

Beta-Blockers Boost Heart Risk During Surgery

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Perioperative administration of beta-blockers during non-cardiac surgery may put patients at risk of acute heart problems, researchers found.

In a single-center study, use of beta-blockers during surgery significantly increased the risk of arrhythmia ($P=0.03$) and decompensated heart failure ($P=0.018$), [Prateek Dalal, MBBS](#) [1], of SUNY Upstate Medical University Hospital, and colleagues reported at the CHEST meeting here.

Although the confidence intervals were somewhat wide, the researchers said the findings, if replicated, could call into question guidelines from the [American College of Cardiology and the American Heart Association recommending use of these drugs](#) [2] in non-cardiac procedures.

[David Gutterman, MD](#) [3], of the Medical College of Wisconsin, who was not involved in the study, said clinicians "typically believe that continuing beta-blockers [in patients who've been on them] is almost always a good thing -- and it is -- since suddenly stopping [them], especially during stress like surgery, could cause rebound excess sympathetic activation which can lead to heart attack and other complications."

"Therefore," he continued, "the current study challenges that dogma, but it will take a much larger study to confirm whether this is true."

Since beta-blockers are commonly used to treat high blood pressure and congestive heart failure, it's not uncommon for surgical patients to be taking them, Gutterman said.

For these patients, maintaining their drugs around the time of surgery is a standard practice, but starting beta-blockers for all patients undergoing surgery is not, Gutterman said.

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