Preoperative assessment of hemoglobin A1c and albumin is reasonable to be performed.

<table>
<thead>
<tr>
<th>Class (Strength) of Recommendation</th>
<th>Class IIa (Moderate)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level (Quality) of Evidence</td>
<td>Level C-LD (Limited Data)</td>
</tr>
</tbody>
</table>

Correction of nutritional deficiency, when feasible, can be beneficial.

<table>
<thead>
<tr>
<th>Class (Strength) of Recommendation</th>
<th>Class IIa (Moderate)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level (Quality) of Evidence</td>
<td>Level C-LD (Limited Data)</td>
</tr>
</tbody>
</table>

Main Points

- Pre-operative serum hemoglobin A1c (HbA1c) < 6.5% is associated with decreased complications, including sternal wound infection and myocardial ischemia.

- Additional studies will identify if delaying non-urgent procedures in patients with stable cardiac disease to improve glycemic control will lead to improved outcomes.

- Low preoperative serum albumin levels in patients undergoing cardiac surgery are associated with acute kidney injury, increased infection rates, prolonged mechanical ventilation and length of stay, and decreased long-term survival.

- Intensive nutrition supplementation for 5-7 days prior to surgery may improve outcomes in patients with a pre-operative serum albumin <3.0 g/dL.

Key References


