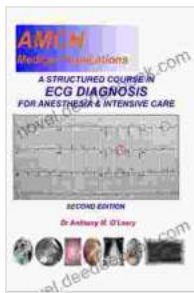


Rapid Practical Approach to Interpreting the Peri-Operative ECG

The peri-operative period is a critical time for patients, and the ECG can provide valuable information about their cardiovascular status. However, interpreting the ECG in this setting can be challenging, as there are many factors that can affect the ECG, including anesthesia, surgery, and patient positioning.



A STRUCTURED COURSE IN ECG DIAGNOSIS with particular reference to Anesthesia and Intensive Care: A rapid practical approach to interpreting the peri-operative ECG by Michael St.Pierre

★★★★☆ 4.6 out of 5

Language : English

File size : 30474 KB

Screen Reader : Supported

Print length : 30 pages

Lending : Enabled



This article will provide a rapid practical approach to interpreting the peri-operative ECG. We will cover common arrhythmias, electrolyte disturbances, and other ECG changes that you may encounter in this setting.

Common Arrhythmias

The most common arrhythmias in the peri-operative period are sinus tachycardia, atrial fibrillation, and ventricular tachycardia.

- **Sinus tachycardia** is a normal response to stress and is characterized by a heart rate of greater than 100 beats per minute. It is usually benign and will resolve once the stressor is removed.
- **Atrial fibrillation** is an irregular, rapid heart rhythm that is caused by disorganized electrical activity in the atria. It is more common in older patients and patients with underlying heart disease. Atrial fibrillation can increase the risk of stroke and other complications, so it is important to identify and treat it promptly.
- **Ventricular tachycardia** is a rapid, regular heart rhythm that originates in the ventricles. It is a serious arrhythmia that can lead to sudden cardiac death. Ventricular tachycardia is more common in patients with underlying heart disease, and it is often treated with anti-arrhythmic medications or electrical cardioversion.

Electrolyte Disturbances

Electrolyte disturbances can also affect the ECG. The most common electrolyte disturbances in the peri-operative period are hyperkalemia and hypokalemia.

- **Hyperkalemia** is characterized by an elevated serum potassium level. It can cause peaked T waves and widened QRS complexes. Hyperkalemia can be dangerous, as it can lead to cardiac arrest. It is important to identify and treat hyperkalemia promptly.
- **Hypokalemia** is characterized by a decreased serum potassium level. It can cause flattened T waves and ST segment depression.

Hypokalemia can also be dangerous, as it can lead to muscle weakness and paralysis. It is important to identify and treat hypokalemia promptly.

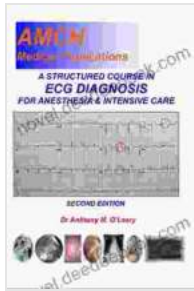
Other ECG Changes

In addition to arrhythmias and electrolyte disturbances, there are a number of other ECG changes that you may encounter in the peri-operative period.

- **ST segment depression** can be a sign of myocardial ischemia. It is important to rule out any underlying cardiac disease, such as coronary artery disease.
- **T wave inversion** can be a sign of myocardial infarction or pericarditis. It is important to evaluate the patient for any symptoms of coronary artery disease or pericarditis.
- **QT prolongation** can be a sign of electrolyte disturbances, such as hypomagnesemia or hypocalcemia. It can also be a sign of certain medications, such as amiodarone or sotalol. QT prolongation can increase the risk of torsades de pointes, a potentially fatal arrhythmia.

Interpreting the peri-operative ECG can be challenging, but it is an important skill for any healthcare professional who works in this setting. By following the rapid practical approach outlined in this article, you can quickly and accurately identify common arrhythmias, electrolyte disturbances, and other ECG changes. This information can help you to make informed decisions about patient care and improve outcomes.

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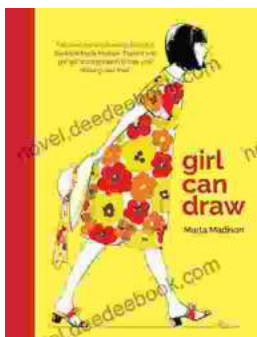
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