

**7. Bilan préopératoire d'une chirurgie thoracique**

Il existe deux types de recommandations : les européennes (8) (Cf. Figure 6) et les américaines (9) (cf. Figure 7). Dans les recommandations américaines, une évaluation du risque cardiovasculaire est nécessaire, se basant sur des critères cliniques et biologiques (Tableau 3) (10). Si le score est supérieur à 1, des investigations cardiologiques sont indispensables de même que des investigations fonctionnelles respiratoires plus poussées. Après discussion, les auteurs de ce document ont convenu de conserver les deux considérant qu'elles répondaient chacune à des situations différentes. Une scintigraphie de ventilation et perfusion peut être utile en cas de réserve respiratoire limitée.

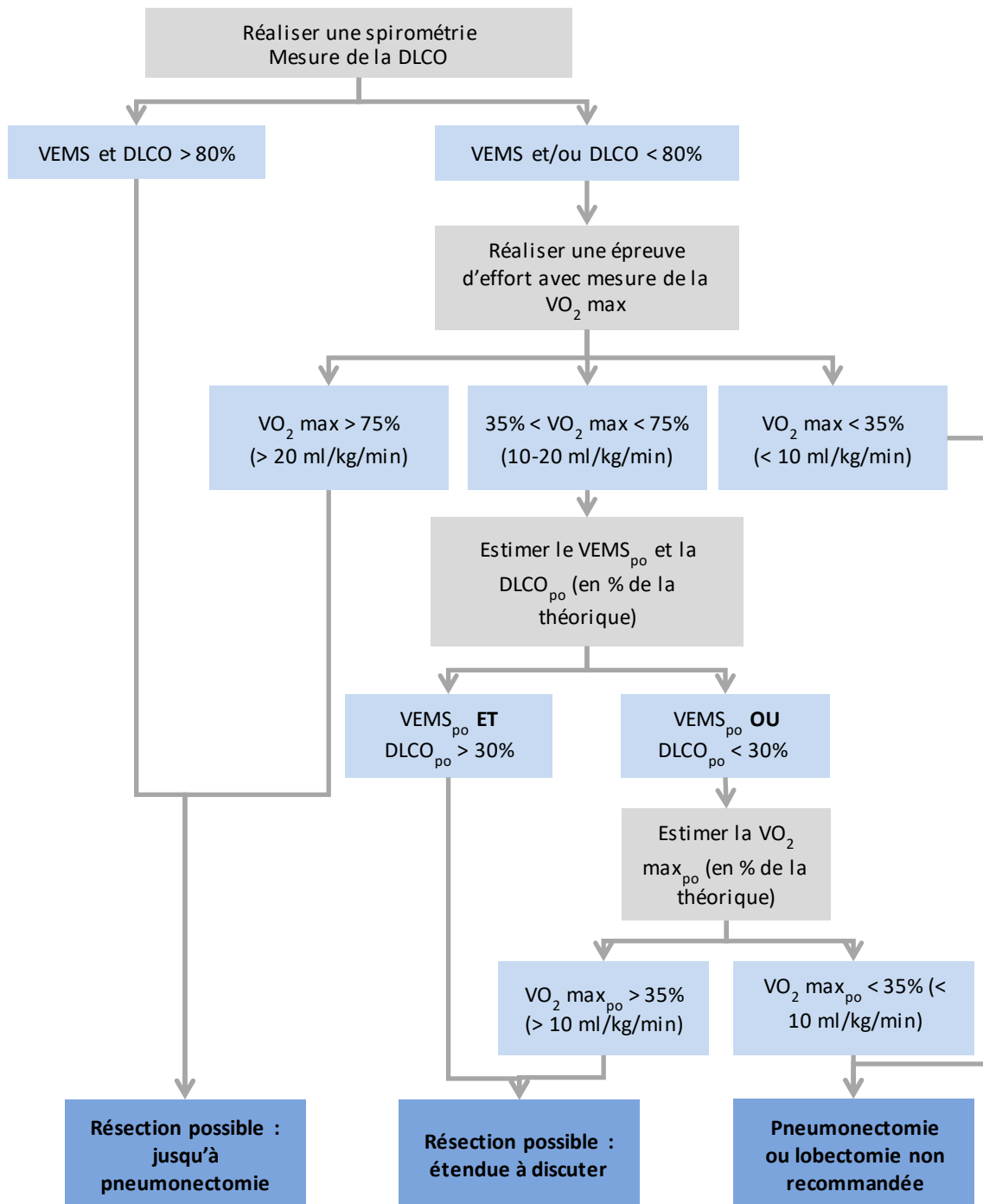


Figure 6 – Bilan préopératoire d'une chirurgie thoracique : Recommandations européennes ERS / ESTS (Adapté de (8)). po : post-opératoire

Facteurs de risque	Score
Créatinine > 176 µMoles/l	1
Cardiopathie ischémique	1,5
Maladie cérébro-vasculaire	1,5
Pneumonectomie envisagée	1,5
<b>Interprétation :</b>	
Valeur du score	Mortalité post-opératoire
Score = 0 (A)	1.5%
Score 1 à 1,5 (B)	5.8%
Score >1,5-2,5 (C)	9%
Score >2,5 (D)	23%

Tableau 3 – Facteurs de risque cardiovasculaire (10)

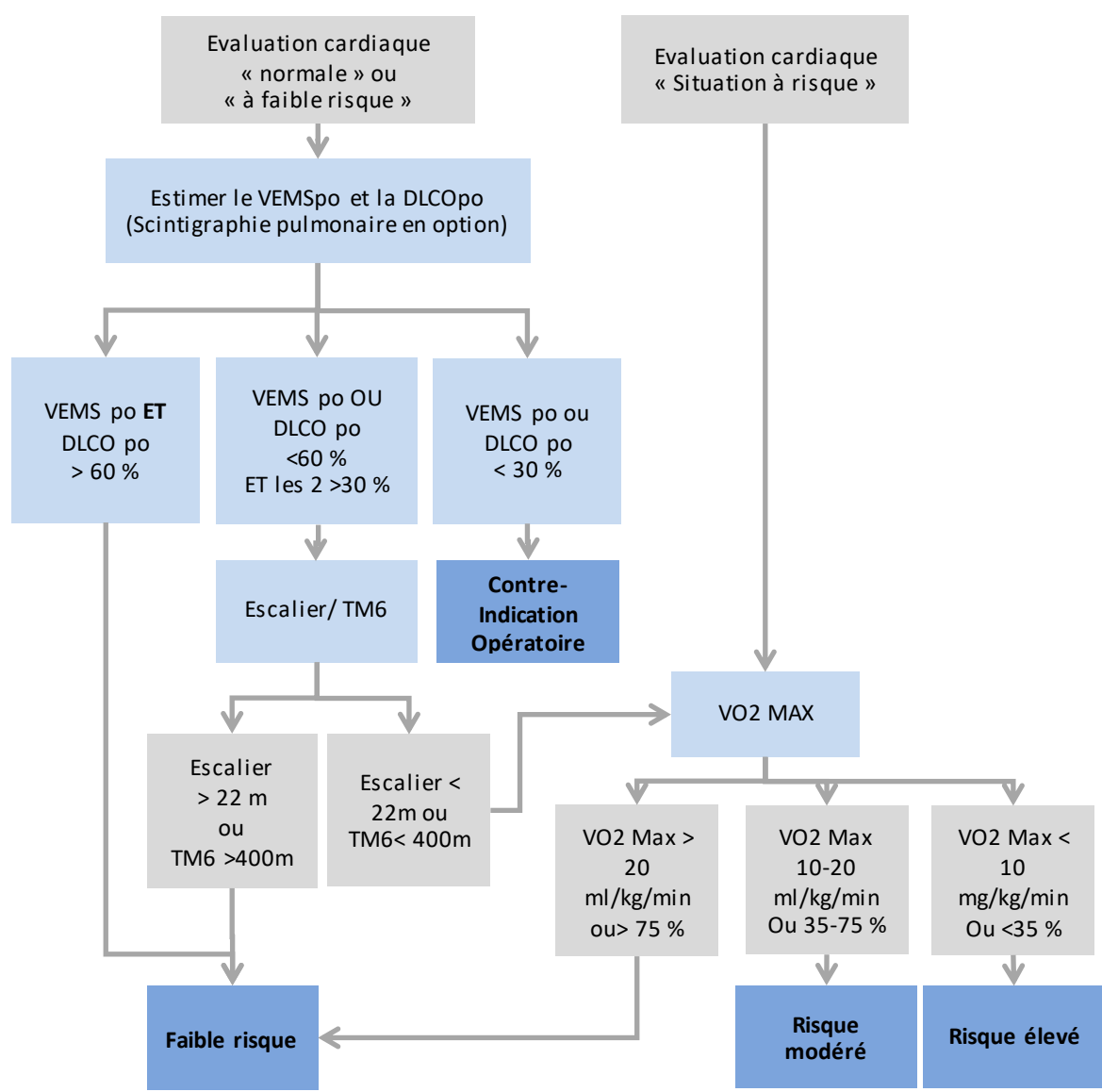


Figure 7 – Recommandations ACCP avant chirurgie du cancer bronchique (d’après (9)) po : Post-opératoire.

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