

## **Preoperative Preparation Guidelines**

These guidelines are intended to support decision-making during the peri-operative period and each patient should be considered individually.

### Medications That May Require Management by the Prescribing Practitioner

- Warfarin or other anticoagulants (refer to Anticoagulation Decision Support Tool)
- Aspirin, Plavix or other anti-platelet therapy used for secondary prevention (for example, after a coronary stent)
- Patients on chronic steroids or other immune suppressants
- Chronic pain management patients who are on high-dose or long-acting narcotics

### Intermediate or High Risk Procedure

Testing should be completed in accordance with the testing grid. Patients with the following scenarios/conditions should be referred for further assessment and medical optimization by their primary care provider or a subspecialist, as needed.

- Newly diagnosed medical conditions or poorly controlled medical conditions (hypertension of >180/100, diabetes with a HgbA1C over 7.9 or fasting glucose > 180, sleep apnea, etc.)
- **Poor functional level** – inability to walk up one flight of steps without chest pain or shortness of breath requires stress testing or cardiac nuclear imaging. A normal stress test or nuclear imaging study within 12 months is acceptable in this situation provided that the poor functional level existed at the time of the previous study. In cases where a positive stress test would not alter treatment or the decision to proceed (palliative procedure, end-of-life care), evaluation, risk-stratification and optimization by a cardiologist should be strongly considered
- Patients on complex medication regimens should have their medications managed in conjunction with the prescribing physician
- Patient over 80 years of age should be evaluated by their primary care provider
- Patients with coronary stents should be referred to their cardiologist for management of their anti-platelet therapy. Based upon this visit, the surgeon, cardiologist and patient should agree to a management strategy for this therapy.
- Patients on anticoagulation or antiplatelet therapy for secondary prevention
- Positive screening for sleep apnea (STOP BANG tool)
- Patients with moderate to severe asthma or COPD who require chronic treatment
- Patients with chronic active neurological disorders (seizures, MS, etc.)
- Patient being actively treated for immunologic, inflammatory and rheumatic disorders should have a treatment plan determined by the clinician who manages the disorder

### Low Risk Procedure

In general, patients with chronic, stable medical conditions do not need pre-operative testing or referral to a specialist for pre-operative clearance. Patients on anti-coagulation therapy will need a PT/INR on the day of the procedure and dialysis patients should have a potassium level pre-operatively.

Reasons for obtaining a more extensive workup or referral to a specialist should be driven by the patient's status. Reasons for more extensive testing or evaluation by a specialist include:

- A change in the patient's chronic medical conditions
- Acute or progressive reduction in the patient's exercise tolerance
- Newly identified medical conditions
- Management plan for anti-platelet therapy, anticoagulation immune suppressants and chronic pain medications
- Any uncontrolled medical condition (diabetes, hypertension, etc.)
- Patient identified to be at risk for sleep apnea (STOP BANG tool) without a previous diagnosis
- Patients with poorly controlled asthma or COPD
- Women of child bearing age should undergo pregnancy testing
- **Patients with multiple complex medical problems requiring a general anesthetic, unstable medical issues or complex medication regimens should be managed in accordance with the "intermediate" risk guidelines**

### Conditions Requiring Preoperative Optimization

In addition to the above guidelines, patients with the following conditions or diagnoses require preoperative optimization.

- Uncontrolled hypertension (>180/100)
- Uncontrolled diabetes (HgbA1C > 7.9 or fasting blood glucose >180)
- Newly diagnosed cardiac valve disease (moderate or greater, symptomatic)
- Stroke within six months
- CHF requiring hospitalization within the last six months
- Asthma or COPD exacerbation within the last six months
- Cirrhosis
- Worsening renal disease/function
- End-stage renal disease/dialysis
- Poor nutritional status or unintended weight loss of > 10 pounds
- Abnormal or unstable preoperative testing results
- Severe sleep apnea
- Hospitalization within the last six months for serious medical issues