er. This is especially true for nonsymptomatic patients. "Several trials now show that in people without symptomatic heart disease, fixing the heart first doesn't make much of a difference in how well they do in surgery."

The guidelines also emphasize continuing antiplatelet therapy as soon as possible after urgent noncardiac surgery, especially in patients with drug-eluting coronary stents.

Dr. Fleisher said that the large amount of new data gathered in recent months led his group to postpone publication of the recommendations, but that in the future, he hopes to be able to publish more frequent, focused updates, especially in reference to β-blockers.

The authors concluded by highlighting areas that require further study. "Although randomized trials have examined the effect of perioperative β-blockers on cardiac events surrounding surgery, and observational studies have shown the benefit of statins during the perioperative period, further evidence is needed with regard to the length of time medical therapy needs to be initiated before noncardiac surgery to be effective," including management of antiplatelet drugs perioperatively, they wrote. ■

# NT-proBNP 'Excellent' Predictor

VIENNA — Preoperative N-terminal prohormone-B-type natriuretic peptide level is a strong and independent predictor of postoperative cardiac event risk in patients undergoing a wide range of noncoronary vascular surgery, Dr. Olaf Schouten reported at the annual congress of the European Society of Cardiology.

In a prospective study in 419 consecutive patients undergoing aortic aneurysm repair, lower-extremity peripheral bypass operations, or carotid surgery, patients with a preoperative NT-proBNP greater than 300 pg/mL had a 5.6-fold increased risk of a postoperative cardiac event, compared with those with a lesser value, even after adjustment for baseline cardiac risk factors and the type of vascular surgery, said Dr. Schouten, a vascular surgeon at Erasmus University, Rotterdam, the Netherlands.

Postoperative cardiac events—defined as the 30-day composite of death, MI, or troponin release—occurred in 20% of the 419 patients. The highest-risk form of vascular surgery was aortic aneurysm repair.

**—Bruce Jancin**