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

<table>
<thead>
<tr>
<th>Class (Strength) of Recommendation</th>
<th>Class IIa (Moderate)</th>
</tr>
</thead>
<tbody>
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<td>Level (Quality) of Evidence</td>
<td>Level C-LD (Limited Data)</td>
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Preoperative correction of nutritional deficiency is recommended when feasible.

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**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**


