



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



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# **Preoperative assessment**

(Practical Anesthesia)  
3<sup>ed</sup> stage

By:

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

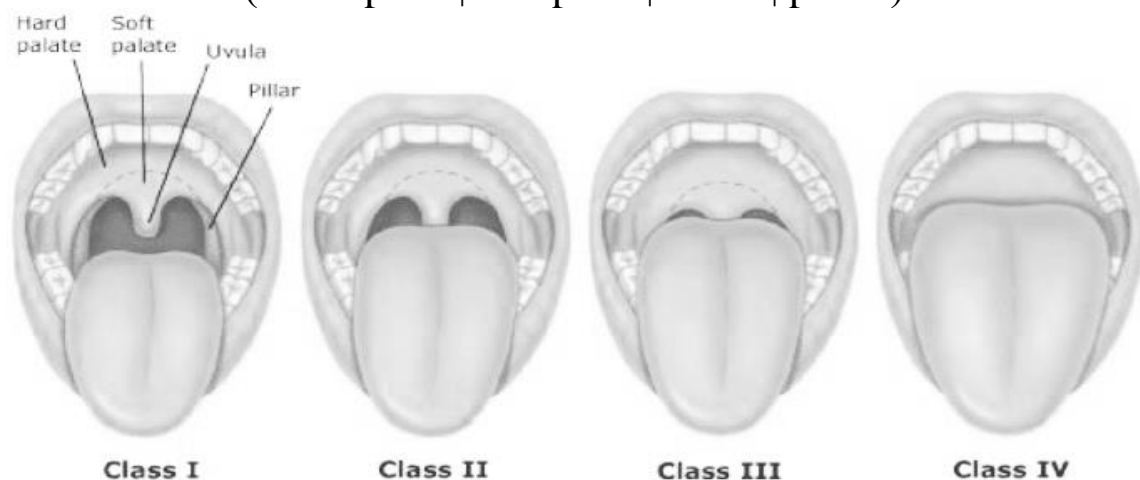
## physical examination

- 1) Airway evaluation.
- 2) Heart, lungs and vascular access.
- 3) Vital signs including O<sub>2</sub> 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).