



THANK YOU!

Documentation

- History – presented logical manner
- Investigations & Mgt plan – listed for
action
- Drug chart – routine / prophylactic

allergic hist imp

Specific P.O.P – Metabolic disorders

- ❏ Diabetes **BSR below 200**
- ❏ Adrenocortical suppression
- ❏ Rare disorders
- ❏ Risk-reduction strategies for Diabetic pts
- ❏ Extra dose steroids to avoid crisis

Specific P.O.P – G.U.D

❏ Renal impairment

❏ UTI

❏ Categorize – Pre-renal
/ Renal & Post-renal

❏ Start antibiotics – UTI
Care taken – maintain
good urine output

pt in ER pass ng tube
& don't use gas ans

NPO(nill per orum)
water 2hr,milk
4hr,food 6hr

Specific P.O.P – G.I.T

⌘ Malnutrition

⌘ Obesity

⌘ Regurgitation risk

⌘ Jaundice

obese pt has
hepatomegaly treat
it

obese pt have
hormonal changes
so see to them

⌘ Nutritional support is
required - a minimum
of 2 weeks prior to
surgery

⌘ Extra measures –
obese patients

⌘ No solids – 6hrs / No
fluids – 2hrs

⌘ Sec complications –
jaundice pts

Specific P.O.P – R.S

stop smoking 4
wks bef surg & give
inhaler if req

☒ Infection

☒ Stop smoking - 4 wks
& continue inhalers

☒ Asthma

☒ LRI – to be treated

☒ COPD

☒ Avoid respiratory
suppressants
(narcotics)

☒ Pulmonary fibrosis

hold aspirin 7 days
bef surg & start at
2nd after

clopidogrel stop 10
days before surgery

if pt on heparin &
can't stop shift to
aspirin

Specific P.O.P – C.V.S



- ❑ Hypertension
- ❑ IHD / Recent MI
- ❑ Arrhythmias
- ❑ Cardiac failure
- ❑ Anaemia & Blood transfusion
- ❑ Prosthetic valves
- ❑ BP > 160 systolic or > 95 diastolic - surgery deferred till control of BP.
- ❑ MI – No surgery – 6 mths.
- ❑ Consider transfusion if Hb% < 8 g/dl.

Investigations – Others

- ✦ **ECG** : It's recommended in all patient >65years, pt. with blood loss & cardiovascular/pulmonary problems.
- ✦ **Urinalysis**: used for determination of renal function, inflammation, infection & metabolic disorders.
- ✦ **Pregnancy Test**: (B- HCG)
- ✦ **HBsAg & HIV** testing.
- ✦ **RBS & HbA1c** : Diabetes
- ✦ **Blood gas analysis**: Occ. required

Investigations – Targeted tests

- **Hematology** : to exclude anemia, for platelets count & to assess the amount of blood may be needed during or after operation.
- **Urea, Creatinine & Electrolytes**: state of dehydration & renal insufficiency.
- **Liver Function Tests**: Alb & Protein guide to nutritional status & shows any clotting problems.

Investigations – Routine

- Every unit and ward has its own protocol.
- The tests which normally performed on most patient coming to surgery:

- * Full Blood Count
- * Basic Biochemistry
- * Chest Radiography



Specific Surgical Ex:

- Its aim: **to** confirm previous findings & diagnosis, **to** determine severity & **to** gauge extent.
- E.g. in inguinal hernia confirm it's inguinal not femoral, reducible or not & whether there are any signs of bowel obstruction.

General Physical Ex:

≡ To check fitness for anesthesia & surgery.

≡ **GPE**

≡ Systemic:

- CVS
- CNS
- GIT
- Respiratory system



Examination

- ≡ **General:** + findings even if not related to the proposed procedure should be explored
- ≡ **Surgery related:** Type and site of surgery, complications which have occurred due to underlying pathology
- ≡ **Systemic:** Comorbidities and their severity
- ≡ **Specific:** For example, suitability for positioning during surgery.

Principles of History taking

- ≡ Listen: What is the problem? (Open questions)
- ≡ Clarify: What does the patient expect?
(Closed questions)
- ≡ Narrow: Differential diagnosis
(Focused questions)
- ≡ Fitness: Comorbidities (Fixed questions)

Types of patients


■ Out-Patient
Department

■ Usually seen 1-2
weeks before surgery
at preadmission clinic

■ Emergency
department

■ Need initial
assessment &
immediate
resuscitation

Steps of P.O.P's



- History
- Examinations
- Investigations
- Preoperative treatments
- Documentation
- Communications – Valid consent

Pre-operative plan

- Gather and record all relevant information
- Optimize patient condition
- Choose surgery that offers minimal risk and maximum benefit
- Anticipate and plan for adverse events
- Inform everyone concerned.

Definition

The preoperative period runs from the time the patient is *admitted* to the hospital or surgicenter to the time that the *surgery begins*.

The slide features a background of overlapping, semi-transparent geometric shapes in shades of blue, green, yellow, and red. A dark grey rectangular box with a thin white border is centered on the slide, containing the text "PRE-OPERATIVE CARE" in white, uppercase, sans-serif font. The text is arranged in two lines: "PRE-OPERATIVE" on the top line and "CARE" on the bottom line. The overall aesthetic is modern and professional.

PRE-OPERATIVE CARE