

## Pre-Op Testing Guidelines

**Prefer to have H&P, consent, orders and testing at the surgery center for review 48 hours prior to scheduled surgery.**

### Cataract/Trabeculectomy Patients:

Patients in their usual state of health who are undergoing cataract surgery **do not** require preoperative testing. Any testing is at the discretion of the physician performing the pre-op H&P.

### Healthy patients undergoing **LOW Risk** procedures:

**NO testing required.**  
*(Pregnancy tests and finger stick blood sugars, to be performed at SCOL on day of service, when indicated).*

### **INTERMEDIATE RISK** procedures:

**Testing required as listed below:**

### **EKG:**

*Must be done within 1 year of surgery.*

Only on patients with at least 1 clinical risk factor undergoing **Intermediate Risk** procedures.

#### **Risk Factors:**

Cerebrovascular disease (CVA, TIA)

Congestive Heart Failure (CHF)

Creatinine level > 2.0 mg/dl (CKD III, IV, V)

Diabetes mellitus requiring insulin (IDDM)

Ischemic cardiac disease (MI, CAD, Angina, Significant

Arrhythmias - Afib/flutter, 2<sup>nd</sup> & 3<sup>rd</sup> degree HB, New V-tach)

Peripheral arterial/vascular disease (Suprainguinal vascular surgery, AAA, Thoracic/vascular surgery, Carotid endarterectomy)

Severe Aortic Stenosis

### **Chest X-ray:**

Only patients with **new or unstable** cardiopulmonary signs or symptoms.

*The American College of Physicians states that CXR should NOT be used routinely for predicting risk of postoperative pulmonary complications.*

### **INR:**

Patients taking Coumadin, who are to receive a nerve block, are required to have an INR done the day before surgery. This requirement exists, even if the patient has stopped their Coumadin pre-operatively.

### **CBC:**

**Surgeon or PCP discretion:** Recommended only for **Intermediate Risk** procedures in patients with **chronic diseases** that increase the risk of anemia; and/or **clinical signs and symptoms** of anemia. Labs obtained within the last 3 months are acceptable.

#### **Chronic Diseases:**

Chronic kidney/liver disease

Chronic inflammatory conditions (Inflammatory Bowel disease: Crohn's disease, Ulcerative Colitis, Rheumatoid Arthritis, etc.)

Patients > 80 years.

**Electrolytes/Bun/Creatinine (BMP/CMP):** Only for **Intermediate Risk** procedures on patients with underlying **chronic disease**; or for **Intermediate Risk** procedures in those taking **medications** that predispose them to electrolyte abnormalities or renal failure and or on dialysis. Labs obtained within the last 3 months are acceptable.

Chronic Diseases:

CHF

CKD III-V

IDDM

Severe Liver disease (Cirrhosis)

Medications:

Diuretics

Angiotensin-converting enzyme inhibitors ( -prils)

Angiotensin II receptor blockers ( -sartans)

Digoxin

**Pregnancy Test:**

Unless a waiver is signed, a urine test will be done on admission for any female between menarche and menopause, unless they have a hysterectomy or sterilization procedure, or are having a procedure under local anesthesia that does NOT require X-ray.

**Pacemaker/AICDs (Defibrillator):**

Any patient with a pacemaker or an AICD will **not** be done at SCOL **IF**:

1. The surgery is above the umbilicus AND requires monopolar cautery, **OR**
2. The surgery is on any body part AND requires the use of RF (radio frequency) ablation (eg. Arthro Wand, Coblator, or TENS unit).

*(For all patients with a pacemaker or AICD done at SCOL, the cautery dispersion pad should be placed on the patient in a way that the path of the EMI (electromagnetic interference) does not cross over the pacer or AICD generator. Also, for all patients with a pacemaker or AICD done at SCOL in which monopolar cautery is used, the cautery should be used in short bursts of several seconds to minimize any risk of EMI triggers or use bipolar cautery instead).*

**Pediatric Malignant Hyperthermia:**

Any child with a direct family history of MH will not be a candidate for SCOL, unless testing (muscle biopsy and/or genetic testing) has been completed and is negative.

**Sleep Study:**

Any patient having surgery that impacts their airway, such as a tonsillectomy/adenoidectomy, and that has had a sleep study completed needs the results faxed to SCOL for anesthesia review.

**Pediatric Patients: ( 6 mos to 14 years )**

Any Pediatric patient having surgery that impacts their airway, such as tonsillectomy/adenoidectomy, and that has a BMI percentile index of 98% or greater as determined by using the BMI percentile calculator needs an anesthesia consult and carries a high probability of cancellation.

Please check the BMI percentile at:  
<http://nccd.cdc.gov/dnpabmi/Calculator.aspx> and make the health history nurse aware if results require a consult.

**Anti-Coagulant Reminder:**

For Orthopedic patients to receive regional blocks, Anesthesia requires the following guidelines be followed by patients on anti-coagulant therapy:  
ELIQUIS and XARELTO are to be held for **48 HOURS** prior to surgery.  
COUMADIN is to be held **5 DAYS** prior to surgery.  
PLAVIX is to be held **7 DAYS** prior to surgery.

**Insulin Reminder:**

It is recommended that Insulin Dependent Diabetic patients, take ½ of their usual dose of Insulin DAY OF SURGERY and resume per your Family Doctor's orders.

**Blood Sugar:**

Finger stick blood sugar on the DAY OF SURGERY for diabetic patients. Although NOT an anesthesia requirement, it is suggested for IDDM patients undergoing an **Intermediate Risk** procedure, that an A1C within the last 90 days be placed on the chart. This can be ordered at the discretion of the surgeon.

***Any anesthesia patient >300 lbs or BMI = 45 chart to be reviewed by anesthesia to determine if patient will need an anesthesia consult prior to surgery.***

***Any anesthesia patient >350 lbs or BMI = 50 requiring PRONE position or GENERAL anesthesia for surgery – NOT a candidate for SCOL. If the patient is scheduled for MAC, have chart reviewed by anesthesia.***