PRE OPERATIVE CARE

PRE OPERATIVE INVESTIGATIONS

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PRE OPERATIVE INVESTIGATIONS

AIM

The completion and availability of appropriate pre operative investigations prior to surgery.

KEY POINTS

1. All patients are individuals and the need for investigations must be considered on an individual basis. A thorough medical history and examination is essential before ordering investigations.

2. If in doubt contact the anaesthetist who is allocated for the patients operation or the Duty Anaesthetist ( page 3225 or direct dial 6225 )

3. Investigations should be ordered by the surgical team at the time of booking the surgery. Results will then be available for review at the Pre-Admission Clinic.

ELECTROCARDIOGRAM (ECG)

An ECG should be performed pre operatively on the following patients. If these conditions are stable the ECG does not need to be repeated within 6 months.

- Patients > 60 years if no ECG within previous 12 months.

- Patients with history of cardiovascular disease including:
  - Arrhythmia.
  - Congestive cardiac failure.
  - Hypertension.
  - Ischaemic heart disease.
  - Valvular heart disease.

- Patients with a history of chronic pulmonary disease including:
  - Chronic obstructive pulmonary disease.
• Obstructive Sleep Apnoea.

• Chronic Renal Disease.

• Patients with a history of diabetes mellitus.

• Patients receiving digoxin or diuretic therapy.

CHEST XRAY

• Patients with acute exacerbation of chronic respiratory or cardiac disease. E.g. Increased shortness of breath, worsening cough with sputum change.

Note: these patients are likely to require assessment/optimisation by their GP or physician prior to elective surgery.

• Patients in whom focal pulmonary pathology is suspected based on history or examination findings e.g. Pleural effusion, metastases.

UREA & ELECTROLYTES

• Patients > 60 years having major surgery. ( e.g. requiring overnight admission )

• Patients suffering from:
  o Cardiovascular disease.
  o Renal disease.
  o Diabetes mellitus.

• Patients receiving
  o Diuretic therapy.
  o Steroid therapy.
  o Digoxin.
  o ACE inhibitors

FULL BLOOD PICTURE

All patients having major surgery. (e.g. Requiring overnight admission)

• Patients > 60 years.

• Patients suffering from:
  o Bleeding disorders.
  o Malignancy.
  o Menorrhagia (add iron Studies).
COAGULATION TESTS
All patients:

- With (or suspected) abnormal liver function.
- With known bleeding disorder or tendency.
- Taking warfarin or other anticoagulants.
- With metastatic malignancy.
- With pre-eclampsia if platelet count < 100.
- With suspected placental abruption.
- In whom risk of post-partum or intra-op bleeding is considered high.
  - placenta praevia / accreta.
  - previous severe PPH.

Patients with known coagulation disorders should be discussed with the haematologist, as specific tests may be required.

LIVER FUNCTION TESTS (INCLUDING ALBUMIN)
Patients suffering from:

- Chronic alcohol abuse.
- Metastatic malignancy (also check calcium and phosphate).
- Severe pre-eclampsia.
- Liver disease.

COMPLEX INVESTIGATIONS
Patients who have significant cardiopulmonary dysfunction and further investigation is considered, e.g. Pulmonary Function Tests/ Echocardiography/ Arterial Blood Gas, contact the Consultant Duty Anaesthetist, or ensure early review in Pre-Admission Clinic or High Risk Anaesthetic Clinic.

PRE-TRANSFUSION TESTING (E.G. G&H, X-MATCH)
Refer to Maximum Surgical Blood Order Schedule