



## QUINTE HEALTHCARE CORPORATION

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### Surgical – Pre-Anesthetic Requirements for Elective Surgery

<b>Title: Surgical – Pre-Anesthetic Requirements for Elective Surgery</b>		<b>Policy No:</b>	<b>3.23.3</b>
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<b>Manual:</b>	<b>Clinical</b>	<b>Last Review Date:</b>	April 2019 October 11, 2012
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<b>Department:</b>	<b>Surgery</b>	<b>Policy Lead:</b>	Chief of Anesthesia
<b>Approved By:</b>	<b>Medical Advisory Committee/Surgical Program Advisory Committee</b>		

#### **Policy:**

Perioperative mortality and morbidity are known to increase with the severity of pre-existing disease. A careful preoperative assessment allows the surgeon and anesthesiologist to optimize the patient's condition before surgery and tailor the approach to the individual patient's situation. It is the responsibility of the anesthesiologist to determine whether or not the clinical information and diagnostic test results are adequate, if further consultation is required and finally, if the patient is fit for anesthesia.

1.1 Prior to surgery the minimum duration of fasting for health patients who are undergoing elective procedures is:

Age of Patient	Solids and Nonclear Liquids (Milk etc.)	Clear Liquids (black tea/coffee, water)
< 6 months of age	4 – 6 hours	2 hours
6 – 36 months	6 hours	2 – 3 hours
3 – 17 years	6 – 8 hours	2 – 3 hours
Greater than 18 years = (adult)	6 – 8 hours *see below	2 – 3 hours

- > 8 hours after a meal that includes meat, fried foods
- > 6 hours after a light meal (toast/clear fluid)

\* Assumption of no gastrointestinal motility disorders

- 1.2 A signed and witnessed consent to surgery and anesthesia with accurate detail of the nature and site of proposed operation.
- 1.3 A documented history and physical exam that is performed/updated within three months of the actual surgery date and shall include findings indicating the necessity of the proposed surgery.
- 1.4 Pre-anesthesia evaluation by the anesthetist preceding delivery of anesthesia will include
  - Evaluation of pertinent medical records and findings from diagnostic tests
  - Patient Interview
  - Physical examination (airway exam, lung auscultation, cardiovascular exam and vital signs)
- 1.5 Pre-medication when indicated is ordered by the anesthetist.
- 1.6 All relevant infectious disease screening as per hospital protocol.

### **1.7 Preoperative Testing:**

1.7.1 Preoperative testing should be performed only when indicated by the:

- History
- Physician examination
- Specific procedure being performed
- Type of anesthesia being used

1.7.2 Preoperative ECG:

A preoperative 12-lead rest ECG is required for:

- Recent episode of chest pain or ischemic equivalent
- Follow Choosing Wisely Canada guidelines for all other indications (see page 3)

1.7.3 Preoperative Chest X-ray:

A preoperative chest x-ray is not routinely ordered unless there is a clinical indication. Avoid retesting if recent results are available and within normal limits, unless the patient's clinical status has changed significantly.

- Normal laboratory tests and ECGs performed within the previous three months
- Chest x-rays performed within the previous six months

Preoperative tests to be considered by the surgeon for common clinical problems and symptoms:

***See Ontario Pre-operative Testing “Choosing Wisely Canada” Grid  
on the next page***

# PRE-OP TESTING GUIDELINES

	CBC	G&S	CREAT	LYTES	GLUC	LFTS	INR & PTT	EKG	CXR
Surgical procedure on Group and Screen List (refer to “Specialty Specific List”)									
History of anemia bleeding disorder and/or active bleeding. Major cardiovascular disease (i.e. exercise tolerance of METS <4 see table below). Cancer diagnosis Age >70 or < 1 year old.									
History of renal, adrenal, pituitary or major system endocrine disease.									
Use of digoxin, lithium, diuretics, ACE-1 or ARB. History of electrolyte abnormality.									
History of diabetes									
History of systemic steroid use within 6 months									
History of bleeding disorder, liver disease or malnutrition. Alcohol use >2 drinks/d for women and >3/d for men.									
Use of anticoagulant drugs (except ASA).									
Age >69. History of cardiac disease, peripheral, cerebral or pulmonary vascular disease. ≥2 risk factors (HTN, CKD, DM, OSA< BMI>35)									
Symptomatic respiratory or cardiac disease (refer to “Specialty Specific List”). History of lung cancer or mass.									

**Do not order baseline laboratory studies (complete blood count, coagulation testing, or serum biochemistry) for asymptomatic patients undergoing low-risk non-cardiac surgery.**

**“Do not order a baseline electrocardiogram for asymptomatic patients undergoing low-risk non-cardiac surgery”**

**“Do not order a baseline chest X-ray in asymptomatic patients, except as part of surgical or oncological evaluation”**

**Note: Patients may require additional tests according to individual clinical circumstances.**

## Guidelines for Anesthesia Consultation

Approved by the Department of Anesthesia (March 2019)

<b>A. Patient Risk Factors</b>	
<b>Cardiac</b>	
Coronary artery disease	<ul style="list-style-type: none"> <li>• severe (NYHA class 3 or 4 angina)</li> <li>• new onset of symptoms</li> <li>• MI - less than 3 months previously</li> </ul>
Rhythm Problems	<ul style="list-style-type: none"> <li>• Newly diagnosed atrial fibrillation</li> <li>• Recent Holter monitor, pacemaker/ICD</li> </ul>
Congestive Heart Failure (CHF)	<ul style="list-style-type: none"> <li>• Recent exacerbation - less than 3 months</li> </ul>
Severe valvular heart disease, other cardiac abnormalities	
Other major cardiac corrective surgery, transplant	
Moderate-severe pulmonary hypertension (HTN)	
Decreased exertional capacity	<ul style="list-style-type: none"> <li>• Shortness of breath or chest pain with one flight of stairs (pain not due to arthritis)</li> <li>• History of coronary artery disease (CAD) but unable to assess functional status (e.g., wheelchair bound)</li> </ul>
<b>Respiratory</b>	
Severe COPD	<ul style="list-style-type: none"> <li>• home O2</li> <li>• recent admission for exacerbation</li> </ul>
Restrictive lung disease – pulmonary fibrosis	
History of lung cancer with resection or radiation treatment	
<b>Neurological</b>	
Progressive/changing neurological disease	
Multiple Sclerosis	
Muscular disorders	<ul style="list-style-type: none"> <li>• muscular/myotonic dystrophy</li> <li>• spina bifida with significant limitations</li> <li>• myesthesia gravis</li> </ul>
<b>Other</b>	
Renal – acute renal failure or dialysis dependent	
Hepatic – cirrhosis or transplant recipient	
Coagulation disorders	
Significant anxiety, or concern about anesthesia	
Significant syndromes (affecting facial anatomy, cardiovascular function etc.)	
<b>B. Surgical factors</b>	
Long/complicated surgery	<ul style="list-style-type: none"> <li>• e.g., Abdominoperineal resection, gastrectomy, nephrectomy</li> </ul>
Disposition	<ul style="list-style-type: none"> <li>• expected ICU stay postoperatively</li> </ul>
Requirement for special management or monitoring	
<b>C. Anesthesia factors</b>	
<b>Airway</b>	
<ul style="list-style-type: none"> <li>• Previous difficult intubation</li> <li>• Prior significant airway surgery, radiation, tracheostomy</li> </ul>	
<b>Complications</b>	
<ul style="list-style-type: none"> <li>• Unexpected postoperative ventilation or severe breathing problems with prior surgery</li> <li>• Personal history of <u>anaphylaxis</u> to anesthetic/perioperative medication</li> </ul>	