

ABSTRACT NO. 09

**HOW OPTIMAL IS THE MEDICAL MANAGEMENT OF PATIENTS WHO UNDERGO MAJOR RECONSTRUCTIVE VASCULAR SURGERY? THE RESULTS OF A CROSS-SECTIONAL STUDY**

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**Background:** Risk factor modification is of paramount importance in patients with vascular disease. Current guidelines suggest that this patient population benefits from a medical regimen that includes Aspirin, a statin, beta blockers, and an angiotensin converting enzyme inhibitor (ACE I).

**Materials and Methods:** The medical regimen of consecutive patients who received major reconstructive vascular surgery intervention over the course of 12 months was examined using a cross-sectional design in a single VAMC institution.

**Results:** The review identified 325 patients. One hundred fifty six (51%) patients were on aspirin, 197 (61%) were on a statin, 180 (55%) were on beta blockers, and 176 (54%) were on ACE inhibitor. Only 52 (16%) of patients were receiving all the aforementioned medications postoperatively. The number of patients who were receiving 3, 2, 1, or none of these medications were 81 (25%), 87 (27%), 81 (25%) and 21 (6%) respectively. There were no differences in early mortality or cardiac event rates among these subgroups. A high risk subset of 67 smokers with known coronary artery disease, hypertension, and hyperlipidemia was identified. In this subset 44 (66%) of patients were on aspirine, 45 (67%) on a statin, 49 (73%) on beta blockade, and 34 (51%) were on ACE I.

**Conclusions:** Despite current recommendations, the medical management of patients who undergo vascular surgery remains suboptimal. A multidisciplinary approach with involvement of internists, or a more active involvement of the surgeons with continuing supervision of the medical regimen postoperatively is likely to address this problem.