**Guideline for Obtaining a Pre-Operative EKG\***

**Guideline:**

**All Symptomatic patients (chest pain, dyspnea with exertion, syncope, palpitations) irrespective of the procedure require an EKG.**

**Low Risk Procedures** – (Examples: Endoscopic and superficial procedures, cataracts, breast and distal extremity surgery)

* Asymptomatic patients do not require an EKG.

**Intermediate Risk Procedures** – (Examples: Intraperitoneal and intrathoracic procedures, carotid endarterectomy, head and neck procedures, orthopedic and prostate surgery)

1. Pre-operative EKG is reasonable for patients with known major risk factors for perioperative cardiac complications: coronary heart disease, significant arrhythmia, peripheral arterial disease, cerebrovascular disease, significant structural heart disease (eg: aortic stenosis, mitral regurgitation, hypertrophic cardiomyopathy), pulmonary hypertension, congestive heart failure
2. In patients with more than one minor risk factor (Diabetes, hypertension, BMI >45, angina, COPD, renal failure) and age >60, evidence suggests that it might be beneficial to obtain a pre-operative EKG. In patients < 60 yrs old with more than one minor clinical risk factor the benefit of a preoperative EKG is questionable.
3. Pre-operative ECG is not indicated in patients who are asymptomatic, have good functional capacity (>4 METS) and no clinical risk factors

**High Risk Procedures** – (Examples: Cardiac, aortic and major vascular surgery, peripheral vascular surgery)

* Patients undergoing high risk procedures should have a pre-operative EKG.

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Unless there are unusual circumstances, an EKG within the last 6 months is acceptable for stable, asymptomatic patients.

The implications of abnormalities on the pre-op EKG increase with patient age and risk factors for coronary artery disease. However, a standard age or risk factor cutoff for use of pre-op EKG testing has not been defined.

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