The Preoperative Association

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Launch of the Preoperative Association

Supported by the Royal College of Anaesthetists and the Association of Anaesthetists of Great Britain and Ireland, we announce the launch of the Preoperative Association, to be held at a National Conference in October 2004.

The National Patients Access Team and the Modernisation Agency organised two successful national preoperative conferences in Birmingham 2000 and Nottingham 2001 respectively, attended in total by 2000 delegates representing a number of professional groups. As part of the Modernisation Agency rationalisation, the Preoperative Assessment programme was amalgamated with the Operating Theatre & Preoperative Assessment Programme. This alliance has proved to be very successful and has once again highlighted the need for an association.

Why do we need an Association?

- To provide professionals with networking opportunities and shared learning.
- To provide evidence of best practice.
- To promote research and disseminate the findings.
- To communicate national and international practice, by publishing work, information packs, newsletters and organising conferences.
- To influence national strategy, to coordinate primary and secondary care teamwork and clinical practice within the UK.

The Preoperative Association will be a communication focal point – a one-stop shop for external links to all matters affecting your preoperative process, clinic, patients and staff.

Where do the RCA and AAGBI stand?

Both the Royal College of Anaesthetists (RCA) and the Association of Anaesthetists of Great Britain and Ireland (AAGBI) are keen to actively support the Preoperative Association, intent confirmed at a meeting with the Preoperative Association strategy group. The representation by both organisations will be formalised in the constitution of the Preoperative Association.

The Preoperative Association strategy group currently comprises medical and nursing staff with experience in the preoperative assessment of patients scheduled to undergo elective surgery. The aim was to create an inter-professional body to represent all professionals working in preoperative assessment. The members of the group are: John Carlisle, consultant anaesthetist and intensivist; Huw Jones, consultant anaesthetist; Jennifer Bramhall, nurse consultant in preoperative assessment; Amanda Bassett, interest in training and national frameworks for practice; Pam Parry, Booking and Choice Programme Manager; Jackie Bell, Marie Digner and Jane Jackson, senior nurses in preoperative assessment. We currently work in different areas of the country. John Carlisle and Jackie Bell are from the South West, Jenny Bramhall and Huw Jones from the Midlands, and Jane Jackson from the South East. Pam Parry works in the North West, and Marie Digner in Lancashire. We have a patient representative, Ann Seymour, from the Royal College of Anaesthetists.

Role of the anaesthetist[1]

'Anaesthetists have traditionally been responsible for determining whether a patient is fit for surgery. NCEPOD 2002,[3] suggest preoperative assessment requires a team approach. The anaesthetic department, surgeons, preoperative assessment assessors and primary care should develop guidelines collectively to ensure this team approach. These criteria should be developed taking into account the type of surgery, patient's general health, previous anaesthetic difficulties and the urgency of the surgery. Some patients will need co-ordinated input from surgeons, anaesthetists, preoperative assessors, critical care consultants and other health professionals to ensure an optimum outcome. The preoperative assessment service is ideally suited to this function as it is essential that all these interventions are coordinated throughout the patients' journey'.[3]

Preoperative preparation – inter-professional teamwork

Background to preoperative assessment

Preoperative patients have been assessed and prepared for their operations in outpatient clinics for over sixty years.[2] Despite this history, no national standards have existed to guide those assessing and preparing preoperative patients because it had not been a routine practice. For that reason the National Patients Access Team (NPAT) gathered evidence from hospitals to ascertain what services existed for preoperative surgical patients. The NPAT identified that

there was substantial variation in the provision of preoperative services across the country. In some areas there was no service, in others a service was undertaken by nurses and/or medical and/or anaesthetic teams. The NPAT began a process to develop a common code of practice. The Modernisation Agency evolved from the NPAT and produced the National In-patient and Day Surgery good practice guidelines.[3] This culminated in the partnership of the University of Southampton and the NHS Modernisation Agency Preoperative Assessment Team, who jointly developed a CD-ROM and book, published in Sept 2002,[4] as a learning tool for the inter-professional team. This was sent out to health care providers nationwide in both the private and NHS sectors.

Preoperative preparation has been introduced in different health care settings for various reasons: to maximise efficiency;[5–13] to reduce the number of patients who fail to attend for their operation;[9, 11, 12, 14–16] to increase theatre utilisation;[6, 10, 14] and to reduce patient cancellation from the operation list.[6, 8, 14, 17, 18] The preoperative assessment of patients before they are admitted for surgery allows for problems and concerns to be identified early.[6, 8, 13, 18–21] The timely treatment of problems increases patient safety,[10, 22] reduces postoperative complications,[6, 14, 23, 24] and reduces morbidity.[5, 22] Early preoperative assessment can also reduce the length of the hospital stay[14, 24] and promotes the use of day surgery for appropriate patients.[5, 16]

More recently the information provided by preoperative assessment has been recognised as being crucial to ensuring the validity of an individual's consent to accept the balance of risks and benefits posed by the surgery and anaesthetic and indeed for the preoperative tests deemed appropriate for their surgery.[14, 25, 26] The provision of information prior to admission prepares the patient for the forthcoming operation[10, 19, 27] and its likely outcomes. Individualised health information,[7, 14, 16, 19, 24, 28–31] verbal, video or written[24, 28, 32, 33] reinforces this generic information.

The provision of information and the discussion of fears reduce patient anxieties.[14, 16, 19, 28, 34–36] The patient and the hospital can start to plan their postoperative discharge home at the preoperative clinic. Early planning at the preoperative appointment may reduce the patient's hospital stay as the help that they may need to go home can be put in place.

Once the patient's fitness has been assessed,[8, 14] a mutually agreed admission date can be provided.[14] The national good practice guidance on preoperative preparation empowers the patient, reducing the likelihood that the patient will fail to attend for their surgery.

The preparation of the patient requires close co-operation between primary and secondary care. The patient's general practitioner has knowledge of the patient's medical well-being and social requirements and is in a position to initiate treatments and stabilise conditions such as diabetes, angina, and hypertension. Preoperative preparation is continued in secondary care before the elective procedure, thereby promoting inter-professional teamwork, in both primary and secondary care settings, keeping the patient at the centre of focus.

Membership of the Preoperative Association

Membership is open to anyone with an interest in preoperative preparation – the whole inter-professional team, patients, and all members of the supporting team.

References

1 Pre operative assessment – the role of the anaesthetist . *Assn of Anaes G B & I*, 2001.

2 Ferner RE, Outpatient pre operative assessment: the surgeon's view. *Annals of the Roy Coll Surg* 1979;**61**:477.

3 National Good Practice on Pre operative assessment for Day Surgery: Operating Theatre and pre-operative assessment programme NHS Modernisation Agency 2001 and National Good Practice on Pre operative assessment for In Patients: Operating Theatre and pre operative assessment programme. *NHS Modernisation Agency*, 2003.

4 Pre-operative Assessment Setting a standard through learning. *University of Southampton*, 2002.

5 Finucane P, PhillipsG. Preoperative assessment and postoperative management of the elderly surgical patient. *Med J Aus* 1995;**Vol.163**:328–330.

6 MacDonald J, Dutton M, Stott D, Hamblen D. Evaluation of Pre-admission screening of elderly patients accepted for major joint replacement. *Health Bulletin* 50/1;**January 1992**:54–59.

7 Barnard N, Williams R, Spencer E. Preoperative patient assessment: a review of the literature and recommendations. *Annals of the Roy Coll Surg* 1994;**76**:293–297.

8 Livingstone J, Harvey M, Kitchin N, Shah N, Wastell C. Role of pre-admission clinics in a general surgical unit: a six-month audit. *Annals of the Roy Coll Surg* 1993;**75**:211–212.

9 Hampal S, Flood L. Why patients fail to attend for ENT operations: a one-year prospective audit. *Clin Otgy* 1992;**17**:218–222.

10 Salzbach R. Pre-surgical testing improves patient care. *AORN Journal* 1995;**Vol.61**:210–219.

11 Murphy S. Preoperative Assessment for Day Surgery. *Surg Nurse* 1994;**Vol.7**:6–9.

12 Houghton P, Brodribb A. Failure to attend for operation: a comparison between booked admissions and the waiting list system. *BMJ* 1989;**Vol.299**:1139–1140.

13 Gagner M. Value of Preoperative physiologic Assessment in outcome of patients undergoing major surgical procedures. *Surg Clin N Am* 1991;**Vol.71,No.6**:1141–1150.

14 Bond D, Barton K. Patient assessment before surgery. *Nurs Stan* 1994;**Vol.8**,28:23–28.

15 Thompson P. Reducing failure rates for in-patient oral surgery. The use of a pre-admission clinic. *Br Den J* 1991;**170**:59–60.

16 Dixon L. Pre-admission clinic in an ENT unit. *Nurs Stan* 1994;**Vol.8**,26:23–26.

17 Lacqua M, Evans J. Cancelled Elective Surgery: An evaluation. *Am Surg* 1994;**Vol.60**:806–808.

18 Neasham J. Nurse Led Pre-Assessment Clinics. *Br J Th Nurs* 1996;**Vol.6**,No.8:5–6.

19 Norman J. Preoperative patient assessment. *Br Med Bull* 1988;**Vol.42,No.2**:247–268.

20 Maggio C, Bonzano A, Conte E, Libertucci D, Panarelli, M, Bobbio M, Pintor P. Preoperative evaluation in non-cardiac surgery: cardiac risk assessment. *Q Ass Hlth Care* 1992;**Vol.4,No.3**:217–224.

21 Kloyz H, Candinas D, Platz A, Horvath A, Dindo D, Schlumpf R, Largiader F. Preoperative risk assessment in elective general surgery. *Br J of Surg* 1995;**83**:1788–1791.

22 Thomas D, Ritchie C. Preoperative assessment of older adults. *J of the Am Ger Soc* 1995;**43**:811–821.

23 Roizen M. Preoperative evaluation of patients: a review. *Annals Acad of Med* 1994;**Vol.23,No.6**:49–55.

24 Roach J, Tremblay L, Bowers D. A preoperative assessment and education program: implementation and outcomes. *Pat Ed and Coun* 1995;**25**:83–88.

25 Pre-operative tests: The use of routine preoperative tests for elective surgery. *NICE*, June 2003.

26 Good practice in Consent Implementation guide: consent to examination or treatment. *DOH*, November 2001.

27 Webb C. What is nursing? *Br J of Nurs* 1992;**Vol.1**:567–568.

28 Dobree L. Pre-admission booklets for patients awaiting surgery. *Nurs Times* 1989;**Vol.85,No.22**:42–43.

29 Robertson L. Quality assurance: the shape of things to come. *Br J of Nurs* 1992;**Vol.1,No.3**:154–155.

30 Barrass D. The nurse as patient educator. Br J of Nurs 1992;Vol.1,No.5:241–245.

31 Maidwell A. The role of the surgical nurse as a health promoter. *Br J of Nurs* 1996;**Vol.5,No.15**:898–904.

32 Reilly H. Nutritional assessment. *Br J of Nurs* 1996;**Vol.5,No.1**:18–24.

33 Abbott D. Glenn E, Patient education in a pre-admission clinic. *Surg Nurs* 1994;**Vol.7,No.2**:5–8.

34 Graineer L. Evaluating pre-operative care. *Nurs Times* 1995;**Vol.91,No.15**:31.

35 Beddows J. Alleviating pre-operative anxiety in patients: a study. *Nurs Stand* **Vol.11,No.37**:35–38.

36 Swindale J. The nurse's role in giving pre-operative information to reduce anxiety in patients admitted to hospital for elective minor surgery. *J of Ad Nurs* 1989;**14**:899–905.