

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

- Tiabetes 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
- W 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

### Specific P.O.P - G.I.T

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

- Malnutrition
- Cobesity \*\*
- Regurgitation risk
- # Jaundice

obese pt has hepatomegaly treat it

- 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

obese pt have hormonal changes so see to them

## Specific P.O.P - R.S

stop smoking 4 wks bef surg & give inhaler if req

- Infection
- Asthma
- COPD :
- Pulmonary fibrosis

- Stop smoking 4 wks & continue inhalers
- ≈ LRI to be treated
- Avoid respiratory suppressants (narcotics)

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.
- Consider transfusion if Hb% < 8 g/dl.

# Investigations - Others

- ECG: It's recommended in all patient >65 years, pt. with blood loss & cardiovascular/pulmonary problems.
- <u>Urinalysis</u>: 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.
- <u>Urea, Creatinine & Electrolytes</u>: 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



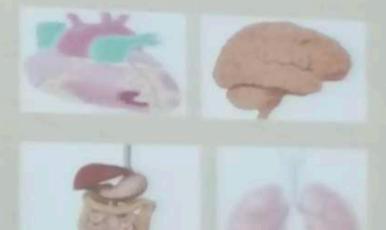


### Specific Surgical Ex:

- 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
- Coptimize 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.

