

Preface  
Vascular Anesthesia



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*Guest Editor*

Atherosclerosis leads to coronary artery disease, cerebral vascular disease, aortic and peripheral vascular disease, and, in total, accounts for more morbidity and mortality than any other disease process.

In anesthesiology, there is a great deal of emphasis on the surgical treatment of coronary artery disease, so we decided to emphasize the treatment of non-coronary vascular disease. When discussing the treatment of aortic and peripheral vascular disease (includes cerebral vascular disease), we had to emphasize the preoperative cardiac evaluation of these patients. Emphasizing preoperative evaluation is justified because, during the perioperative period, coronary artery disease is the most common cause for in-hospital morbidity and mortality. In this issue of *Anesthesiology Clinics of North America*, we assembled a group of physicians who work in academic institutions and asked them to share their insights and experiences in managing patients with atherosclerosis. All the authors are from the United States, with the exception of one who hails from Australia. Regional anesthetic management of carotid endarterectomy has been infrequently used in the United States, and therefore I elected to seek expertise from outside the United States. I suspect that, in the future, the majority of us will not be using general anesthesia to routinely manage patients undergoing carotid endarterectomy.

My own long-standing interest in vascular disease began in medical school, 30 years ago, when I was privileged to work with Dr. Michael E. De Bakey, during my surgical rotation at the Baylor College of Medicine in Houston. Dr. De Bakey was a pioneer in the surgical treatment of aortic disease. Since his seminal articles and discoveries some 50 years ago, we have gained a great deal of

knowledge about the pathogenesis and treatment of atherosclerosis, much of which is reviewed in this edition.

Furthermore, we have sought to be inclusive in looking at the perioperative management of these patients, from their preoperative evaluation to their postoperative care. Newer treatments, including endovascular stents, are discussed. As the population ages and with a decrease in mortality from other causes, all of us will be faced with patients coming to the operating room with atherosclerosis who are at high risk for morbidity and mortality. They will present for management of atherosclerosis or for unrelated surgical procedures, and their disease will influence our choices of anesthetics and management.

My colleagues and I hope that our efforts will advance this specialization in delivering anesthesia to patients undergoing vascular surgical procedures. It is in this context that the current text is offered.

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