Surgery in PH Patients: Shedding Some Light in an Unchartered Territory

It is a tremendous honor to take on the role of the Editor-in-Chief of *Advances in Pulmonary Hypertension*. As the Journal enters its 12th year, it is inspiring to witness its growth over the years. When *Advances* was created, as the only journal solely dedicated to PH at the time, the founders of the journal envisioned a forum where PH – with all its complexities and uncertainties – would have a home. Indeed, the Roundtable was initiated by the first Editor-in-Chief, Dr. Victor Tapson, as a way for PH clinicians to express their opinions, voice their concerns and questions to each other and the PH community.

The changes the journal has undergone parallel the growth of the field. Under the dedicated leaderships of the editors-in-chief who subsequently took over the helm during the past decade – Drs Vallerie McLaughlin, Ronald Oudiz, Richard Channick, and Erika Berman-Rosenzweig – and the distinguished members of the editorial board, *Advances* remained true to its mission of bringing the latest development in PH, with a keen focus on clinical relevancy. Indeed, the current organization of the issues with sections dedicated to discussion on clinical research updates as controversies, noteworthy publications related to the field of pulmonary vascular disease, and articles focusing on the important topics related to patient care from allied health groups all reflect the commitment of serving the PH medical community in care of the patients.

Thus to continue fulfilling our goal, with advice and input from the Scientific Leadership Council and the editorial board members, the journal has recently undergone some updates. First, you will see that the journal has a new cover - with the periwinkle color for background to represent PHA - as well as discontinuation of the CME section (in light of CME courses available via "PHA OnLine University"), structured abstract with each article, and changes in reviewing process of manuscripts. So in essence, the "look" of the journal has evolved but the content and intent of the articles remain the same, bringing you quality articles by world's leading PH experts. In implementing these changes, I would like to thank Rich Channick for his enduring support and encouragement and Erika Berman-Rozenzweig for easing the transition with her helpful advice and planning. I would also like to thank our Managing Editor, Deb

McBride, for her tireless effort in transforming all the plans into reality.

We are pleased to bring you this issue titled "Managing PAH in the Perioperative Setting," which is first of a two-part series in our focus on PH patients and surgery. PH physicians are often faced with the task of providing "surgical clearance" and recommendations for perioperative management when our patients require invasive interventions. Providing a risk assessment and management plan is a daunting task. With no guidelines focused on the topic, clinicians often rely on advice of their colleagues and we wanted to bring you the collective experiences from some of our PH physicians and allied health members. I am grateful to Sean Studer, for serving as the guest editor in taking charge of developing this challenging issue. He has invited outstanding authors to bring their insights in overseeing perioperative management of a PH patient. I hope you find this issue helpful in your clinical practice.

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GUEST EDITOR'S MEMO

It is a challenging question for any pulmonary hypertension (PH) clinician to be asked, "Is this patient OK to go to surgery now?" Even if one is able to answer confidently in the affirmative, the follow-up query, "Any specific recommendations for perioperative management?" may result in a longer pause before responding. This topic is a challenge for clinicians to address largely due to the very limited data upon which to make evidence-based recommendations. So, how do we proceed given these uncertainties?

We start with the first of the three articles in this issue that addresses the question of preoperative evaluation and outlines a framework for preparing our patients as well as the entire multidisciplinary care team (including the nurses, pharmacists, cardiologists, pulmonologists, anesthesiologists, and surgeons) for the planned procedure. In the second article, Drs Rafael Ortega and Christopher Connor analyze the approach to optimizing anesthesia and intraoperative management in patients with PH. In the third feature, Dr Rebecca Dezube, Traci Housten, RN, MS, and Dr Stephen Mathai present their approach to an actual patient scenario and focus on the post-operative management.

Considering referral and management in special procedures begins in this issue with a discussion of bariatric surgery and continues with the next issue of Advances, which will review abdominal organ transplantation in patients with PH. Bariatric surgery is becoming increasingly accessible at medical centers and with an increasing body of evidence that metabolic changes associated with obesity may contribute to the pathophysiology of PH, this month's Roundtable discussion tackles the benefits and risks of bariatric surgery. This edition's Ask the Expert column, authored by Dr Marc Simon, reviews the treatment of PH crisis in the perioperative period. Finally, the Pulmonary Hypertension Professional Network (PHPN) column of this edition helps conclude the approach to the PH patient requiring surgery

with an outstanding checklist that summarizes the practical approach to preoperative assessment and management.

These articles share a common theme regarding the importance of communication among the interdisciplinary team members in the perioperative setting. While frequent and detailed communication is an integral aspect of the *medical* care of the patients with PH, its importance from the preoperative until the postoperative period cannot be overemphasized. We hope that this issue provides readers with valuable insights into the management of PH in the perioperative setting and also that the many unanswered questions are the subject of research in the near future.

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