

## **Ophthalmologic procedures not tied to increased AMI risk**

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Ophthalmologic procedures performed in an outpatient setting do not



appear to be associated with an increased risk for acute myocardial infarction (AMI), according to a study published online March 22 in the *Annals of Internal Medicine*.

Abhijit Sen, Ph.D., from the Norwegian University of Science and Technology in Trondheim, and colleagues examined the short-term risk for AMI associated with ophthalmologic procedures in a populationbased nationwide study with a case-crossover design. First-time patients with AMI, aged 40 years and older, were identified via inpatient registries and were linked to outpatient surgical procedures in Norway and Sweden. For each participant, exposure to ophthalmologic procedures in the zero to seven days before AMI diagnosis was compared to exposure during a seven-day period 30 days earlier using self-matching. Data were included for 806 patients with AMI.

The researchers found that the likelihood of AMI was lower in the week after an ophthalmologic procedure than during the control week (odds ratio, 0.83). When analyses were stratified by surgery subtype, anesthesia, duration, invasiveness, patient age, or comorbidity, no evidence of increased risk for AMI was seen.

"Ophthalmologic procedures seemed to be safe in general and the perioperative measures taken to decrease AMI risk seem to be satisfactory," the authors write. "However, while <u>clinicians</u> are doing particularly risk-prone procedures with high invasiveness, it is still important that they consider every possible preventive strategy to decrease excess risk, including a thorough preoperative health assessment or risk stratification before elective surgery."

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