



# Optimising patients prior to elective surgery and anaesthesia





# “ERAS”

Enhanced Recovery After Surgery (Kehlet)





# Optimising patients is what GPs do every day...

- Hb
- BP
- BSL
- etc etc
- <https://wa.healthpathways.org.au>
- <http://www.choosingwisely.org.au>





# Optimisation - what are we trying *not* to do?

We're trying *not* to:

- kill or permanently injure the patient
- cause complications/ prolonged stay/ICU
- **CANCEL THE PATIENT ON THE DAY!**





# Perioperative (48 hrs) death

- 70-90 annually in WA (large proportion at RPH...)
- Nationally 1 death /57,000 anaesthetics where anaesthesia caused or contributed





# Optimising patients pre-operatively

## *case-based discussions*

- smoking
- heart disease
- diabetes
- (anaemia - Prof Leahy)





# Smoking worsens surgical outcomes

- Quitting smoking for 1 day will lower COHb and nicotine levels and could be expected to improve tissue O<sub>2</sub> delivery.
- Quitting smoking for as little as 3 weeks has been shown to improve wound healing.
- Quitting smoking for 6-8 weeks results in improved lung function.
- Immune function is significantly recovered by 6 months.



# Dr Johnson

“When a man knows he is to be hanged, Sir...it concentrates his mind wonderfully.”

*Smoking interventions are more successful when delivered to surgical patients.*







# Diabetes and elective surgery “clinical redesign”

HbA1c > 9% at referral: refer back to GP and rebook for 3 months unless surgery is urgent

What to do with the patient needing elective surgery who has poorly controlled diabetes?





# SGLT2 inhibitors (“gliflozins”) and normoglycaemic keto-acidosis

- empagliflozin
- empagliflozin + metformin
- dapagliflozin
- Jardiance
- Jardiamet
- Forxiga



# How to contact an anaesthetist about patients pre-operatively?

PAAS Clinic (Goderich St) tel.6477 5064  
0730-1700 Mon to Fri  
Ask for the consultant anaesthetist





# Questions?

