

Preoperative Evaluation

Preoperative Planning.

A **preoperative evaluation** is a crucial **step** before surgery to assess a patient's **overall health**, identify potential **risks**, and optimize their condition for a safe procedure.

It typically includes:

1. Patient History

Medical history: Chronic conditions (hypertension, diabetes, cardiovascular diseases, pulmonary issues, renal disorders, etc.)

Surgical history: Past surgeries, anesthesia-related complications, wound healing issues.

Medications: Anticoagulants, antiplatelets, immunosuppressants, corticosteroids, etc.

Allergies: Medication, latex, or anesthesia-related.

Family history: Malignant hyperthermia, bleeding disorders.

Social history

2. Physical Examination

General assessment: Vital signs, BMI, signs of infection.

Cardiovascular system: Auscultation for murmurs, arrhythmias, peripheral pulses.

Respiratory system: Airway assessment (Mallampati score), lung sounds.

Neurological status: Baseline cognitive function, deficits.

Local examination: Site of surgery, skin integrity, presence of infection.

3. Laboratory and Diagnostic Tests (as indicated)

Basic bloodwork: CBC, electrolytes, renal and liver function tests. Coagulation profile: INR, PT, aPTT.

Blood glucose: Especially for diabetic patients. ECG: For patients with cardiac risk factors. Chest X-ray:

If respiratory disease is suspected. Other specialized tests: Echocardiogram, stress test, pulmonary function tests if needed.

4. Risk Assessment (Scoring Systems)

ASA Classification: American Society of Anesthesiologists Physical Status classification. Revised

Cardiac Risk Index (RCRI): To assess perioperative cardiac risk. Caprini Score: Venous

thromboembolism (VTE) risk. STOP-BANG Score: For obstructive sleep apnea screening.

5. Anesthesia Evaluation

Type of anesthesia (general, regional, local). Airway assessment (difficult airway predictors). Postoperative pain management plan.

6. Optimization and Preoperative Instructions

Medication adjustments: Discontinuation or modification of anticoagulants, beta-blockers, etc. NPO (Nil Per Os) guidelines: Typically 6-8 hours before surgery. Prehabilitation: Physiotherapy, smoking cessation, glycemic control. Informed consent: Risks, benefits, alternatives.

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