

Preoperative Tests for Adult Patients 16 Years of Age Or Greater Undergoing Elective

- The grid does not apply to patients undergoing cataract surgery
- For cataract surgery no preoperative lab tests are routinely indicated, but if the patient's condition has deteriorated within the last six months, submit lab test results obtained in addressing this deterioration
- For patients with complex or uncommon surgical or medical conditions, tests beyond what is suggested in this grid may be appropriate
- Test are valid for 6 months provided there has been no interim change in the patient's condition

Order all indicated tests, based on the type of Surgery, the Patient's Age, Exercise Tolerance, Medical Comorbidities and Drug Therapies	СВС	ECG	Elec	Cr and eGFR	Glc	I N R	P T T	L F T	C X R	lron Indices
Age, Surgery and Exercise Tolerance (E.T.)	1									
Minor surgery, less than 50 years of age,										
any E.T. Minor surgery, 50 years of age or greater,	No routinely indicated tests if patient is otherwise healthy									
E.T. less than 4 METs	No routinely indicated tests if patient is otherwise healthy									
Minor surgery, 50 years of age or greater,	NOTO				ματιει					
E.T. less than 4 METs										
Major surgery, less than 50 years of age										
Major surgery, 50 years of age or greater		•	•	•						
Vascular surgery		-	•	•		•	•			
Medical Comorbidities	•			-	1	•	1	1		
Hypertension		-		•						
Cardiac disease, E.T. greater than or equal		-								
to 4 METs										
Cardiac disease, E.T. less than 4 METs	•	-								
Respiratory disease, E.T. greater than or equal to 4 METs	No routinely indicated tests for this comorbidity									
Respiratory disease, E.T. less than 4 METs		-								
Stroke / TIA / Peripheral Vascular Disease										
Renal disease		-	-	•						
Liver disease			-	•						
Diabetes mellitus		-	-	•	•					
BMI greater than 40					•	•		•		
High risk for malnutrition			-					•		
Thyroid disease			-	Also obtain TSH						
Malignancy (except basal cell ca.)	•								•	
High risk for anemia	•									
High risk for iron deficiency	•									-
Drug Therapies										
Diuretic, ACE inhibitor, or ARB										
Coumadin	•					•				
Oral Corticosteroids			•		•					
Digoxin	 Also obtain serum digoxin level 									

OTHER PREOPERATIVE TESTS WITH SPECIFIC INDICATIONS

Sickle cell screen:

With appropriate pre and post test counseling, preoperative sickle cell screen should be offered to patients of high risk ethnicity unless it has been previously performed, in which case it should be documented. High-risk ethnicity groups include African, Caribbean, Saudi Arabia, Northern Greece, Southern Italy, Southern Turkey and South Central India.



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Antiepileptic drug (AED):

Should be obtained only for patients on Carbamazepine, Phenobarbital, Phenytoin, or Valproic acid who meet at least one of the following criteria:

- 1. A history of unstable AED levels,
- 2. A seizure within the last 6 months, or
- 3. Undergoing major gastrointestinal surgery

LEGEND - TESTS

Elec	Electrolytes (sodium, potassium, chloride and bicarbonate)
Cr and eGFR	Plasma Creatinine and if available e GFR
Glc	Fasting plasma glucose
LFT	AST, ALT, Alk Phos, GGT, albumin, total and direct bilirubin
CXR	Chest X-ray
Iron indices	Serum iron, TIBC and ferritin

LEGEND – PATIENT CHARACTERISTICS

LEGEND – PATIENT CHARACTERISTICS				
Major Surgery	Resection of organs (laparoscopic or open incision) in the neck, thorax, pelvis or abdomen, (except laparoscopic cholecystectomy); open vascular surgery (except varicose vein stripping); endovascular procedures; intracranial surgery, head and neck surgery for malignancy (except basal cell carcinoma), spine surgery (except for discectomy), major joint replacement or fusion, surgery involving free flap reconstruction, panniculectomy.			
Minor Surgery	Defined by not meeting criteria for major surgery. Includes: eye surgery (except cataract removal), tonsillectomy, nasal septoplasty, breast surgery without free flap reconstruction, direct or laparoscopic inguinal or umbilical hernia repair, diagnostic laparoscopy, tubal ligation, laparoscopic cholecystectomy, uterine D and C, hysteroscopy, endometrial ablation, carpal tunnel repair, dupuytren's contracture release, basal cell ca resection with local reconstruction, arthroscopy, discectomy, endoscopic urology and electroconvulsive therapy (ECT).			
E.T. in METs	 Exercise tolerance in <i>metabolic equivalents (METs)</i> as reported by the patient Greater than or equal to 4 METs: Able to complete one or more of the following activities, or a more strenuous activity, without having chest pain or dyspnea: walk up a hill, run a short distance, or climb a flight of stairs. Less than 4 METs: Has chest pain or dyspnea with ≥ METs activities or is unable to complete them for any reason. 			
Cardiac Disease	MI, Angina, CHF, valvular heart disease, Artrial fibrillation or other Arrythmia			
Renal Disease	Gross proteinuria or elevated Creatinine			
Liver Disease	Includes jaundice, hepatitis, cirrhosis, hepatic metastases and ethanol abuse (defined as average intake > 2 standard drinks per day).			
High Risk for Malnutrition	Includes BMI < 19, unintentional \geq 10% body weight loss over previous 6 months, inflammatory bowel disease, oral, esophageal, gastric, and pancreatic malignancy			
High Risk for Anemia	Includes patients with a history of anemia, connective tissue disease (i.e. lupus, rheumatoid arthritis), inflammatory bowel disease, menorrhagia, gross hematuria or gastrointestinal bleeding.			
High Risk for	Anemic patients with low MCV or high RDW or CBC			



Iron Deficiency

NOTES:

- > Preoperative *pregnancy testing* will be carried out by preoperative staff using existing procedures.
- Preoperative type and screen and group and hold will be carried out by surgeons/anesthetists and preadmission clinic staff using existing procedures.
- There are no routine indications for preoperative pulmonary function tests, spirometry or arterial blood gases.
- There are no routine indications for preoperative urinalysis, save for specific surgeries, at the surgeon's discretion.
- Preoperative histories and physicals are also valid for 6 months, provided there has been no interim change in the patient's condition.