Preoperative Anesthesia Clinic
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Citation

Abstract
WHAT IS A PREOPERATIVE ANESTHESIA CLINIC?

- preoperative means: before surgery
- anesthesia means: methods to put you asleep and/or make you pain-free for surgery
- anesthesia clinic means: a space within the hospital in which you can talk to an anesthesiologist and a nurse in the days before your surgery

A preoperative anesthesia clinic

Figure 1
Image 1: A preoperative anesthesia clinic

Figure 2

WHY IS IT GOOD TO HAVE A PREOPERATIVE ANESTHESIA CLINIC?

The goal of the preoperative anesthesia clinic is to clear the patient medically for anesthesia prior to having either surgery or another painful procedure. All patients must be cleared for anesthesia even if they are scheduled for sedation (combination of medications causing drowsiness) as complications during the procedure may require the patient to receive general anesthesia (patient being completely asleep). The objective is to determine whether the patient is optimized (best prepared) for surgery. That is, is the patient's health as good as it can be considering their medical history and prescribed medications.

DO ALL HOSPITALS HAVE A PREOPERATIVE ANESTHESIA CLINIC?

No, not all hospitals have such a clinic. In order to operate such a clinic a hospital must have enough space, personnel and money. It is not cheap to run a preoperative

HOW DOES A TYPICAL VISIT LOOK?

The appointment may consist of the following five parts:
1. A Questionnaire filled out by the patient
2. Nurse's Interview
3. Anesthesiologist's Interview and Physical Exam
4. Tests: Laboratory (blood), Chest X ray, Electrocardiogram (EKG); Possibly: Pulmonary Function Tests (lung), Cardiac stress test (heart), or other heart tests
5. Summary Interview: Questions answered by doctor and instructions given by nurse for admission

WHAT KIND OF PAPERWORK WILL YOU HAVE TO FILL OUT?
Patients will usually be asked to fill out a questionnaire describing their past medical history, current complaints, current medications, and other important information. A variety of questions are asked to gather information about the major organ systems, i.e. do you have chest pain, do you have difficulties do breathe, do you have known allergies, and so on. In addition, some questions about your social background are asked. And finally, some information about your insurance is collected.

WHAT WILL YOU BE ASKED BY THE NURSE DURING YOUR VISIT?
Two systems that Anesthesiologists focus on are the heart (cardiac) and the lung (respiratory) systems. If the patient has other existing diseases, these too are evaluated. Occasionally, an additional test may be used to evaluate current, new problems that may have arisen.

After the paperwork is completed, the nurse will assess the patient's vital signs (blood pressure, heart rate, and temperature). If available from other hospital or doctor visits, it is extremely helpful for the patient to have a file containing their latest blood results, chest X ray report, electrocardiogram report, and other more specialized reports such as cardiac stress test, heart electrocardiogram and/or echocardiogram, CT scan reports, or pathology reports. We usually gather these documents by fax from the respective doctors' offices during your visit but this may cause a significant delay in the time spent in the preoperative anesthesia clinic.

WHAT WILL YOU BE ASKED BY THE DOCTOR (ANESTHESIOLOGIST) DURING YOUR VISIT?
The anesthesiologist will start by reviewing the available information in the medical chart of the patient. The anesthesiologist will typically fill out a preoperative evaluation sheet that will be used to prepare the best plan for anesthesia.

Medications are discussed in detail. Having a pre prepared list of doses of medications can be extremely helpful for the medical staff. Which medications to be taken prior to the procedure will be outlined during the visit.

Patients are instructed to not eat or drink anything after midnight the night prior to the surgery or procedure. Eating or drinking will result in cancellation of the planned procedure that day. If the patients have food in their stomach they may inadvertently vomit it into the lungs during their anesthesia which can result in a chemical pneumonia (aspiration pneumonia). This could result in being put on the lung machine (ventilator) in the intensive care unit (ICU) and might lead to deadly complications.
Figure 4
Images 3 and 4: The “Anesthesiologist” flag indicates that the patient is ready to be seen by an anesthesiologist; An anesthesiologist interview

Figure 5
Post operative pain management is discussed with patients. IV PCA (Intravenous patient controlled analgesia) and IV PCEA (Intravenous patient controlled epidural analgesia) are two of the options (both options will be discussed in separate articles appearing in this online journal). Both options are discussed in detail. We offer the choice of epidural analgesia for selected operations where it is proven to provide speedier recovery time or superior pain relief. The risks and benefits of each are discussed. Patients may take the time to decide and are never dictated to choose one over the other.

All questions that the patient or family members have will be answered. One purpose of the visit is to decrease the patient’s fear of being put to sleep (anesthesia).

WHAT WILL YOUR DOCTOR (ANESTHESIOLOGIST) EXAMINE DURING YOUR VISIT?

Following the interview the anesthesiologist will examine the patient. A history and brief physical exam will be performed. The main organ systems such as lungs, heart, brain, stomach, kidneys, liver are of interest to the anesthesiologist. He/she will listen to the lungs and the heart, get a blood pressure measurement, look into the patient's mouth, and check potential anatomical abnormalities. Of special interest are mouth opening, tongue, dentition, and the way the patient can move the neck forward and backward. All this is to see how easy it will be to pass a plastic tube into the windpipe. This plastic tube might be necessary to ventilate (move air into the lungs) during anesthesia.

Figure 6
Images 5 and 6: The anesthesiologist examines mouth and airway; Measurement of blood pressure

Figure 7
WHAT KIND OF TESTS MAY BE DONE?

In some cases the anesthesiologist might decide to ask for additional tests to check for additional health-related information. This is to determine the best method of anesthesia for the specific surgery.

Typical tests required are chest x-ray, blood tests, and electrocardiogram (ECG). The chest x-ray will give some information about the lungs and the heart. The blood test can measure a variety of things such as salts in the blood, bleeding tendency, kidney function and much more. The anesthesiologist will decide what blood tests need to be done depending on the history and brief exam of the patient. The electrocardiogram is a reading of the electric activity of the heart. Find more information on this topic in another article of The Internet Journal of Health at http://www.ispub.com/journals/IJH/Vol1N2/ekg.html.

Other more specialized tests might be ordered depending on the disease or health-related problems of the patient.
WHAT ARE THE FINAL INSTRUCTIONS?

After making sure that all questions have been answered, the patients are given instructions on where and when to come to the hospital for their surgical procedures. No eating or drinking should occur after midnight prior to surgery unless otherwise instructed by the anesthesiologist. In some cases,
written instructions or information materials are given to the patients to take home.

WHAT HAPPENS AFTER YOU LEAVE THE PREOPERATIVE ANESTHESIA CLINIC?
At the end of the evaluation the patient is either cleared for the future operation (one or more days in advance) or delayed.

Figure 15
Image 14: If cleared (accepted) for surgery, patients name, type of surgery, surgeons and anesthesiologists name and some other important information is entered into the computer in order to generate the OR (operating room) schedule.

References
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