

Preoperative measurement of hemoglobin A1c is recommended to assist with risk stratification.

Class (Strength) of Recommendation	Class IIa (Moderate)
Level (Quality) of Evidence	Level C-LD (Limited Data)

Preoperative correction of nutritional deficiency is recommended when feasible.

Class (Strength) of Recommendation	Class IIa (Moderate)
Level (Quality) of Evidence	Level C-LD (Limited Data)

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.
- 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

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