Pre-operative Evaluation of Adult Patients Undergoing Elective Non-cardiac Surgery in Lithuanian Hospitals

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Background and Goal of Study: The aim of this study was to assess the extent of preoperative evaluation of adult patients undergoing elective non-cardiac surgery in Lithuanian hospitals (LH) compared to ESA guidelines [1].

Materials and Methods:

Results and Discussion:

ESA Preoperative Evaluation Guidelines	ESA recommendations (Grades)	Results in LH, % of cases
Should be performed	By an anaesthesiologist (D), by either trained nurses (C) or anaesthesia trainees (D)	100% by anaesthesiologist
Pre-operative evaluation performed before surgery	Should be carried out with sufficient time before the scheduled procedure (D)	39.2% done <2h before surgery
Standardized questionnaires	May be helpful in a variety of situations (D)	76.6% standardized questionnaires
Screening for DMV and difficult intubation	Should be conducted in all patients (A). Assessment needs the combination of different validated evaluation criteria (A)	96.6% screening is done. History of previous anaesthesia's evaluated 96.6%, assessment of Mallampati class - 96.6%, thyromental distance - 72.4%, head and neck mobility - 75.9%, length of neck - 82.8%, thickness of neck - 3.4%, interincisor distance (mouth opening) - 100%, jaw protrusion - 86.2%, BMI - 75.9%, age - 58.6%, snoring and sleep apnoea - 51.7%, sex - 31%
Pre-operative assessment of obese patients	Include: clinical evaluation, Berlin or STOP questionnaire, ECG, polysomnography and/or oximetry, glucose/HbA1C concentrations (D)	Clinical evaluation - 100%, Berlin/STOP questionnaires - 3.3%, ECG - 90%, polysomnography/oximetry - 6.6%, glucose/HbA1C - 96.6% for obese patients
Coagulation tests, haemostasis and oral anticoagulants	Routine use is not recommended (D). Correction of haemostasis decreases peri-operative bleeding (D). A bridging management is recommended in high-risk patients under oral anticoagulation (A)	86.6% done routinely; abnormal state treated in 100% of cases; bridging management continued 100% of cases
Smoking cessation	It is recommended start early (at least 6 to 8 weeks prior surgery, 4 weeks at a minimum) (B)	Smoking cessation recommended 10%
b-blocking or statin therapy	Should be continued peri-operatively (A)	72.4% continued
Herbal drugs	Should be asked and discontinued 2 weeks prior to surgery (D)	Asked - 44.8%, stopped - 20.6%
Antidepressant treatment, antipsychotic medication	Should be continued peri-operatively (B)	93.1% antidepressants, 100% antipsychotic continued

Conclusions:

- 1) Preoperative evaluation in Lithuanian hospitals is done by a doctor anaesthesiologist, mostly 2 hours or less before the surgery, using standardized questionnaires.
- 2) Patients with comorbidities and/or taking medication before surgery are evaluated and prepared according to the ESA recommendations in most of LHs. However, some recommendations related to smoking cessation, the assessment of obese patients, usage of herbal preparations, are performed in a small number of LHs.
- 3) Airway evaluation is done in most of LHs according to ESA recommendations.

References: 1. De Hert S, Imberger G, Carlisle J, et al. Preoperative evaluation of the adult patient undergoing non-cardiac surgery: guidelines from the European Society of Anaesthesiology. Eur J Anaesthesiol 2011; 28:684 - 722.