Introduction:
Cardiac investigations preoperatively are based on indications independent of a patient's need for surgery. However, many published guidelines for perioperative risk assessment lack patients with BMI's similar to those undergoing gastric bypass. Echocardiography as well as nuclear stress testing in the morbidly obese can be problematic. Although cardiac chamber enlargement and perfusion abnormalities may be a common finding in the morbidly obese, cardiac investigations can produce false positive test results due to technical limitations.

Methods:
A retrospective study of patients undergoing gastric bypass surgery was undertaken reviewing the charts of patients subjected to cardiac investigations based on clinical indications. Baseline ECG abnormalities including nonspecific T wave changes or signs of previous infarctions were also considered in the decision for perusing further cardiac testing. Only patients with the suggestion of reversible ischemia on Nuclear Stress Testing were subjected to cardiac catherization.

Results:
Twenty three patients ranging from ages 39-66 were subjected to nuclear stress testing because of a high clinical suspicion for the presence of CAD. These patients possessed at least 5 /6 classical risk factors for CAD. Three out of the 23 patients had coronary artery lesions that necessitated emergency drug eluding stent revascularization. Seven of the 23 patients had completely normal coronary arteries and 7/23 had no significant disease. In 9/23 patients angiography showed coronary lesions 50% or greater, including the three patients who required DES. No patients required CABG.

Discussion:
A review of the literature pertaining to perioperative cardiac testing in morbidly obese patient's undergoing gastric bypass surgery will be undertaken

Conclusion:
In selective patients undergoing gastric bypass surgery coronary artery angiography and surgical revascularization may be indicated prior to surgery.