Assessment of Fitness for Surgery

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Pre - Operative Assessment

- General remarks
- NCEPOD
- Risk scoring systems
- Recommended investigations/tests
- Organ specific assessment
- Regular medication
- Consent
Definition
Pre-Operative Assessment

Pre-operative assessment establishes that the patient is fully informed and wishes to undergo the procedure. It ensures that the patient is fit for the surgery and anaesthetic. It minimises the risk of late cancellations by ensuring that all essential resources and discharge requirements are identified.

Modernisation Agency
Professional Guidelines

The Association of Anaesthetists:

Pre-operative Assessment The Role of the Anaesthetist
NICE Preoperative Tests
National Good Practice Guidance
on Pre-operative Assessment for IP Surgery
Who should undergo pre-assessment?

All patients should undergo pre-assessment!

NCEPOD 1 Emergency
NCEPOD 2 Urgent
NCEPOD 3 Scheduled
NCEPOD 4 Elective
CONSULTANT SURGEON
(DECISION TO OPERATE)
NB: Set provisional TCI date and need to allow 4 weeks gap between Pre-assessment appointment and TCI date.

PRE-ASSESSMENT NURSE
(i) ASSESS FITNESS FOR SURGERY &
(ii) ASSESS COMMUNITY CARE NEEDS
IN-DEPTH SURGICAL ASSESSMENT (SHO)

ANAESTHETIST
(i) FURTHER ADVICE TO APPROVE FITNESS FOR SURGERY
Mainly some ASA 2 & above

FIT FOR SURGERY
NB: Confirmed TCI date

SPECIALIST ADVICE
(e.g. Cardiology / Respiratory / Circulatory)
Possible Outcomes Requested by Anaesthetist
(Anaesthetist assess patient again with specialist results/advice.
(Anaesthetist review specialist results/advice (without patient present).

Referrals should not be about assessing FITNESS FOR SURGERY

(ii) Refer to Social Worker / OT / Physio
(Mainly Orthopaedics cases)
Anaesthetic Pre-operative Assessment Clinic

- Consultant clinic
- Patients with medical problems
- Major surgery
- Referral by POA nurse or doctor
- 2 slots per week for “urgent cases”
Basic requirements and skills

- History-taking
- Physical examination
- Ordering and evaluating investigations
Risk scoring systems

American Society of Anesthesiologists (ASA) physical status grade

I. Healthy patient. Localized surgical pathology with no systemic disturbance.

II. Mild/moderate systemic disturbance (the surgical pathology or other disease process). No activity limitation.

III. Severe systemic disturbance from any cause. Some activity limitation.

IV. Life-threatening systemic disorder. Severe activity limitation.

V. Moribund patient with little chance of survival.
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Pre-assessment Outcome

Dyspnoea grading

I. No dyspnoea whilst walking on level at normal pace
II. Mild, non-specific (speed not distance) restriction. “Walk as far as I like provided I take my time.”
III. Moderate, specific, outdoor limitation. “Stop for a while after .. (a recognisable distance limitation)”
IV. Marked dyspnoea on mild, indoor exertion. “Stop for a while between kitchen and bathroom.”
V. Incapacitation. Dyspnoea at rest.
Pre-assessment
Suitability for day surgery

Criteria

- Non-blood loss operation
- BMI
- Minor or certain intermediate surgical procedure
- Analgesia
- Not associated with prolonged immobilization
- Short travel times
- Escort by responsible adult
Cardiovascular system

Investigations
ECG

- All patients > 60 years
- Cardiac risk factors
- Symptomatic pulmonary disease
- Pacemaker check within 6 months
Respiratory

Investigations
CXR

No routine order of CXR

- Congestive heart failure
- Severe pulmonary disease
- Goiter
Respiratory

Investigations
PEFR

• Asthmatics

Lung function test/ABG

• Severe pulmonary disease
• Poor exercise tolerance/SOB at rest
Endocrine

**Diabetes**

Investigations
Blood glucose level
HbA1c

**Thyroid function test**
- Known thyroid disease
Haematolgy

Sickle screen

Warfarin
Fasting

NIL by mouth for 6 hrs.
Clear fluids up to 2 hours prior surgery.

Regular medication with clear fluids.
Conclusion

We can anaesthetize almost any patient, but only if their medical problems have been fully assessed and optimized i.e. they are as good as they going to get!
Thank for your attention!