

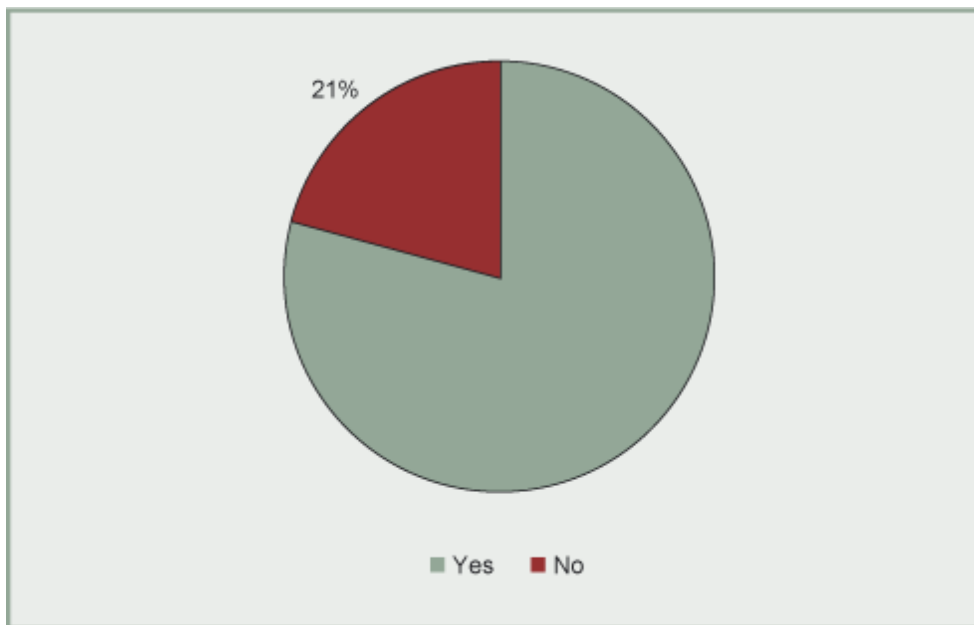
## 4. Surgery

### Elective surgery >> Preoperative assessment

#### Preoperative assessment clinic

Only 79% of elective patients attended a preoperative assessment clinic.

102 patients were seen by a pre-registration house officer alone or a pre-registration house officer and a nurse practitioner.



**Figure 5.** Number of patients who attended a preoperative assessment clinic  $n=428/434$ .

*Percentage refers to patients who did not attend a clinic.*

Only 79% (339/428) of elective patients in this study were preoperatively assessed (Figure 5) and we believe that this figure is too low. All patients booked for aortic aneurysm repair should attend a preoperative assessment clinic. Comorbidity is very common among patients with AAA, and demands proper assessment before surgery.

Formal review in a preoperative assessment clinic is useful because it allows the surgeon and anaesthetist to ensure that the patient's condition has been optimised to reduce the risk of perioperative morbidity and mortality. Preoperative assessment clinics help identify previously unrecognised comorbidity and reduce the likelihood that surgery will be cancelled after admission because of the patient's medical condition.

The preoperative assessment clinic is also an opportunity to ensure that patients have been given all the information they need to give informed consent, and to meet the anaesthetist. Patients deserve the opportunity for an unhurried discussion of all the issues involved before their operation.

### Staffing of the preoperative assessment clinic

<b>Table 1. Members of the clinical team who assessed the patient at the preoperative assessment clinic n=339. Answers may be multiple.</b>	
<b>Clinician</b>	<b>Total</b>
Consultant anaesthetist	129
SpR anaesthetist year 3+	3
SpR anaesthetist year 1/2	1
SHO anaesthetist	2
Consultant surgeon	90
SpR surgeon 3+	18
SpR surgeon 1/2	2
SHO surgeon	24
PRHO surgeon	181
Nurse practitioner	142

Patients should be assessed by experienced and competent staff (Table 1). 102 patients were assessed by a PRHO alone or a PRHO together with a nurse practitioner. This suggests that some assessment clinics merely provide an opportunity for clerking and blood sampling. It is improbable that a PRHO or SHO in surgery would have had the knowledge and experience to properly assess a patient awaiting aortic surgery and to evaluate the risks and benefits of the procedure. Nurse practitioners who had been trained in preoperative assessment would have been able to manage routine patients very satisfactorily, but patients for aortic surgery need special consideration. Trusts should ensure that clinicians of the appropriate grade and experience are available to staff preoperative assessment clinics for aortic surgery patients, or that time is given in another clinical setting for the senior surgical and anaesthetic members of the team to satisfy themselves that the patient is ready for their operation and has given informed consent.