PRE OPERATIVE CARE

Date Issued: July 2002
Date Revised: August 2012
Review Date: August 2015
Authorised by: Department of Anaesthesia
Review Team: Dept of Anaesthesia

PRE OPERATIVE CONSULTATION

KEY WORDS
Pre admission clinic, elective surgery, emergency surgery, investigations, high risk anaesthetic clinic

AIM
All patients having elective surgery requiring admission to hospital for at least one overnight stay should be seen in the pre-admission clinic.

THE PRE-ADMISSION CLINIC (PAC)
Patients are assessed by anaesthetic, surgical, nursing and pharmacy staff, prior to surgery, in the PAC for a number of reasons.

- Identification and assessment of medical and potential anaesthetic problems.
- Formulation of an appropriate peri-operative management plan.
- Discussion of, and consent for, anaesthetic plan.
- Ideally patients are seen 2-3 weeks prior to their surgery.
- There are pre-admission clinics on the following days
  - Tuesday 0830-1200 for gynaecology and urology patients
  - Tuesday 1300-1600 for caesarean section patients
  - Wednesday 1230-1600 for gynaecology and urology patients
  - Thursday 1300-1600 for oncology patients

PRIOR TO ASSESSMENT IN THE PAC
- It is expected that the primary team will assume responsibility for the medical care of their patients. The PAC is not designed to review and stabilise all the medical problems of patients within the few days leading up to their procedure.

- Pre-op investigations as per guidelines should be ordered by medical staff at the time of booking surgery (ref: guidelines for pre-operative investigations).

- Patients with unstable or potentially life-threatening medical conditions should be reviewed by a physician for assessment and optimisation prior to being seen in the PAC.

- Patients in whom peri-operative or anaesthetic risk are thought to be high should be referred to the high risk anaesthetic clinic well prior to their admission date (see below).

HIGH RISK ANAESTHETIC CLINIC
Tuesday 1300-1600

The purpose of the high-risk anaesthetic clinic is to address specific concerns regarding the peri-operative management of high-risk patients. Examples of this include patients in whom peri-operative risk is considered so high that surgery is either modified or does not proceed at all, or patients in whom cardiology, respiratory, or intensive care back-up may be required. Gynae-oncology patients need not
be referred to high risk clinic as they will be seen promptly by a consultant anaesthetist at the dedicated Thursday clinic.
All patients should have a written consultation request (faxed or delivered to theatre reception) containing the following information at a minimum:

- The proposed operation, as well as any surgical or non-surgical alternatives
- The date of surgery (if known)
- Significant co-morbidities
- The results of relevant investigations where these are not available on a KEMH computer (eg echocardiogram reports), or an assurance that copies have been requested and will be in the notes
- The name and contact number or pager of the doctor making the referral
- The name and contact details of the responsible consultant - High risk anaesthetic clinic patients will be seen by an anaesthetic consultant, & direct discussion with the gynaecology or obstetric consultant is often necessary.

It will be necessary for most patients to be reviewed in their specialty clinic after being seen in the high risk anaesthetic clinic to discuss the final plan for their care.

**DAY SURGERY PATIENTS**

Day surgery patients are assessed either on the day of surgery or in the PAC prior to admission

**DAY SURGERY PATIENTS REQUIRING ASSESSMENT IN THE PRE-ADMISSION CLINIC**

- All patients who give a history of previous complications with anaesthesia

- All patients with a history of cardiac disease including
  - Ischaemic heart disease
  - Valvular heart disease
  - Congestive cardiac failure
  - Hypertension
  - Arrhythmia (includes atrial fibrillation)

- All patients with a history of chronic pulmonary disease including
  - Chronic obstructive pulmonary disease
  - Asthma requiring regular medication
  - Obstructive sleep apnoea

- All patients with diabetes mellitus
- All patients with chronic renal disease
- All patients with known malignancy
• All patients with known or suspected bleeding disorder including
  o Von Willebrands Disease
  o Haemophilia

• All patients with rheumatoid arthritis
• All patients with BMI >35
• All patients with chronic pain requiring regular analgesia
• All patients who require an interpreter or carer for the purposes of history and consent

If clinic staff are unsure whether to refer patients to PAC please call the Duty Anaesthetist (page 3225) to discuss individual patients. It may be that a phone consultation is feasible (e.g. for country patients)

All day surgery patients should have investigations as per guidelines organised by the surgical clinic at the time of booking. See clinical guideline below

Pre operative Investigations

IN-PATIENTS HAVING SEMI-ELECTIVE SURGERY
In-patients whose operations are scheduled on elective lists should be assessed by their anaesthetist prior to their operation.

At the time of booking the duty anaesthetist should be informed, either by fax of consult request to theatre reception (fax 9340 2227), or directly (page 3225) for more urgent cases. The duty anaesthetist will then arrange for review by appropriate anaesthetic staff.

PATIENTS HAVING EMERGENCY SURGERY
The duty anaesthetist (page 3225 or speed dial 6225) should be informed directly of all emergency operations at the time of booking.