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](https://wa.healthpathways.org.au)
- [http://www.choosingwisely.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 O2 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?