

Title of Guideline: Pre-Operative Assessment Clinic guidelines  
for patients eligible for day case surgery at Leigh  
Date of Approval: September 2022  
Date of Review: November 2025

Title of Guideline	Pre-Operative Assessment Clinic Patients Eligible for Day Case Surgery at Leigh
Contact Name and Job Title (Author)	Dr Rashmi Sharma Lead Anaesthetist for Leigh Pre-operative clinic. Dr Neelam Patel, Clinical Director (RAEI & Leigh)
Division & Specialty	Department of Anaesthesia, Division of Surgery
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Date of Review	November, 2025
Approving Committee(s)	Surgery Quality & Effectiveness Group
Date of Approval	September 2022
Explicit definition of patient group to which it applies	Patients attending for day-case surgery at Leigh Infirmary
Abstract	
Statement of evidence base of the guideline Evidence Base (1-5)	
1a	
1b	
2a	
2b	
3	
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5	
Consultation Process	
Target Audience	Pre-operative nurses and Anaesthetic Teams
<b>This guideline has been registered with the trust. However, clinical guidelines are guidelines only. The interpretation and application of clinical guidelines will remain the responsibility of the individual clinician. If in doubt contact a senior colleague or expert. Caution is advised when using guidelines after the review date.</b>	

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### **Background**

1. This guidance has been developed in conjunction with the anaesthetists to assist in the implementation of NICE guidelines and locally agreed guidelines to ensure a consistent and evidence-based approach to preoperative assessment.
2. Preoperative assessment is an essential process in the patient's pathway to ensure fitness for surgery and anaesthetic. Many patients have significant comorbidities that require optimisation prior to surgery in order to maximise post-operative outcomes and reduce morbidity and mortality.
3. Preoperative assessment will optimise theatre utilisation, reduce DNA rates and cancellations, by ensuring the admissions process is coordinated to enable patients to undergo surgery and be discharged in a safe and timely manner.

### **Guidance**

#### **Pre-Operative Assessment guidance for patients eligible for day case surgery at Leigh**

##### **Definitions**

- Targeted anaesthetic assessment – review of case notes by anaesthetist.
- Booked anaesthetic assessment- anaesthetic opinion via an outpatient appointment.

##### **Age**

- Children under the age of 16 will not be seen in P.O.A.C.
- No upper age limit for adults, but patients over 80yrs will require further assessment as to their suitability for day surgery at Leigh.

### **Cardiovascular problems**

##### **Previous MI**

- Less than 1 year ago, cancels procedure and relist when 1 year has elapsed and reassess.
- If urgent procedure for anaesthetic assessment. NOT suitable for Leigh. Case notes to be sent to anaesthetic department at RAEI for Pre op Coordinator to arrange appointment. Anaesthetic referral form to be completed.

##### **Chest pain/Angina**

- Does it occur at rest or has increased in severity over the past 3 months. If yes, not suitable for Leigh and needs anaesthetic opinion.
- Well-controlled chest pain, with or without medication. Only has chest pain on severe exertion and no other problems. Can be listed for Leigh.
- Patients with angina on moderate or minimal exertion, or more than 3 cardiac drugs need targeted anaesthetic assessment.
- Angina occurring more than once per week requires targeted anaesthetic assessment.

### **History of cardiac surgery, angioplasty, congenital heart disease or cardiomyopathy**

- History of cardiac surgery or angioplasty may be suitable for Leigh but require targeted anaesthetic assessment.
- Histories of cardiomyopathy are NOT suitable for Leigh.

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- Corrected, asymptomatic congenital heart disease will be suitable for Leigh with no need for targeted anaesthetic assessment or anaesthetic assessment. Symptomatic or partially corrected disease requires targeted anaesthetic assessment.
- Assessment of exercise tolerance should be made, and targeted anaesthetic assessment made. (Please see Poor exercise tolerance section).

### Hypertension

- If raised BP but no other problems, check again twice and except for Leigh.
- If systolic reading greater than 160mmHg or diastolic reading greater than 100mmHg refer the patient for targeted anaesthetic assessment.
- If systolic reading is greater than 170mmHg or diastolic reading greater than 110mmHg refer the patient back to their GP to check and treat as necessary.
- If patients are taking more than 3 antihypertensive drugs they are not fit for their surgery at Leigh.

### Abnormal ECG

- Sinus bradycardia of less than 50bpm in the presence of beta-blockade requires targeted anaesthetic assessment.
- Unless young and fit, bradycardia of less than 55bpm without beta blockade requires anaesthetic assessment.
- Sinus tachycardia is likely to be anxiety related and does not require targeted anaesthetic assessment. Other supra-ventricular (SVT) or ventricular tachycardia's (VT) require urgent assessment. ***If an ECG shows SVT or VT the patient should be referred to A&E.***
- If the report suggests any other abnormality in the absence of any other supportive evidence the patient will require a targeted anaesthetic assessment.

### Palpitation, irregular pulse, or arrhythmia

- Baseline ECG and targeted anaesthetic assessment.
- If known atrial fibrillation (AF), with controlled rate between 50 and 100bpm, no need for targeted anaesthetic assessment They are suitable for Leigh. If on anticoagulation, this needs to be discontinued as per Perioperative guidelines.. Patient with AF with rates more than 100 refer to GP for rate control.
- A patient with AF and heart rate outside these parameters require targeted anaesthetic assessment.
- Heart murmur, valvular disease or rheumatic fever affecting the heart. ~~Patient need~~ Refer for targeted anaesthetic assessment.

### DVT/PE

- If the patient had a DVT or PE more than 6 months ago they will be suitable for their surgery at Leigh. Refer to anaesthetist re: anticoagulant advice / bridging.

### Poor exercise tolerance

- Patients with poor exercise tolerance (inability to walk 200 yards, climb one flight of stairs at their normal pace or are wheelchair bound, will be unsuitable for Leigh.)
- Exercise tolerance of less than 500 yards or 2 flights of stairs climbed at the patient's normal pace require targeted anaesthetic assessment.
- Patients who sleep with more than 2 pillows due to shortness of breath lying flat will need anaesthetist assessment.

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- Patients with a cardiac pacemaker/loop recorder/ICD will need targeted anaesthetic assessment. Dependant on the type of device and type of surgery, they may be suitable for day surgery at Leigh.

### **Respiratory problems**

#### **Asthma**

- Well-controlled asthma is suitable for day surgery at Leigh. (Patient hardly uses medication or is on minimal medication with good control and no restrictions to lifestyle) No need to refer.
- Admission to hospital due to asthma in the last 12 months or poorly controlled asthma. These patients will require a targeted anaesthetic assessment.

#### **Sleep Apnoea**

- Patients diagnosed with obstructive sleep Apnoea and STOP BANG score more than 5 not suitable for day surgery at Leigh.

#### **COAD, COPD, Emphysema**

- Well controlled COPD patients are suitable for Leigh. If a patient has had hospital admission within the past 12 months then an anaesthetic opinion is required.
- If a patient is on steroids, has a FEV1 or FVC predicted less than 70%, or has had hospital admission within the past 12 months they will not be suitable for day case procedures at Leigh.
- Patients on home oxygen will not be suitable for day case procedures at Leigh.

#### **Chronic cough**

- Has a diagnosis for the cough been made?
- If not and the procedure is not urgent, then refer to GP for assessment.
- If not and the procedure is urgent a targeted anaesthetic assessment is required.

#### **Gastrointestinal problems**

- The presence of hiatus hernia, dyspepsia, gastric or duodenal ulcer will not be a contraindication for procedures to be carried out as a day case at Leigh. However, their presence must be highlighted, as these conditions do have anaesthetic implications.
- Patients with liver failure are not suitable for day case procedures.
- Patients with BMI>40 **and** symptomatic hiatus hernia are not suitable for Leigh.
- If there are no contraindications to rapid sequence induction, patients who sleep with 2 or more pillows due to acid reflux/heartburn can be done at Leigh. Need targeted anaesthetic assessment.

### **Central nervous system problems**

#### **Fits or epilepsy**

- Well-controlled epilepsy, i.e., the patient hasn't had a fit within the past 6 months with or without the use of medication is suitable for day case surgery at Leigh.
- Patients who have had convulsions more recently are not suitable for day case surgery at Leigh. Please send case notes to the anaesthetic department at RAEI for the regular list anaesthetist to review.

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### **Stroke**

- Recent stroke (occurring within the last 12 months) is not suitable for day case procedures at Leigh.
- Patients left with residual paralysis following a stroke need a targeted anaesthetic assessment.
- Patients left with residual disabilities following a stroke need a targeted anaesthetic assessment.
- Patients with a history of good recovery following a stroke, minimal medication and a normal ECG are suitable for day case surgery at Leigh.
- Patients with a history of headaches, sleep problems or night sedation will **not** be a contraindication to having day surgery at Leigh.
- Paraplegic, dementia, learning difficulties and patients on multiple medications to treat their central nervous system will require targeted anaesthetic assessment.
- Patients with a history of intracranial lesions or who have had surgery for the same and have a normal life with minimal medication and do not have raised intracranial pressures can be accepted for day surgery at Leigh. If there is any doubt regarding their condition, then please arrange for a targeted anaesthetic assessment.

### **Psychiatric conditions**

- Targeted anaesthetic assessment is required.

### **Genitourinary tract symptoms**

- A history of urinary tract symptoms is not a contraindication. However, patients with renal failure are not suitable for day case procedures at Leigh and need an anaesthetic assessment.
- Patients who have an EGFR of less than 60 need targeted anaesthetic assessment.

## **Endocrine problems**

### **Diabetes**

- Diet controlled diabetes is not a contraindication to day case surgery at Leigh. However, if there is end organ disease then a targeted anaesthetic assessment is required.
- Well-controlled diabetics on oral hyperglycaemics are suitable for day case surgery at Leigh if there are no other co-morbidities. If other co-morbidities are identified then a targeted anaesthetic assessment is required.
- Insulin dependent diabetics need a targeted anaesthetic assessment. They are suitable for day case surgery at Leigh if they are listed first.
- NIDDM –if usual values are (4-9) accept the patient for Leigh.
- IDDM – HbA1C>58 (good control) or laser treatment to eyes refer to anaesthetist.
- Always refer to Trust policy of diabetic management.

### **Thyroid disease**

- Thyroid function must have been checked within the last 12 months or since any change in medication or its dosage.
- Patients who take thyroxine medication are suitable for their surgery to be done at Leigh if their Thyroid stimulating hormone (TSH) is between 0.1 – 10 millilitres/unit and their T4 levels are within normal limits.

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- Patients whose TSH is above 10 millilitres/unit and T4 is abnormal need to be removed from the waiting list and referred to their GP. Unless surgery is urgent then the patient needs surgery at RAEI and referring for targeted anaesthetic assessment to the anaesthetic department at RAEI.
- Patients whose disease is stable with thyroid function tests within the normal range, will be suitable for day case surgery at Leigh unless they have difficulty swallowing. Patients with thyroid disease who have difficulty swallowing are not suitable for day case surgery at Leigh.
- All others or those on cardiac medication will require targeted anaesthetic assessment.

### **Acromegaly**

- Not suitable for day case surgery.
- Patients with other endocrine disorders will need targeted anaesthetic assessment.

### **Musculoskeletal symptoms**

- Patients with severe rheumatoid arthritis are unlikely to be suitable for day case surgery at Leigh, however all patients will require targeted anaesthetic assessment.
- Any patient with rheumatoid arthritis with neck involvement will require an anaesthetic assessment. In case of neck involvement, flexion/ extension views of the cervical spine will be required. Anaesthetist conducting anaesthetic assessment will advise Preoperative assessment clinic staff of the need for any x-rays.

### **Osteoarthritis is not a contraindication**

### **Neuromuscular disorders**

- Patients with muscular dystrophies, myasthenia, a history of polio, periodic paralysis, motor neurone disease etc. are not suitable for day case surgery at Leigh.
- Patients with ME are suitable for day case surgery at Leigh but should have a targeted anaesthetic assessment.

### **Weight**

- BMI up to 40 with no other co-morbidities is suitable for Leigh. If other co-morbidities are present this needs targeted anaesthetic assessment.
- BMI above 40, patients are not suitable for their surgery to be done at Leigh. These patients need to be transferred over to the RAEI site for their surgery and their notes sent to the anaesthetic department at RAEI for information.
- Maximum patients' weight 300kg (220kg in lithotomy) due to limitations of theatre table..

### **Patient medications**

- Patients on tralycypromine, phenelzine or isocarboxazid will need targeted anaesthetic assessment.

#### **Aspirin**

- Should be stopped 5-7 days prior to surgery for patients having gynaecological only.
- Patients on more than 75mgs per day or undergoing major surgery need to discuss with the operating surgeon as to whether this need to be stopped.

#### **Clopidogrel**

- Should be stopped at least 7 days prior to surgery.
- N.B Patients taking clopidogrel following cardiac stenting require targeted anaesthetic assessment prior to stopping their medication.

#### **Complimentary medicines**

- Herbal medicines are not a contraindication to day case surgery. The patient should be asked to stop their herbal medication 2 weeks prior to surgery. If this cannot be stopped then it should be brought to the attention of the anaesthetist.

### **Allergies**

- The type of allergic reaction should be identified.
- Nausea or diarrhoea after ingestion of food or medication is not an allergy and are not a contraindication of to having a day case procedure at Leigh
- Airway obstruction, wheezing or other respiratory problems, cardiovascular collapse and skin rashes associated with oedema after ingestion of food or medications, or contact with latex are clearly more serious.
- Targeted anaesthetic assessment will be required and in certain instances patients may be suitable for day case procedures at Leigh.

### **Previous anaesthetic problems**

- The nature of the incident should be clarified, and targeted anaesthetic assessment should be sought.
- A history of malignant hyperpyrexia is a relative contraindication that must be documented and brought to the anaesthetist's attention if the patient is otherwise suitable to have a day case procedure at Leigh. Pseudo cholinesterase is not a contraindication but must be documented and brought to the anaesthetist's attention if the patient is otherwise suitable to have a day case procedure at Leigh.
- Difficult intubation is not a contraindication to day case procedure at Leigh, but the patient needs anaesthetic assessment. As do other airway problems i.e., restricted, limited mouth-opening, cervical spine, and previous tracheostomy.

### **Miscellaneous.**

#### **Haemophilia**

- Not suitable for day case surgery at Leigh.

#### **Procoagulant, bleeding disorders or warfarin**

- Not suitable for day case surgery at Leigh.

#### **Sickle cell disease**

- Not suitable to receive GA for day surgery. Targeted anaesthetic assessment required.

#### **Sickle Cell Trait**

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- Suitable for day case surgery at Leigh. Needs to be brought to the attention of the list anaesthetist.

### **Anaemia**

- HB less than 100g /ml. If cause is known and the disease is chronic, and the procedure is unlikely to result in major blood loss then the procedure may be done as day case at Leigh. If the cause is unknown then this should be investigated first. Targeted anaesthetic assessment required.

### **Multiple diseases**

- Patients with more than 3 diseases will require targeted anaesthetic assessment.

### **Alcohol consumption**

- Excess alcohol intake (more than 28 units per week for men and 21 units for women) are **not** suitable for their surgery at Leigh Refer to alcohol support team and for targeted anaesthetic assessment.
- Patients who have known alcohol dependency will require a targeted anaesthetic assessment.

### **Recreational drugs**

- All patients should be asked if they have used recreational drugs (cocaine, amphetamines, GABA, or ecstasy related drugs) within the past 2 weeks. If so this makes them unsuitable for day case surgery at Leigh.
- The use of all recreational drugs should ideally be stopped at least 2 weeks prior to their procedure.
- Regular use of the above drugs, including cannabis, requires a targeted anaesthetic assessment.

### **Laboratory results**

- Haemoglobin < 9.5 g/DL
- Sodium <134 or >146 – Needs targeted anaesthetic assessment.
- Potassium <3.3 or > 5.5 - Needs targeted anaesthetic assessment.
- Urea >10 - needs targeted anaesthetic assessment.
- Creatinine >200 – requires anaesthetic assessment.
- EGRF of less than 60 requires anaesthetic assessment
- Values within these ranges do not need assessment.
- White cell count (WCC) above 11.0 or below 4.0 needs anaesthetic assessment, particularly if no source is apparent. Investigations may be required prior to surgery.
- Platelet counts <100 will require targeted anaesthetic assessment and may not be suitable for Leigh. Platelet counts of <130 must be brought to the attention of the listing surgeon.

### **Document References**

1. **Munro J, Booth A, Nicholl J**; Routine preoperative testing: a systematic review of the evidence. Health Technol Assess. 1997;1(12): i-iv; 1-62. [abstract].
2. **Preoperative testing**, the use of routine preoperative tests for elective surgery, NICE (2003).
3. **Rawlins BA, Girardi FP, Boachie-Adjei O**; Rheumatoid arthritis of the cervical spine. Rheum Dis Clin North Am. 1998 Feb;24(1):55-65. [abstract].
4. **NICE**. Pre-operative Tests; appendices to the full guideline.; July 2003.