The Shrewsbury and Telford Hospital NHS
NHS Trust

Information for GPs on Pre-operative Assessment

With the introduction of 18 week targets, primary care and hospital trusts need to work together to ensure patients receive timely treatment. This document has been produced to assist GPs in their management of their patients prior to elective surgery.

GPs are encouraged to forward letters with their patient referrals, as these are invaluable in assessing the patient's past medical history, any current medication and any investigations carried out so far.

Information to be included in all referral letters

- Current BP reading
- Any diagnosis of hypertension
- If under investigation for any other condition
- Height
- Weight
- BMI
- Smoking status
- If diagnosed diabetic, the current HbA1c
- Cardiac history
- If taking Warfarin, recent INR if available
- Known previous MRSA and C.diff record

Enclosing this information in the referral letter will help prevent unnecessary delay for your patients. Following repeat screening of an MRSA positive patient in the primary care setting, GPs are requested to inform the Preoperative Assessment Clinic of a clear reading to expedite the patient's elective surgery.

Pre-operative assessment: the procedure

Patients are assessed in the Pre-operative Assessment Clinic in the Treatment Centre, Royal Shrewsbury Hospital site, at the time of decision to treat, rather than assessment just prior to surgery. All patients will have a nursing assessment with selected anaesthetic assessment as appropriate.

The Pre-operative Assessment Clinic is a walk-in clinic (so no appointment is needed) and patients are advised to allow half a day for this. A consultant

anaesthetist is generally present in the Clinic every day so that any issues found can be addressed.

Patients attending for cancer surgery will be treated as a priority and every effort will be made to investigate and treat co-morbidities. Patients having non-cancer surgery occasionally have co-morbidities that may increase their peri-operative risks. If a consultant at The Shrewsbury and Telford Hospital NHS Trust is already reviewing a known condition, the Clinic will arrange for appropriate reviews as required. When new co-morbidities are uncovered which need investigating, the Clinic may need to discharge the patient back to the GP. We will indicate in this discharge letter to the GP how the patient can be referred back to the hospital.

Guidelines for optimising your patient's health prior to surgery

- To minimise the risks of surgery and anaesthesia patients should be as fit as possible for their operation.

- Please review any patient with a chronic disease to ensure that the condition is stable and optimised as this will minimise the risks of peri-operative complications.

Factors affecting operative risk

- **Procedure specific**
    - Major surgery such as vascular, major colorectal, major urological, complex joint revision and oesophagectomy

- **Patient specific**
    - Active cardiac conditions such as previous myocardial infarction, unstable angina, severe arrhythmias, severe valvular disease and heart failure
    - Previous stroke
    - Transient Ischaemic Attacks
    - Renal failure
    - Diabetes
    - Obesity with a BMI greater than 40
    - Age
    - Respiratory disease (severe & incapacitating)

How GPs can advise on patient lifestyle changes

- **Obesity**

Obese patients are more at risk of peri-operative cardio-respiratory complications, wound infection and thromboembolic disease. It is recommended

that patients attempt to reduce their BMI prior to surgery were appropriate, to minimise secondary complications.

Patients with symptoms of obstructive sleep apnoea should be investigated and established on Continuous Positive Airway Pressure (CPAP) if appropriate, prior to referral to reduce their risk of peri-operative respiratory complications.

- **Smoking**

Patients are up to 6 times more likely to develop respiratory complications following surgery if they smoke, and they are also more likely to have problems with wound healing.

Giving up smoking 6 weeks prior to surgery reduces this risk significantly. However, giving up only 2 weeks before surgery is associated with a higher risk of chest infection.

- **Fitness**

Patients who are physically fit have lower peri-operative risks, and patients should therefore be advised to improve their fitness prior to surgery.

- **Alcohol and recreational drug use**

Patients with a high alcohol intake of over 50 units per week should be investigated for signs of liver problems, and should be advised to cut down their intake prior to surgery. Alcohol withdrawal symptoms in the post-operative period are associated with a poor outcome.

Other recreational drugs may interact with anaesthetics, causing unexpected reactions which can delay recovery. These agents may take up to a week to clear from the body.

- **Dental problems**

If patients have outstanding dental work, they should be advised to have this carried out prior to surgery, to reduce the chance of dental damage during intubation or the risk of disseminating infection.

Cancellations on the day of surgery (patient-initiated)

Elective surgery can be cancelled on the day for the following common reasons:

- **The patient is unwell.** If a patient presenting for elective surgery has a heavy cold, influenza or diarrhoea, the procedure should be postponed for

2-4 weeks after the patient has recovered, as the risks of respiratory complications are high during this period.

- **Hypertension** - greater than 179/109 despite calming measures
- **Patient inadequately fasted**
- **The patient is unfit and has not been adequately assessed pre-operatively**
- **The operation is no longer required**
- **The patient did not attend.**

Patients should phone the Clinic as soon as they are sure that they will be unable to attend, so that the theatre space can be rebooked. The referring GP will be informed of the cancellation of the procedure.

Useful Contacts

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