

het pre-operatief onderzoek in de chirurgische dagkliniek

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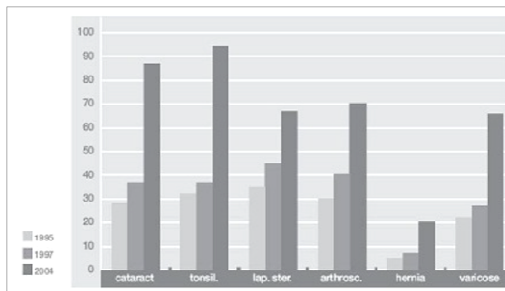
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aandeel dagchirurgie in # landen


| Countries | % of Total |
|------------------|------------|
| Australia 2003 | 40.50 |
| Belgium 2004 | 30.00 |
| Canada 2002 | 87.70 |
| Denmark 2004 | 55.20 |
| Finland 2003 | 37.00 |
| France 2003 | |
| Germany 2003 | 37.00 |
| Italy 2002 | 29.00 |
| Netherlands 2002 | 49.60 |
| Norway 2003 | 48.00 |
| Poland 2003 | 2.40 |
| Portugal 2003 | 10.70 |
| Scotland 2003 | 39.00 |
| Spain 2003 (*) | 28.44 |
| Sweden 2002 | 50.00 |
| US | 60 = 70 % |

2

evolutie dagchirurgie in België




3


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dagchirurgie ???

- ✓ duur ingreep meestal < 1 tot 2 u
- ✓ beperkt bloedverlies
- ✓ laag risico op verwikkelingen
- ✓ minimale postoperatieve zorg


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dagchirurgie ???




**“You’ve got a rare condition called ‘good health’.
 Frankly, we’re not sure how to treat it.”**
5


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keuze dagchirurgie

- ➔ type ingreep
- ➔ fysieke status

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type ingreep


| | |
|------------------------|--|
| Grade 1 (minor) | Excision of lesion of skin; drainage of breast abscess |
| Grade 2 (intermediate) | Primary repair of inguinal hernia; excision of varicose vein(s) of leg; tonsillectomy/adenotonsillectomy; knee arthroscopy |
| Grade 3 (major) | Total abdominal hysterectomy; endoscopic resection of prostate; lumbar discectomy; thyroidectomy |
| Grade 4 (major+) | Total joint replacement; lung operations; colonic resection; radical neck dissection; neurosurgery; cardiac surgery |

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fysieke status

ASA classificatie

| Class | Physical status | Therapy modifications |
|-------|--|--|
| I | Healthy patient | None |
| II | Patient with mild to moderate systemic disease not interfering with daily life | Possible stress reduction and other modification as indicated |
| III | Patient with severe systemic disease that limits activity but is not incapacitating | Possible strict modifications; stress reduction and medical consultation are priorities |
| IV | Patient with severe systemic disease that limits activity and is a constant threat to life | Minimal emergency care in office; hospitalize for stressful elective treatment; medical consultation urged |
| V | Moribund patient | |


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keuze dagchirurgie

→ pre-operatieve consultatie

- anamnese (vragenlijst)
- klinisch onderzoek
- aanvullende technische onderzoeken
- "informed consent"

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anamnese (vragenlijst)



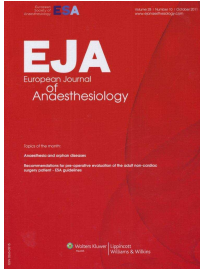
19

GUIDELINES

Preoperative evaluation of the adult patient undergoing non-cardiac surgery: guidelines from the European Society of Anaesthesiology

Stefan De Hert, Georgina Imberger, John Carlisle, Pierre Diemunsch, Gerhard Fritsch, Iain Moppett, Maurizio Solca, Sven Staender, Frank Wappler and Andrew Smith, the Task Force on Preoperative Evaluation of the Adult Noncardiac Surgery Patient of the European Society of Anaesthesiology

Eur J Anaesthesiol 2011;28:684-722
Published online 14 September 2011



INVITED COMMENTARY

Continent-wide anaesthesia guideline: a step towards safer practice

Waleed Radd and Frances Chung

European Journal of Anaesthesiology 2011, 28:682-683

HOW, WHEN AND BY WHOM SHOULD PATIENTS BE EVALUATED PREOPERATIVELY?

Recommendations

- (1) Preoperative standardised questionnaires may be helpful in improving anaesthesia evaluation in a variety of situations (grade of recommendation: D).
- (2) If a preoperative questionnaire is implemented, great care should be taken in its design (grade of recommendation: D), and a computer-based version should be used whenever possible (grade of recommendation: C).

- (3) Preoperative evaluation should be carried out with sufficient time before the scheduled procedure to allow for the implementation of any advisable preoperative intervention aimed at improving patient outcome (grade of recommendation: D).
- (4) Preoperative assessment should at least be completed by an anaesthetist (grade of recommendation: D), but the screening of patients could be carried out effectively either by trained nurses (grade of recommendation: C) or anaesthesia trainees (grade of recommendation: D).
- (6) There is insufficient evidence to recommend that the preferred model is that a patient should be seen by the same anaesthetist from preoperative assessment through to anaesthesia administration (grade of recommendation: D).

anamnese (vragenlijst)

European Medical Risk Related History (EMRRH) questionnaire

A patient-administered Medical Risk Related History questionnaire (EMRRH) for use in 10 European countries (multicenter trial)

Luzi Abraham-Imijn, MD, PhD^a, Gordon Russell, MB.FDSRCS^b, Didi A. Abraham, MSc^c, Nils Bäckman, DDS^d, Erika Baum, MD, PhD^e, Philip Bullón-Fernández, DDS, PhD, MD^f, Dominique Declercq, DDS, PhD^g, Jean-Christophe Fricain, DDS, PhD^h, Marie Georgelin, DDSⁱ, Karl O. Karlsson, DDS^j, Philip J. Lamey, BSc, BDS, MBChB, DDS, FDS, RCPS, FFD, RCSI^k, Iris Link-Tsatsouli, MD, PhD^l, Orsolya Rigo, DDS^m Amsterdam, The Netherlands, Cork, Ireland, Nijmegen, The Netherlands, Umea, Sweden, Marburg, Germany, Sevilla, Spain, Leuven, Belgium, Bordeaux II, France, Reykjavik, Iceland, Belfast, N. Ireland, Thessaloniki, Greece, and Budapest, Hungary
ACADEMIC MEDICAL CENTRE, UNIVERSITY COLLEGE CORK, UNIVERSITY NIJMEGEN, NATIONAL BOARD OF HEALTH AND WELFARE, KLINIKUM PHILIPPS, UNIVERSIDAD DE SEVILLA, CATHOLIC UNIVERSITY LEUVEN, UNIVERSITE VICTOR SEGALEN, FACULTY OF DENTISTRY REYKJAVIK, DEPARTMENT OF ORAL MEDICINE BELFAST, UNIVERSITY OF THESSALONIKI AND SEMMELWEIS UNIVERSITY

Oral Surg Oral Med Oral Pathol Oral Radiol Endod 2008;105:597-605

cardiaal

ASA yes/no

- | | |
|---|--|
| <p>1. Do you experience chest pain upon exertion (angina pectoris)? If so, II Are your activities restricted? III Have the complaints increased recently? IV Do you have chest pain at rest? IV</p> | <p>4. Do you have heart palpitations without exertion? If so, II Do you have to rest, sit down or lie down during palpitations? III Are you short of breath, or pale or dizzy at these times? IV</p> |
| <p>2. Have you ever had a heart attack? If so, II Are your activities restricted? III Have you had a heart attack in the last 6 months? IV</p> | <p>5. Do you suffer from heart failure? If so, II Are you short of breath lying flat? III Do you need two or more than 2 pillows at night due to shortness of breath? IV</p> |
| <p>3. Do you have a heart murmur, or heart valve disease, or an artificial heart valve? II Have you had heart or vascular surgery within the last six months? II Do you have a pacemaker? II Have you ever had rheumatic heart disease? III Are your activities restricted? III</p> | <p>6. Have you now or in the past had high blood pressure? II Write down your last know blood pressure ----/----</p> |

stollings-, neurologische en pulmonale problemen



- | | | | |
|--|-----------------|---|-----------------|
| 7. Do you have a tendency to bleed? If so, Do you bleed for more than one hour following injury or surgery? | II III IV | 9. Do you suffer from asthma? If so, Do you use any medication and/or inhalers? Is your breathing difficult today? | II III IV |
| Do you suffer from spontaneous bruising? | IV | | |
| 8. Do you have epilepsy? If so, Is your condition getting worse? Do you continue to have attacks despite medication? | II III IV | 10. Do you have other lung problems or a persistent cough? If so, Are you short of breath after climbing 20 steps? Are you short of breath getting dressed? | II III IV |

andere

- | | | | |
|---|-----------------|---|------------------|
| 11. Have you ever had an allergic reaction to penicillin, aspirin, latex, dental materials or anything else? If so, Did this require medical or hospital treatment? Was it during a dental visit? What are you allergic to? | II III IV | 15. Do you have kidney disease? If so, Are you undergoing dialysis? Have you had a kidney transplant? | II III III |
| 12. Do you have diabetes? Are you on insulin? If so, Is your diabetes poorly controlled at present? | II III | 16. Have you ever had or do you have cancer or leukemia? What is the disease?..... Are you receiving drug therapy or have you had a bone marrow transplant for this? Which medication..... Have you ever had X-ray treatment for a tumor or growth in the head or neck? | II III IV |
| 13. Do you suffer from thyroid disease? If so, Is your thyroid gland underactive? Is your thyroid gland overactive? | II III IV | 17. Do you suffer from hyperventilation? | II |
| 14. Have you now or in the past had liver disease? | II | 18. Have you ever fainted during dental or medical treatment? | II |

medicatie

19. Are you on medication for any reason at present, prescribed or otherwise? II
- for a heart complaint?
 - anticoagulants?
 - for high blood pressure?
 - aspirin or other painkillers?
 - for an allergy?
 - for diabetes?
 - Prednisone, corticosteroids (systemic or topical)?
 - drugs against transplant rejection?
 - drugs against skin, bowel or rheumatic diseases?
 - for cancer or blood disease?
 - penicillin, antibiotics or antimicrobials?
 - for sleeping disorder, depressive condition or anxiety state?
 - have you ever used recreational drugs?
 - other medication (prescribed or otherwise)?


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European Medical Risk Related History (EMRRH) questionnaire

specificity per EMRRH item: 99.0 %
 sensitivity per EMRRH item: 93.7 %

EMRRH was found to be valid in the detection of medically compromised patients

CAVE !!! patiëntenpopulatie

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BATHE method
 (Background, Affect, Trouble, Handling, Empathy)

| | | Relevant Question | Purpose of Question |
|----------|------------|--|---|
| B | Background | "What brings you in today?" | Identifies the context of the visit. |
| A | Affect | "How have you felt about the idea of having surgery?" | Allows patient to report current feelings and how the idea of surgery is affecting them. |
| T | Trouble | "What about the surgery worries you most?" | Elicits what the patient perceives as the most troubling aspects of having surgery. This is asked even if they are positive about the experience. |
| H | Handling | "How are you handling that?" | This question evaluates stressors the patient may experience which contribute to their worry about the surgery and how they are coping with this worry. |
| E | Empathy | "It's perfectly normal to be nervous about surgery. Let me explain what will happen on the day of your surgery." | Expressing empathy conveys a sense of concern and affirms the patient's feelings. The explanation of the surgical experience helps the patient feel informed. |


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klinisch onderzoek ?



"At your age, good health is pretty much a thing of the past. My advice is, find an illness you enjoy."

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technische onderzoeken ?



"Frankly I see nothing wrong with you that a quarter of a million dollars worth of medical care won't help."

22

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technische onderzoeken ?


US: ~ > 18 miljard \$

< 4% dagchirurgie patiënten heeft abnormaal testresultaat

geen verband tss abnormaal testresultaat en optreden van verwikkelingen

the "Practice Advisory" of the American Society of Anesthesiologists (ASA) concluded that **routine** preoperative testing does not make a valuable contribution to preoperative evaluation while **indicated** testing may help perioperative management decision making

Anesthesiology 2002; 96: 485 - 96



Preoperative Tests
The use of routine preoperative tests for elective surgery

<http://www.nice.org.uk/nicemedia/pdf/CG3NICEguideline.pdf>

ASA Grade 1: adults ≥ 16 years

ASA Grades

Grade 1 Normal healthy patient (i.e. without any clinically important comorbidity and without a clinically significant past/present medical history).

Grade 2 Patient with mild systemic disease.

Grade 3 A patient with severe systemic disease but the disease is not a constant threat to life.

See pages 3–4 for more information.

| Test | Age (years) | | | |
|------------------|-----------------|-----------------|-----------------|---------|
| | 16 to < 40 N | 40 to < 60 N | 60 to < 80 N | 80 N |
| Chest X-ray | No | No | No | No |
| ECG | No | Yes | Yes | Yes |
| Full blood count | No | No | No | No |
| Haemostasis | No | No | No | No |
| Renal function | No | No | Yes | Yes |
| Random glucose | No | No | No | No |
| Urine analysis* | Yes | Yes | Yes | Yes |

*Dipstick urine testing in asymptomatic individuals is not recommended (UK National Screening Committee)

Grade 2 surgery continued

ASA Grade 2: adults with comorbidity from cardiovascular disease

- Test not recommended
- Consider this test (see page 2)
- Test recommended

| Test | Age (years) | | | |
|------------------|-----------------|-----------------|-----------------|---------|
| | 16 to < 40 N | 40 to < 60 N | 60 to < 80 N | 80 N |
| Chest X-ray | Yes | Yes | Yes | Yes |
| ECG | Yes | Yes | Yes | Yes |
| Full blood count | Yes | Yes | Yes | Yes |
| Haemostasis | No | No | No | No |
| Renal function | Yes | Yes | Yes | Yes |
| Random glucose | No | No | No | No |
| Urine analysis | Yes | Yes | Yes | Yes |
| Blood gases | No | No | No | No |
| Lung function | No | No | No | No |



http://kce.fgov.be/sites/default/files/page_documents/d20041027309.pdf

Preoperative Laboratory Testing in Patients Undergoing Elective, Low-Risk Ambulatory Surgery

Jaime Benarroch-Gampel, MD, MS, Kristin M. Sheffield, PhD, Casey B. Duncan, MD, MS, Kimberly M. Brown, MD, Yimei Han, MS, Courtney M. Townsend Jr, MD, and Taylor S. Riall, MD, PhD

Ann Surg 2012; 256: 518 - 28

✓ overuse

✓ geen relatie tss testresultaat en peri-operatieve complicaties



onnodige pre-operatieve testen

- ✓ traditie
- ✓ gebrek aan communicatie
- ✓ medicolegale argumenten
- ✓ ongerustheid
 - ~ uitstel chirurgie
- ✓ gebrekkige kennis van bestaande richtlijnen

67% van de onjuist aangevraagde technische onderzoeken gebeurden door chirurgen

J Urol 2012; 188: 1634 - 8

Socioeconomics

Contributing Factors for Cancellations of Outpatient Pediatric Urology Procedures: Single Center Experience

Garrett D. Pohlman, Susan J. Staulcup, Ryan M. Masterson and Vijaya M. Vemulakonda*

1. ziekte
2. niet gerapporteerde Δ gezondheidstoestand
3. verzekeringsproblemen
4. niet volgen NPO richtlijnen
5. ...

Elimination of Preoperative Testing in Ambulatory Surgery

Frances Chung, FRCP

Hongbo Yuan, PhD

Ling Yin, MSc

Santhira Vairavanathan, MBBS

David T. Wong, MD

Anesth Analg 2009;108:467-75

CONCLUSIONS: This pilot study showed that there was **no** increase in the perioperative adverse events as a result of **no** preoperative testing in our study population. A larger study is needed to demonstrate that indicated testing may be safely eliminated in selected patients undergoing ambulatory surgery without increasing perioperative complications.
