



Department of Anesthesia Techniques
Title of the lecture: - preoperative assessment



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Preoperative assessment

(Practical Anesthesia)
3^{ed} stage

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Preoperative assessment

The **goal** of the preoperative evaluation is to reduce preoperative morbidity and mortality and alleviate patient anxiety that may lead to patient complications due to anesthesia or surgical procedure, Patients scheduled for elective procedures will generally attend a pre-operative assessment 2-4 weeks before the date of their surgery.

The ASA physical classification	
ASA I	normal healthy patient
ASA II	Mild systemic disease
ASA III	Severe systemic disease
ASA IV	Severe systemic disease that is a constant threat to life.
ASA V	Moribund, not expected to survive without the operation.
ASA VI	Declared brain-dead patient - organ donor.
E	Emergency surgery.

* ASA = American Society for Anesthesiologists.

History

- 1) Medical problems (current & past).
- 2) Previous anesthesia & related problems.
- 3) Family anesthesia history, and anesthetic history of patient.
- 4) Allergies and drug intolerances.
- 5) Medications, alcohol & tobacco.
- 6) Review of systems (include snoring and fatigue).
- 7) Exercise tolerance and physical activity level.
- 8) Obstetrical history: last menstrual period
- 9) Last oral intake

Laboratory evaluation

- 1) **Hemoglobin**: menstruating females, history of anemia.etc.
- 2) **WBC count**: suspected infection.
- 3) **Platelet count**: history of abnormal bleeding or bruising.
- 4) **Coagulation studies**: history of abnormal bleeding, anticoagulant drug.
- 5) **Liver function test**: patient with liver disease, history of hepatitis...
- 6) **Electrolytes, blood glucose, creatinine**
- 7) **Pregnancy test**
- 8) **ECG / Chest X-ray / Cervical supine flexion/extension X-ray.**

Hemoglobin / WBC / platelet count / coagulation studies / liver function test /
electrolytes, Blood glucose, creatinine / pregnancy test / ECG / Chest X-ray /
Cervical supine flexion/extension X-ray

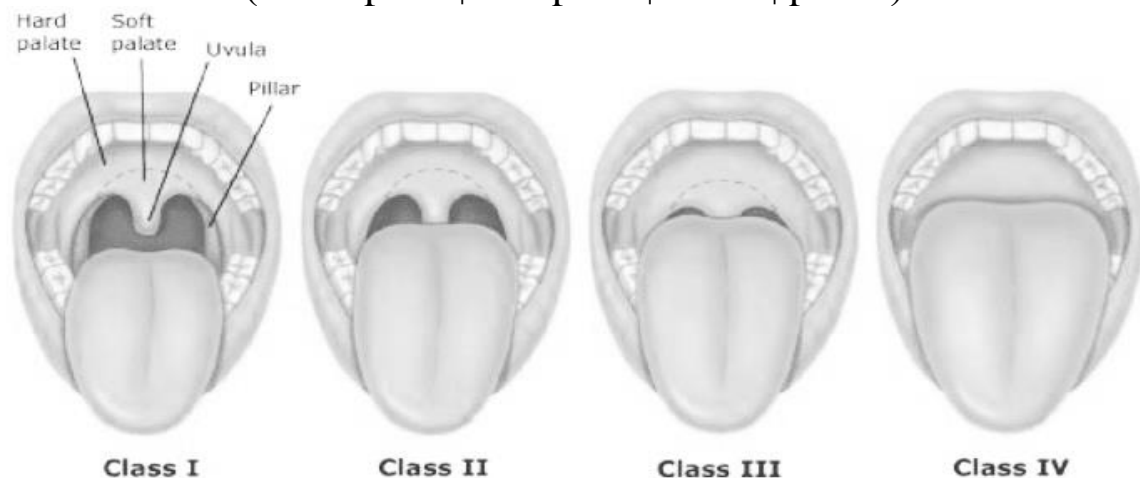
physical examination

- 1) Airway evaluation.
- 2) Heart, lungs and vascular access.
- 3) Vital signs including O₂ saturation, body temp...etc.
- 4) Height and weight (BMI).
- 5) Baseline mental status

Mallampati score

Used to predict the ease of endotracheal intubation, the score is assessed by asking the patient, in a sitting posture, to open his or her mouth and to protrude the tongue as much as possible

(Hard plate | soft plate | uvula | pillar)



Thyromental distance

is defined as the distance from the chin to the top of the notch of the thyroid cartilage with the head fully, extension less than 6cm (3 fingers) suggest difficult intubation.

fasting guidelines

Time before anesthesia	Food or fluid intake
Up to 8 hours	Unrestricted
Up to 6 hours	Light meal
Up to 4 hours	milk and fatty liquids
Up to 2 hours	Clear liquids only (no solids, no fat)
2 hours pre-anesthesia	Nothing permitted

Classification of surgery

- 1) **Elective:** at a time, suit for patient and surgeon (varicose veins).
- 2) **Scheduled:** 3 weeks (malignancy).
- 3) **Urgent:** within 24 h (intestinal obstruction).
- 4) **Emergency:** within 1 h (major trauma, uncontrolled hemorrhage).