

**Greater New Orleans Surgery Center
Parish Anesthesia Associates
Pre-Operative Guidelines**

Blood Work (should be obtained within one week of surgery)

1. No Routine chemistries are necessary for the healthy patient
2. Electrolytes (30 days or less) includes Potassium, BUN/Cr
 - a. Patients on:
 - i. Diuretics
 - ii. Digitalis
 - b. Chronic Renal Failure
3. LFT's for patients with: (90 days or less)
 - a. Liver Failure
 - b. Recent bout of Hepatitis
4. Glucose for patients with (30 days or less)
 - a. Diabetes (Finger stick will also be performed on the day of surgery)
5. Hx of Bariatric Surgery
 - a. CBC
 - b. Complete Metabolic Panel
6. CBC
 - a. Patients with history of anemia
 - b. Who are undergoing procedures where significant blood loss is expected
 - c. Patients undergoing Liposuction, Mastopexy, Abdominoplasty (30 days or less)
 - d. Age 60 or over (with no medical hx) (6 months or less)
7. PT
 - a. Patient is on Coumadin
8. Bleeding Time
 - a. If the patient has ingested aspirin in the last 2 weeks

Electrocardiogram

1. Males over 45
2. Females over 55
3. If any Cardiopulmonary Disease is present
 - a. If there have been no intervening cardiac symptoms then an EKG within the last six (6) months is acceptable.

Chest X-Ray

1. If the patient has a symptomatic lung disease or is going to have pulmonary or cardiac operation (6 mo to 1 yr)

Drug Levels

1. Should be drawn on symptomatic patients taking theophyllinum digoxin, Lithium, antiarrhythmics or anticonvulsants. The patient should be evaluated by anesthesia to determine if this is necessary.

Pregnancy Test

1. For all menstruating females. Includes patients who have had a tubal ligation but excludes patients who have had a hysterectomy.

Evaluation by Anesthesiologist

1. Based on the patient's medical history the Anesthesiologist may need to evaluate the patient prior to surgery.
2. Obese patients will need to see the Anesthesiologist for an airway evaluation prior to surgery.

Guidelines for Medical Clearance in the Outpatient Surgery Setting

Patients with stable, non-debilitating conditions will not need medical clearance if they have completed diagnostic work up as indicated and the patient has a regular physician or specialist that manages the patient's care.

Patients with unstable or debilitating medical conditions require medical, cardiac or pulmonary clearance, i.e.

- MI, angioplasty within 6 months
- Significant arrhythmias or symptomatic valvular heart disease
- History of Congestive Heart Failure
- Frequent or unstable angina
- Frequent hospitalizations or ER visits for asthma
- Insulin Dependent Diabetics with Comorbid disease like Hypertensions or Coronary Artery Disease
- CVA or TIA within the last year
- Severe sleep apnea requiring CPAP

Strong consideration should be given to scheduling this type of patient in a hospital setting.

Patients should be interviewed and have rest results and clearance available at least 48 hours prior to scheduled surgery. An anesthesiologist must review the chart and if needed discuss the case with the surgeon at this time, in order to give approval to proceed with the case.

"NPO" Guidelines*

Ingested Material	Minimum Fasting Period (apply to all ages)
Clear liquids (water, fruit juices without pulp, carbonated beverages, clear tea, black coffee, sport drinks)	4 Hours
Breast Milk	4 Hours
Infant Formula	6 Hours
Non-human Milk	6 Hours
Light meal (toast and clear liquids)	6 Hours
Full meal (fried or fatty foods, or a "large meal")	8 Hours

**Practice Guidelines for Preoperative Fasting and the use of Pharmacologic Agents to Reduce the Risk of Pulmonary Aspiration: Application to Healthy Patients Undergoing Elective Procedures (A report by the American Society of Anesthesiologists)*