STRESS RESPONSE AND SEVERELY OBESE FOR OPCAB
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When a stress such as an operation occurs, a response ensues, which is the neurohormonal changes that are reproducible from patient to patient with a host of biologic alterations following tissue injury. Cardiovascular alterations include increases in heart rate, arterial blood pressure and CO. Because these physiologic changes all act to increase the myocardial oxygen consumption, it is almost certain that myocardial oxygen consumption is also markedly increased suggesting an especial emphasis on patients undergoing OP-CAB whose myocardial oxygen supply is already compromised. The altered hematology that occurs as a stress manifestation jeopardize the grafted vessels and hence the outcome of the surgery. severely obese patients who are candidates for OP-CAB present especial challenge being subjected to altered sympathovagal balance with prolonged QT interval making them prone to ventricular arrhythmias, and because of hyperinsulinemia and insulin resistance syndrome they tend to be at great risk of the oxidant stress even without surgery. The metabolic alterations of the stress response plus the metabolic syndrome of severely obese patients' makes diabetes of stress a more than welcomed intraoperative guest.