**UPDATE ON PREOP EVALUATION OF PATIENTS UNDERGOING NON-CARDIAC SURGERY**

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Based on Canadian, American and European new guidelines, routine noninvasive testing are rarely needed in stable patients waiting for non-cardiac testing. There are no data to support any testing in asymptomatic patients for preoperative evaluation. In American guidelines, there is not a single indication for a routine noninvasive testing as Class I indication. European guidelines, give Class I indication for patient with poor functional capacity undergoing high risk procedures which is not based on any proven concept. Even in very high risk patients with poor functional capacity, randomized trials using non-invasive testing followed by coronary revascularization in stable patients with ischemia have failed to reduce morbidity or mortality after non-cardiac surgery. Therefore, non-invasive or invasive testing should be only performed in patients with standard indications for cardiac testing and routine testing is discouraged. In very high-risk patients with poor functional capacity undergoing high risk surgery, non-invasive testing is only class II indication as no data support its usefulness and should only be performed in very selected patients. In patients who need urgent surgeries, regardless of risk, non-invasive cardiac testing should not be performed as it will not change management. Furthermore, in patients with functional capacity of > 4METS, or in patients undergoing low risk surgeries, cardiac testing should not be performed unless the patient has standard indication for testing. Canadian guidelines added BNP or troponin marker measurements in high risk patients to their guideline which will cause more confusion as these markers are nonspecific and typ 2 MI are not uncommon in post-surgical patient. Furthermore, the 2014 American guideline requiring a complex risk calculation which is very time consuming and can indicate a patient as high risk patient unrelated to cardiac issues. Therefore, it is not adopted in the cardiology community and older guideline is simpler and easier to use which will be presented in this speech.