

Pre-operative preparation of patients for surgery under local anesthesia or general anesthesia in the Ambulatory Patient Center (ASC) at Rhode Island Hospital

To all attending surgeons and surgical residents:

In an effort to help you prepare your patients for anesthesia in the ASC, and to minimize delay on the day of surgery, we present the following information and guidelines:

1. All patients must have a responsible ride home. They may not drive themselves home and they may not go home by taxi unless accompanied by family or a friend. Patients receiving any sedation must arrange to spend the night after surgery with a responsible adult in the same house or apartment. These arrangements should be made when the surgery is booked.
2. **All patients must not eat or drink anything** after midnight prior to surgery with the exception of medicines listed next. **Please remind them not to eat or drink even if they are hungry or thirsty and not to chew gum or candies on the day of surgery.**
3. Patients should take the following medications on the morning of surgery with a sip of water (and no other liquid):

Beta blockers	Anti-anginal medications
Anti-asthma medications including theophylline	Anti-GI reflux medications
Methadone, if the patient is in a methadone program	
4. All patients must bring with them either their labeled medication bottles or a complete list of medications with names and dosages clearly printed out.
5. Patients with significant medical illnesses should be seen for anesthesia evaluation at least one week prior to surgery by the Pre-admission Testing Unit at Rhode Island Hospital (401-444-5030). Consults and results of ancillary tests (e.g. echocardiogram, stress test) should be in the chart on the day of surgery. Patients with advanced heart, lung or liver disease are not always suitable for surgery in the ASC.
6. Patients with implanted pacemakers or cardioverters-defibrillators must bring their device information with them the day of surgery or have a pre-operative cardiology consult.
7. Routine laboratory testing ("bloodwork and urinalysis") is no longer required except in the following cases:

Potassium in patients on dialysis or with significant renal disease
CBC with platelet count and PT/PTT in patients requiring epidural or spinal anesthesia or in case of personal or family history of coagulation abnormality
8. EKG's are required to be done before the day of surgery in the following patients:

Men over the age of 50
Women over the age of 60
Patients with a history of angina, MI, symptomatic cardiac valvular disease, insulin-dependent diabetes, long standing non-insulin dependent diabetes or renal failure
9. Diabetic patients should **not** take oral hypoglycemic agents on the day of surgery.
10. Insulin-dependent diabetics should check their blood sugar at home on the morning of surgery with their glucometer. They should **not** take their morning insulin if their operating room time is in the morning but should bring their insulin with them to the ASC. The staff in the ASC will re-check blood sugar pre-operatively. If the surgery is scheduled for the afternoon, insulin-dependent diabetics should take half of their AM dosage of long-acting insulin. Acceptable fluids to treat symptomatic hypoglycemia are apple juice, non-diet ginger ale, non-diet 7-up and **nothing** else.

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