

# Preoperative Assessment

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# Outline

- Purpose
- When and how

# Purpose

- To plan best treatment for patient
  - Staging of neoplasms
  - To identify extent of problem
  - To choose best treatment for this patient
- To optimize co-morbidities
  - To advise patient/team of increased risk
  - To optimize patient outcome
    - permit stabilisation
    - permit pre-operative intervention
    - permit remedial action
    - improve peri-operative care
    - gain assistance of appropriate people

# When and How?

- In outpatients
  - Surgical team assessment
  - Cross referral to other specialities
    - Patient with known co-morbidities
    - Patient in whom new problem identified
- Pre assessment clinic
  - Nurse lead eg. for day case surgery
  - Anaesthetic lead eg. for patients with major co-morbidities
- In the hospital
  - Anaesthetic requirements
  - Checklists

# Surgical Outpatients

- Chart review
  - To identify significant problems
- Past medical history
- Drugs
- Clinical examination
- Special investigations
  - Surgical requirements
    - Calcium, Thyroxine, TSH, Vocal cord assessment
    - PFTs, ABG for thoracotomy/pneumonectomy
    - CEA for patient with adenocarcinoma
  - Anaesthetic requirements
    - FBC, U&E, CXR, ECG and rarely others

# Past/Present Medical History

- Hypertension
- Ischaemic Heart Disease
- Valvular heart disease
  - Aortic Stenosis
  - Anti-coagulation
- Rheumatoid Arthritis
  - Cervical spine instability, steroids
- Chronic renal impairment
  - Associated accelerated atherosclerosis
  - Coagulopathy, qualitative platelet dysfunction
  - Need for dialysis

# Drugs

- Coagulation
  - Aspirin, clopidrogel, warfarin
  - Oral contraceptive pill, Hormone replacement therapy
- Antihypertensives
- Betablockers
- Steroids
- Diabetic
  - Oral hypoglycaemics
  - Insulin
- Anaesthetic drug interaction
  - Monoamine oxidase inhibitors (Linezolid)

# Clinical Examination

- Weight and body mass index
  - Record weight for recovery period
  - Morbidity associated with obesity
- Urinalysis
  - unsuspected diabetes, renal disease, uti
- Specific examination to `stage' disease
- Generic examination
  - General appearance
  - Significant congestive cardiac failure?
  - Cyanotic at rest? Dyspneic at rest
  - Evidence of chronic liver dysfunction?



# Problem identified in OPD

- Refer to appropriate specialist, pre admission?
- Order any special investigations that may be needed?
- May require admission to expedite matters
  - Waste of inpatient resources

# Admission

- Can you do anything to make the patients treatment safer?
- Scare resource of beds and theatre time
  - Can you do anything to optimize use of these resources?

# Following Admission

- Surgical assessment as for outpatients but more detailed
- History, Examination, Investigations as above
- Look at OPD notes and correspondance
- Be aware of local policies regarding this patients particular problem
- Be aware of local anaesthetic requirements
- Inform senior team members of any problems you identify, eg. patient has aortic stenosis, did not stop warfarin

# Things to consider

- Can you do anything to improve outcome for patient?
  - Pre-operative nebulisers?
  - Check the coagulation status?
- Patient going to theatre
  - Anaesthetic requirements
  - This particular problem requirements
  - This particular patient requirements
- Ensure correct side and site are operated upon
- Consent process
- Documentation

# Checklists

- Airline industry model
- Ensure you do not forget anything
- Easier to go through checklist than to think and remember the things you should do, increases SAFETY
- Adopted by our nursing colleagues as best practice
- But checklist dumbs down the experience for the doctor and they dont like it