VI/VI murmur	
References JACC Vol 57(9)2011:1126-66. JACC Vol 54(22)2009:e13-118.	
Updated Nov 2014 Cinquigrani Ellinas Hersey Lauer Manley Meskin Pfeifer Slawski	