Methodist Hospital

Pre-Operative
Anesthesia
Guidelines 2015

Your guide to scheduling surgeries at Methodist Hospital created in collaboration with Primary Care Physicians, the Department of Cardiology and the Department of Surgery

METHODIST
The meaning of care.
Preface

Guidelines are systematically developed recommendations that assist the practitioner and patient in making decisions about healthcare. These recommendations may be adopted, modified or rejected according to clinical needs. Practice guidelines are not intended as standards or absolute requirements. Practice guidelines are subject to revision as warranted by the evolution of medical knowledge, technology, and practice.
Anesthesia Testing Guidelines

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  Surgery Scheduling Office
  Pre-Surgery RN’s
  Surgical Risk Assessment Clinic
  Operating Room
  OR Leadership

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# ANESTHESIA PRE-OPERATIVE TESTING GUIDELINES

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cataract Surgeries</strong></td>
<td><strong>NO routine lab tests</strong></td>
</tr>
</tbody>
</table>

**Low Risk Procedures**

Defined as procedures in which the combined incidence of peri-operative MI or death is <1%

Examples:
- Endoscopies
- Arthroscopies
- Breast surgery
- MRI/CT scans under anesthesia

Exceptions:
- Pregnancy testing
- Baseline creatinine for contrast dye injections
- Lab tests only as indicated by patient's medical history

**Intermediate Risk Procedures**

Defined as procedures in which the combined incidence of peri-operative MI or death is 1-5%, do have significant blood loss or hemodynamic changes

Examples:
- Head & Neck procedures
- Total Joint Cases/Ortho cases
- Prostate Surgery
- IR procedures
- Cardiac Cath Lab

Exceptions:
- Pregnancy testing
- Baseline creatinine for contrast dye injections
- Lab tests only as indicated by patient's medical history

**High Risk Procedures**

Defined as procedures in which the combined incidence or peri-operative MI or death is >5% or normal physiology is disrupted; commonly requires blood transfusions, invasive monitoring and/or post-op ICU care.

Examples:
- Emergency procedures ***
- Aortic, major vascular, Endo AAA repair
- Carotid Endarterectomy
- Cardiac surgery
- Procedures with anticipated large blood loss or fluid shift

Recommended lab tests:
- CBC with platelets
- CMP
- Pregnancy testing
- EKG

***Lab tests for Emergency procedures only performed if time allows
CATARACT SURGERIES

Require no pre-operative testing for all patients in their usual state of health.
### Low Risk Procedures

**Examples include, but are not limited to:**
- Arthroscopies
- Endoscopies
- MRI with anesthesia
- Breast biopsies
- Non-complex ENT
- Non-complex Flap reconstructions
- Superficial
- MRI port insertions
- Cystoscopy
- ESWL
- Breast reconstruction
- Breast augmentation
- Breast reduction
- Simple hernia repair
- TURB/TURP/TURPT
- Cardioversion
- Lesion removals
- Eye Procedures, excluding cataracts
- Local Procedures
- D&C/D&E
- Hysteroscopy
- Tubal ligation

### Lab requirements

No routine lab tests are required unless indicated by patient’s medical history.  

*Please see the pre-operative testing grid for direction on which tests to order.*
<table>
<thead>
<tr>
<th>Intermediate Risk Procedures</th>
<th>Lab requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Examples include, but are not limited to:</strong></td>
<td>No routine lab tests are required unless indicated by the patient’s medical history.</td>
</tr>
<tr>
<td>• Minor Head and Neck</td>
<td><em>Please see the pre-operative testing grid for direction on which tests to order.</em></td>
</tr>
<tr>
<td>• Partial &amp; Total thyroidectomy</td>
<td></td>
</tr>
<tr>
<td>• Parathyroidectomy</td>
<td></td>
</tr>
<tr>
<td>• Laparoscopic</td>
<td></td>
</tr>
<tr>
<td>• Robotic</td>
<td></td>
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<tr>
<td>• Diagnostic laparoscopies</td>
<td></td>
</tr>
<tr>
<td>• Interventional Radiology</td>
<td></td>
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<tr>
<td>• Cardiac Cath Lab</td>
<td></td>
</tr>
<tr>
<td>• Ablations</td>
<td></td>
</tr>
<tr>
<td>• Neck and back surgeries</td>
<td></td>
</tr>
<tr>
<td>• Radical hysterectomies</td>
<td></td>
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<tr>
<td>• Pacemaker/ICD insertions</td>
<td></td>
</tr>
<tr>
<td>• Major/Recurring hernia repairs</td>
<td></td>
</tr>
<tr>
<td>• Panniculectomy</td>
<td></td>
</tr>
<tr>
<td>• Orthopedic procedures</td>
<td></td>
</tr>
</tbody>
</table>
### High Risk Procedures

**Examples include, but are not limited to:**
- Emergency Procedures***
- Aortic repairs including endoscopic
- Major vascular bypasses
- Carotid endarterectomy
- Cardiac surgery
- Whipple
- Esophagectomies
- Thoracotomy/VAT
- Hepatic
- Gastric bypass surgery

### Lab requirements

- CBC with platelets
- CMP
- EKG

***Lab tests for Emergency procedures only performed if time allows
Recommended Labs and Tests

*Based on Patient’s Medical History*

- Lab results are valid for one month unless changes in medical condition/medications
- EKGS are valid for three months unless changes in cardiac condition
- Obtain chest X-ray for acute processes only or unstable pulmonary condition of patient with known lung disease
- Obtain Echo with new onset of murmur and evidence of decreased functional capacity
- Pregnancy testing for all Women of Childbearing Potential (WOCBP)
  - WOCBP is defined as a female who has begun menstruating and not entered menopause (absence of menses for 12 months)
  - Not required if previous tubal ligation or hysterectomy
  - Must be a serum pregnancy within 7 days or will have urine pregnancy the day of OR
These guidelines identify that there should be minimal pre-operative lab tests for asymptomatic patients who have a normal history and physical and are undergoing low-risk surgical procedures.

<table>
<thead>
<tr>
<th>Clinical Diagnosis</th>
<th>CBC</th>
<th>PT/INR</th>
<th>Glucose</th>
<th>BMP</th>
<th>CMP</th>
<th>EKG</th>
<th>LFT's</th>
<th>UA</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACE/ARB Usage</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anemia</td>
<td>X</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Bleeding History</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
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<tr>
<td>Chronic Hypertension</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>CV Disease</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
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<tr>
<td>Coumadin</td>
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<tr>
<td>Diabetes</td>
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<td></td>
<td>X</td>
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<td></td>
</tr>
<tr>
<td>Digitalis</td>
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<td></td>
</tr>
<tr>
<td>Diuretics</td>
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<tr>
<td>Hepatic Disease</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
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<tr>
<td>Blood Loss Expected &gt;1 unit</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Morbid Obesity BMI ≥ 40</td>
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<td></td>
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<td>X</td>
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<tr>
<td>Potassium Supplements</td>
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<tr>
<td>Pulmonary Disease</td>
<td>X</td>
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<td></td>
<td></td>
<td>X</td>
<td></td>
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<tr>
<td>Smoking &gt;1 pack per day</td>
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<td></td>
<td>X</td>
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<tr>
<td>Renal Disease</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Steroids</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Suspected UTI</td>
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<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
Chemistries:

1. No routine chemistries are necessary for the healthy patient

2. Basic Metabolic Panel
   a. Diuretics
   b. Digitalis
   c. Chronic renal failure
   d. Potassium supplements
   e. ACE/ARBs
   f. Hepatic failure
   g. Major surgery
   h. Major blood loss expected >1 unit
   i. Steroids
   j. Cardiovascular disease

3. Liver Function Tests
   a. Cirrhosis
   b. Recent or chronic hepatitis

4. Glucose
   a. Diabetes
   b. Steroid use

Hematologic Studies:

1. Complete Blood Count
   a. Major blood loss expected >1 unit
   b. History or anemia, polycythemia, platelet disorder, or bleeding disorder
   c. No blood patient
   d. History of end stage renal disease
   e. History of coronary vascular disease
   f. Hepatic disease

2. PT/PTT
   a. History of bleeding disorder
   b. Hepatic disease
   c. Taking anticoagulation medications
When to obtain an EKG:

1. Vascular surgery patients with at least one of the following clinical risk factors:
   a. Coronary artery disease
   b. Congestive heart failure
   c. Diabetes
   d. Myocardial infarction within 3 months
   e. Murmur
   f. Creatinine >2

2. Patients with known coronary, peripheral, or cerebrovascular disease undergoing intermediate risk surgery.

3. Morbidly obese (BMI ≥ 40)

4. Vascular/thoracic surgery patients with clinical indications from history and physical

5. Intermediate Risk Surgery Patients with at least one of the following clinical risk factors:
   a. Coronary artery disease
   b. Congestive heart failure
   c. Diabetes
   d. Myocardial infarction within 3 months
   e. Murmur
   f. Creatinine >2
   g. Obesity BMI ≥ 40 or limited activity METS <4
   h. History of atrial fibrillation

6. Active smoker >1 pack per day undergoing Intermediate or High Risk Surgery

7. Patient who has chronic hypertension
### EKG RESULTS

**EKGs**

<table>
<thead>
<tr>
<th>EKGs (No need to further evaluate)</th>
<th>The following do NOT need to be called to the anesthesiologists/cardiologists attention in absence of other cardiac history:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Low voltage</td>
</tr>
<tr>
<td></td>
<td>• Axis deviation</td>
</tr>
<tr>
<td></td>
<td>• Atrial enlargement</td>
</tr>
<tr>
<td></td>
<td>• LVH</td>
</tr>
<tr>
<td></td>
<td>• Accelerated AV condition</td>
</tr>
<tr>
<td></td>
<td>• 1st degree AV block</td>
</tr>
<tr>
<td></td>
<td>• Early repolarization</td>
</tr>
<tr>
<td></td>
<td>• RBBB: No evidence of CV disease and asymptomatic</td>
</tr>
<tr>
<td></td>
<td>• Sinus bradycardia &lt;50 and asymptomatic</td>
</tr>
<tr>
<td></td>
<td>• Early repolarization</td>
</tr>
<tr>
<td></td>
<td>• Pacemaker</td>
</tr>
<tr>
<td></td>
<td>• Conduction delay</td>
</tr>
<tr>
<td></td>
<td>• Premature atrial contractions</td>
</tr>
</tbody>
</table>

**EKG abnormalities do not need to be further evaluated if:**

- Patient had medical clearance for this procedure from primary care physician on staff and clearance notes EKG was read. **
- Patient has a cardiac history and has clearance for his procedure from a cardiologist on staff and clearance notes current EKG was read.**
- Patient is having cardiac surgery or ICD placement

**Please try to obtain previous EKGs for comparison, notes, and cardiac workups including Echos and stress tests to assist in the evaluation of patient.**

**Medical Clearance from PCP or Cardiology must include data to support clearance.**

- “Cleared for Surgery” is NOT sufficient without supporting data

**EKGs (Requiring further evaluation. May need to see primary care provider, pre-surgery clinic or anesthesiologist for day of procedures)**

- MI, including history and age undetermined or cannot rule out
- Acute ischemic changes
- 2nd, 3rd degree heart block
- Left bundle branch block
- Left anterior fascicular block
- ST and/or T wave abnormalities
- New onset atrial fibrillation
- RBBB: Evidence of CV disease or CV symptoms
Peri-operative Cardiovascular Evaluation & Care for Non-Cardiac Surgery

The history should seek to identify active cardiac conditions. The following Active Cardiac Conditions require cardiac consultation and may result in case delay or cancellation.

**Unstable Coronary Syndromes**
- Recent myocardial infarction (>7 days but <30)
- Unstable or severe angina

** Decompensated Congestive Heart Failure**
- Severe limitations
- Worsening heart failure
- New-onset heart failure

**Severe Valvular Disease**
- Severe aortic stenosis
  - Mean pressure gradient >40mm Hg
  - Aortic valve area < 1 cm2
  - Symptomatic

** Significant Arrhythmias**
- Symptomatic mitral stenosis
- Progressive dyspnea on exertion
- Exertional presyncope
- Heart failure
- High grade atrioventricular block
- Mobitz II atrioventricular block
- Third degree atrioventricular block
- Symptomatic ventricular arrhythmias
- Supraventricular arrhythmias (includes Atrial Fibrillation) with Uncontrolled Ventricular rate (> 100 bpm at rest)
- Symptomatic bradycardia
- Newly recognized ventricular tachycardia
After initial evaluation: Is further testing needed?

- **EMERGENCY NON-CARDIAC SURGERY**
  - YES: PROCEED WITH SURGERY
  - NO: ACTIVE CARDIAC CONDITIONS

- **ACTIVE CARDIAC CONDITIONS**
  - YES: CONSULT CARDIOLOGY
  - NO: LOW-RISK SURGERY

- **LOW-RISK SURGERY**
  - YES: PROCEED WITH SURGERY
  - NO: FUNCTIONAL CAPACITY ≥ 4 METS WITHOUT SYMPTOMS

- **FUNCTIONAL CAPACITY ≥ 4 METS WITHOUT SYMPTOMS**
  - YES: PROCEED WITH SURGERY
  - NO: FUNCTIONAL CAPACITY < 4 METS OR UNKNOWN

- **FUNCTIONAL CAPACITY < 4 METS OR UNKNOWN**
  - NO CLINICAL RISK FACTORS: VASCULAR SURGERY
  - 1 OR 2 CLINICAL RISK FACTORS: INTERMEDIATE RISK SURGERY
  - 3 OR MORE CLINICAL RISK FACTORS: VASCULAR SURGERY

- **CLINICAL RISK FACTORS**
  - • CORONARY ARTERY DISEASE
  - • COMPENSATED OR PRIOR HEART FAILURE
  - • CEREBROVASCULAR DISEASE
  - • DIABETES
  - • RENAL INSUFFICIENCY

- **FUNCTIONAL CAPACITY < 4 METS OR UNKNOWN**
  - NO CLINICAL RISK FACTORS:
    - NO: FUNCTIONAL CAPACITY < 4 METS OR UNKNOWN
  - 1 OR 2 CLINICAL RISK FACTORS:
    - NO: FUNCTIONAL CAPACITY < 4 METS OR UNKNOWN
  - 3 OR MORE CLINICAL RISK FACTORS:
    - NO: FUNCTIONAL CAPACITY < 4 METS OR UNKNOWN

* See following page for “METS” scoring
## FUNCTIONAL CAPACITY (METABOLIC EQUIVALENTS – METS)

<table>
<thead>
<tr>
<th>Function: Can Patient --</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walk slowly, less than 2 mph</td>
<td>2</td>
</tr>
<tr>
<td>Garden, light</td>
<td>2</td>
</tr>
<tr>
<td>General house cleaning</td>
<td>3</td>
</tr>
<tr>
<td>Walk briskly, 3 mph</td>
<td>3.3</td>
</tr>
<tr>
<td>Heavy yard work or gardening</td>
<td>4</td>
</tr>
<tr>
<td>Climb stairs</td>
<td>4</td>
</tr>
<tr>
<td>Ride a bicycle, less than 10 mph</td>
<td>4</td>
</tr>
<tr>
<td>Dance (ballet or modern)</td>
<td>4.8</td>
</tr>
<tr>
<td>Snorkel</td>
<td>5</td>
</tr>
<tr>
<td>Mow the lawn with a hand mower</td>
<td>5.5-6.0</td>
</tr>
<tr>
<td>Shovel snow</td>
<td>6</td>
</tr>
<tr>
<td>Hike, strenuous</td>
<td>6-7</td>
</tr>
<tr>
<td>Kayak or row</td>
<td>6-8</td>
</tr>
<tr>
<td>Ski, downhill</td>
<td>6.8</td>
</tr>
<tr>
<td>Ride a bicycle, 10-16 mph</td>
<td>6-10</td>
</tr>
<tr>
<td>Aerobic calisthenics</td>
<td>6-10</td>
</tr>
<tr>
<td>Play tennis (singles)</td>
<td>7-12</td>
</tr>
<tr>
<td>Swim, crawl, slow</td>
<td>8</td>
</tr>
<tr>
<td>Run, 8 mph</td>
<td>13.5</td>
</tr>
</tbody>
</table>
Recommendation per cardiology staff:

- Cardiologist to be contacted regarding recommendations for stopping antiplatelet therapy
- Complex stenting may be an issue that precludes stopping any antiplatelet medication
Pre-operative NPO Guidelines for non-emergent surgery in healthy patients without clinical concerns

For patients in whom there does not appear to be reason for clinical concern about increased risk for aspiration, the following guidelines should be observed in non-emergent or “elective” situations:

Up until 8 hours prior to surgery: Food and fluids as needed

Between 4 and 8 hours prior to surgery: Clear liquids (examples below) only. Note clinical concern below for exceptions and strict NPO.

*Infants may have breast milk until 4 hours prior to surgery.

4 hours prior to surgery: No solids or liquids.

Examples of acceptable and unacceptable clear liquids are:

a. Acceptable: Water, Sprite, Coffee or Tea (no milk or lemon), fruit juice without pulp

b. Unacceptable: Milk, Coffee or Tea with Milk, Infant Formula, any alcoholic beverage

For infants not at increased risk for aspiration of gastric contents, breast milk may be ingested up to 4 hours prior to surgery.

The individual anesthesiologist should weigh risks and benefits when determining the appropriate fasting interval in these situations.
Pre-operative NPO guidelines in non-emergent situations where there is clinical concern regarding increased risk of aspiration is at least 8 hours. This includes the following patient conditions:

Some examples of reasons for clinical concern regarding increased risk of aspiration are:

a. Obesity
b. Diabetes Mellitus with Gastroparesis
c. Pregnancy
d. A history of gastroesophageal reflux/hiatal hernia
e. Bowel obstruction
f. Potential difficult airway management
g. Opiate analgesics
# PRE-OPERATIVE MEDICATION MANAGEMENT

<table>
<thead>
<tr>
<th>Drug Class</th>
<th>Action</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anti-hypertensives and cardiovascular drugs:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Angiotension Converting Enzyme (ACE) Inhibitors</td>
<td>Continue day of surgery</td>
<td></td>
</tr>
<tr>
<td>• Angiotension Receptor Blockers (ARB)</td>
<td>Continue day of surgery</td>
<td></td>
</tr>
<tr>
<td>• Beta blockers</td>
<td>Continue day of surgery</td>
<td></td>
</tr>
<tr>
<td>• Digoxin</td>
<td>Continue day of surgery</td>
<td></td>
</tr>
<tr>
<td>• Diuretics and diuretic combinations</td>
<td>HOLD day of surgery</td>
<td>Increased risk of hypokalemia and hypovolemia</td>
</tr>
<tr>
<td>• Renin inhibitor</td>
<td>Continue day of surgery</td>
<td></td>
</tr>
<tr>
<td>• Statins</td>
<td>Continue day of surgery</td>
<td></td>
</tr>
<tr>
<td><strong>Anti-Reflux:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• H2 blockers, proton pump inhibitors</td>
<td>Continue day of surgery</td>
<td></td>
</tr>
<tr>
<td>• <em>Antacids</em> (e.g. Tums, Mylanta, Carafate)</td>
<td>HOLD day of surgery</td>
<td></td>
</tr>
<tr>
<td><strong>Analgesics:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Nonsteroidal anti-inflammatories (NSAIDS)</td>
<td>HOLD day prior to surgery</td>
<td>Increases risk of bleeding and renal complications</td>
</tr>
<tr>
<td>• Cox-2 inhibitors</td>
<td>HOLD at least 3 days prior to surgery</td>
<td></td>
</tr>
<tr>
<td><strong>Diet Meds:</strong></td>
<td></td>
<td></td>
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<tr>
<td>• Fenfluramine, dexfenfluramine, phenteramine, HCG</td>
<td>HOLD 2 weeks prior to surgery</td>
<td></td>
</tr>
<tr>
<td>Drug Class</td>
<td>Action</td>
<td>Reason</td>
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<tr>
<td>------------------------------------------------</td>
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<tr>
<td>Anti-coagulants:</td>
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<td></td>
</tr>
<tr>
<td>• <strong>Abciximab</strong> (Reopro)</td>
<td>HOLD 36-48 hours prior to surgery</td>
<td>Increased risk of bleeding</td>
</tr>
<tr>
<td>• <strong>Aggrenox</strong></td>
<td>HOLD 7 days prior to surgery</td>
<td></td>
</tr>
<tr>
<td>• <strong>Aspirin, aspirin containing compounds</strong></td>
<td>HOLD 2-5 days prior to surgery</td>
<td></td>
</tr>
<tr>
<td>• <strong>Clopidogrel</strong> (Plavix)</td>
<td>HOLD 7 days prior to surgery</td>
<td></td>
</tr>
<tr>
<td>• <strong>Dabigatran</strong> (Pradaxa)</td>
<td>HOLD 24 hours prior to surgery for crcl 15-30; 48 hours for crcl 31-50; 72 hours for crcl &gt;50</td>
<td></td>
</tr>
<tr>
<td>• <strong>Dipyridamole</strong> (Presantine)</td>
<td>HOLD 48 hours prior to surgery</td>
<td></td>
</tr>
<tr>
<td>• <strong>Direct thrombin inhibitors</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Argatroban**</td>
<td>HOLD 2 hours prior to surgery</td>
<td>**Check PTT prior to surgery</td>
</tr>
<tr>
<td>Bivalirudin**</td>
<td>HOLD 4 hours prior to surgery</td>
<td></td>
</tr>
<tr>
<td>• <strong>Eliquis</strong></td>
<td>HOLD 24 hours prior to surgery for low bleeding risk procedures; 48 hours prior for moderate to high bleeding risk</td>
<td></td>
</tr>
<tr>
<td>• <strong>Eptifibatide</strong> (Integrilin)</td>
<td>HOLD 8 hours prior to surgery</td>
<td></td>
</tr>
<tr>
<td>• <strong>Heparin</strong></td>
<td>HOLD 4 hours prior to surgery</td>
<td>**Check PTT prior to surgery</td>
</tr>
</tbody>
</table>

**PRE-OPERATIVE MEDICATION MANAGEMENT**
## Pre-operative Medication Management

<table>
<thead>
<tr>
<th>Drug Class</th>
<th>Action</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anti-coagulants: (continued)</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| • Low molecular weight heparin
  (Fragmin, Lovenox)          | HOLD 24 hours           | Check anti-Xa                                    |
|                             | prior to surgery        | prior to surgery                                 |
| • Pragurel (Effient)        | HOLD 7 days             |                                                  |
|                             | prior to surgery        |                                                  |
| • Ticlopidine (Ticlid)      | HOLD 10-14 days         |                                                  |
|                             | prior to surgery        |                                                  |
| • Warfarin (Coumadin)       | HOLD 5 days             | Check a PT/INR                                    |
|                             | prior to surgery        | prior to surgery                                 |
| • Xarleto                   | HOLD 24 hours           |                                                  |
|                             | prior to surgery        | surgery, longer with renal or hepatic impairment |
| **Herbals**                 | HOLD all herbals        | Increased risk of bleeding                        |
|                             | 2 weeks prior to surgery|                                                  |
| **Antidepressants**         |                         |                                                  |
| • Isocarboxazid (Marplan)   | Taper off 2             | Possible hypertensive                            |
|                             | weeks prior to surgery  | crisis, interactions                             |
| • Monoamine oxidase         |                         | with peri-operative                              |
| inhibitors (MAO-I)          |                         | medications                                       |
| • Phenelzine (Nardil)       |                         |                                                  |
| • Selegiline (Emsam)        |                         |                                                  |
| • Tranylcypromine (Parnate) |                         |                                                  |
Day prior to Procedure

• Patient should follow anesthesia guidelines regarding NPO/clear liquids prior to procedure
• Patient should NOT take Metformin, Sulfonylureas, or Chlorpropamide
• Patient may take usual mealtime insulin doses with evening meal
• Patient should NOT take bedtime doses of Novolog, Humalog, Apidra, or regular insulin
• Patient should administer 70% of routine dose of long acting insulin, Lantus, Levimir, or NPH
• If patient takes an insulin mix at bedtime, consult physician for dosing
• Patient should monitor glucose as usual and treat low blood glucose per current regimen; if NPO treat low blood sugar with a clear liquid that contains sugar (e.g. 7 UP), oral glucose tab, etc.

Morning/Day of Procedure

• Patient should NOT take any oral hypoglycemic
• Patient should NOT take any non-insulin injectable anti-diabetic agents
• Patient should NOT take morning insulin doses (will be administered at the hospital)
• If patient receives routine morning dosing of Lantus or Levimir, administer 50% of routine dose (if surgery is scheduled after 12pm)
FREQUENT CONTACT NUMBERS

Surgery Scheduling Office
• Surgery Scheduling Office (402) 354-4773
  • Surgery Scheduling Manager: Rosemary Wilkens (402) 354-8717

Pre-Surgery RN
For questions related to patient preparation, education, or pre-testing needs:
• Pre-Surgery Screening Nurse Call Center (402) 354-5100
  • Pre-Surgery Screening FAX (402) 354-4010
  • Pre-Surgery RN Manager: Pamela Haschke (402) 354-4174
• Surgical Risk Assessment Clinic (402) 354-4001

Methodist HealthWest
16120 W Dodge Rd.
• OR Desk: (402) 354-0780
• Pre-Op: (402) 354-0783
• PACU: (402) 354-0788
  • HealthWest Surgical Services Manager: Rosemary Wilkens (402) 354-8717

Methodist Hospital (Main) Operating Room
8303 Dodge Street
• OR Front Desk: (402) 354-4744
  • OR Nurse Manager: Jenny Miller (402) 354-3019
• Pre-Op Front Desk: (402) 354-4054
  • Pre-Op Nurse Manager: Pamela Haschke (402) 354-4174
• PACU Front Desk: (402) 354-4197
  • PACU Nurse Manager: Pamela Haschke (402) 354-4174

Methodist Outpatient Surgery
8303 Dodge Street
• OR Front Desk: (402) 354-4207
  • OR Nurse Manager: Rosemary Wilkens (402) 354-8717
• Pre-Op Front Desk: (402) 354-4206
  • Pre-Op Nurse Manager: Pamela Haschke (402) 354-4174
• PACU Front Desk: (402) 354-4205
  • PACU Nurse Manager: Pamela Haschke (402) 354-4174

Methodist Women’s Hospital
707 N 190th Plaza
• OR Front Desk: (402) 815-1666
• Pre-Op & PACU: (402) 815-1292
  • Women's Hospital Surgical Services Manager: Julie Donnelly (402) 815-1641

UpToDate: Estimation of cardiac risk prior to non-cardiac surgery

Cochrane Review: Routine Preoperative Medical Testing for Cataract Surgery


*List is not all inclusive