

# Argus Orthopaedic Zone

## Pre Surgery Evaluation

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### *Transforming patient information into patient understanding.*

It has become increasingly common in recent years for patients to have a preoperative clearance before many types of surgery I do.

In the “old days” most patients came into the hospital a day or even two before most types of bigger surgery.

### **Outpatient or Day Surgery**

Then it began to evolve several years ago that certain types of surgery could be done and the patient was discharged the same day. It seemed pretty radical when it began, but now it is commonplace or actually “the norm”.

There is a very long list of surgery I do in which patients come and go the same day even if they have a general anesthetic. Don't worry I won't bore you with the list!

Less invasive surgery, newer anesthetic agents and newer post operative pain control have made all of this possible.

### **The Night Before Surgery**

When patients came into the hospital “the night before”, it was then that most of their preoperative studies were done including their physical examination, EKG, lab test. Of course I knew a lot about patients before they were admitted for elective surgery, but the main evaluation or clearance was done on admission.

That has given way almost completely to admission on the day of surgery for practically everything including heart surgery.

### **Pre Surgery Evaluation**

The evaluation of course is customized to your situation. It varies considerably based on age, health status and the risks of the procedure.

A key element is the medical history which is hugely important to give information about symptoms, previous problems, medication, allergies, reaction to previous surgery, etc.

Many conditions patients have may increase the risk of surgery and possible complications. Based on the history and examination certain modification of your medications before surgery is often necessary.

### **Who Does It?**

The preoperative evaluation or clearance is most often done by the patient's personal physician. It may be a family doctor or internist. If you don't have either and you need a clearance I will designate a doctor to do the clearance. It takes place at the doctor's office doing the clearance.

Clearance is not fool proof, but goes a long way toward surgery being able to go forward as scheduled. No one, patient, family or surgeon likes it when someone comes in for surgery the day of and surgery can't take place because of a glitch.

### **Further Evaluation**

- Cardiac clearance. I often find that the doctor doing the initial clearance also asks for a cardiologist to also clear the patient.
- Special studies like an ECHO cardiogram may be ordered.
- Blood clotting studies are frequent since so many patients take blood thinners.
- Chest x-ray is needed sometimes but not routinely.

### **Not For Everybody**

If I don't ask for a preoperative clearance it's because in that particular situation it isn't indicated.

For those who do require one, it is a precaution that is very worthwhile.

For patients who will be in the hospital for 2 or 3 days I always ask the family doctor or Internist to follow the patient and manage their medical problems. That is very good care.

### **Argus Orthopaedic Zone Archive and Office Website**

What if there was a whole world of musculoskeletal information at one place? There is!

[www.orthopodsurgeon.com](http://www.orthopodsurgeon.com) opens up for you the office website, Your Orthopaedic Connection and the Archive of all previous Argus articles I have written for you, your family and friends.

Please check it out. Do yourself a favor.

Be well.

Dr. Haverbush