PHYSIOLOGIC RESPONE

CARDIAC

TITLE	**Score**
CHF (Congestive heart disappointment)	1
HTN (hypertension)	1
AGE ≥ 75	2
AGE 65-74	1
DM (Diabetes Mellitus)	1
Stroke or TIA (transient ischemic assault)	2
Vascular issue (before MI, PAD OR fringe blood vessel sickness, aortic thrombus)	1
Sex sexual orientation (more in female)	1

Table(A) CHA2DS2-VASc Score Respiratory

TITLE	**Changes with obesity**
(***FRC***) Functional residual capacity	Decreased
(WOB)Work of breathing	Elevated
(***VC)*** Vital capacity	Decreased
(***TLC)***Total lung limit	Remain constant. morbidly obese decreased
(***ERV)*** Expiratory hold volume	Decreased
(FEV_1) Forced expiratory volume in 1^{st} S	Also remain constant …
Forced vital capacity (FVC)	Remain constant …decreased with morbidly obese patients
FEV_1/FVC	Remain constant …. decreased with morbidly obese patients
(DLCO) distributive capability of the respiratory organ for carbon monoxide gas	Remain constant …..

Table (B) Impact of obesity on breath: (Simonneau et al. 2004).(10)TABLE

System	Main Effects	Monitoring
Cardiovascular		• ECG in case of cardiac problems is predicted
	Coronary artery syndrome	• Efficient tools can be used to detect the risk of perioperative disorders (MACE) major adverse cardiac event.
		• Gave that danger of MACE ≥ 1 % and utilitarian condition is poor, stress testing ought to be finished
	PASP (pulmonary artery systolic pressure)	•Right ventricular hypertrophy (RVH), aspiratory hypertension (PTH) provided that ECG appears, acceptable group branch square, right hub deviation.
		• Reverberation to assess left and right ventricular capacity, morphology, valvular condition and to distinguish aspiratory supply route weight
		• Right heart catherization.
	CHF (congestive heart failure)	• Chest X ray
		• Echocardiography.
Respiratory		
	Dyspnea	• Chest X ray
	Asthma	• Pulmonary function testing to detect restrictive or obstructive pattern
	(OSA) Obstructive sleep apnea	• BY history, examination, investigation
		• Use polysomnogram
		• Start CPAP/biPAP before surgery
	(HS)Hypoventilation syndrome	• ABG (Arterial blood gas)
Gastrointestinal		
	GERD (gastro oesophageal reflux disease)	• consider24-h pH monitoring
		• consider upper endoscopy
		•consider Esophageal manometry
		•consider Barium swallow (upper gastrointestinal arrangement)
	Nonalcoholic greasy liver sickness (NAFLD)	• consider Liver capacity tests (LFTs)
		•consider Triglyceride level
		•consider Liver ultrasound gave that LFTs are expanded or symptomatic biliary issue

	Helico- bacter. Pylori (H.pylori)	•consider Stool antigen test
		•consider Urea breath test
		•consider Endoscopy – quick urease test
Endocrine		
	(DM) Diabetes mellitus	• consider Hgb A1c
		• consider glucose level measurement
Hematologic		
	Venous thrombo-embolism) ….	• Assess VTE threat: level of obesity, maturing, history of DVT previously, hypercoagulable state or history of harmful malady, fixed status…
Psychologic		• Assess Psycho-social-conduct issue
	ANXEITY AND Melancholy	• pay attention for patients at dnager for suicide
	BINGE EATING CHANGES • (focus for patients at dnager for suicide)	
Nutritional		• Think about Iron profile, folate, 25-hydroxyvitamin D, B12
		• Measure calcium, magnesium, phosphate (***electrolytes levels***)

Table (c) Effect of obesity on different body systems