



Pre-Operative Assessment Guidelines for patients scheduled at Ambulatory Surgery Centers (ASC):

Any patient with an intra-coronary stent placed within the past one year should see his/her cardiologist for peri-operative management of anti-coagulant and antiplatelet drugs, unless the endoscopist is willing to do the procedure without stopping those drugs.)

1. Exclusion criteria

- a. Age < 16 years
- b. BMI > 50 or weight > 350lbs
- c. Continuous home oxygen therapy
- d. Stroke within 6 months
- e. Pregnancy
- f. Blood sugar > 300mg/dL
- g. Unstable cardiac conditions
 1. Unstable angina
 2. MI within 90 days
 3. Uncompensated heart failure
 4. Symptomatic valvular disease (i.e. Aortic Stenosis moderate-severe)
 5. Atrial Fibrillation with heart rate > 100 or AF previously undiagnosed
 6. If patient appears to have SOB with minimal or no exertion

2. Cardiac Evaluation

- a. Patients with h/o EF < 40% (a sign of heart failure or cardiomyopathy)
- b. Patients with significant cardiac history (e.g., stents, valve replacement, CHF, MI within one year) require note from cardiologist

3. Pulmonary Evaluation

- a. Consult anesthesiologist for patients with severe pulmonary disease (e.g., on home oxygen, daily nebulizer treatments, s/p pneumonectomy, active lung infection).
- b. No patients with a tracheostomy.

4. Diabetics

- a. Consult anesthesiologist for blood sugar > 300 mg/dL
- b. See anesthesia pre-operative orders for medication management.

5. Renal Failure - ESRD patients without peripheral IV access should be scheduled in a hospital.

6. Patients taking anticoagulants or blood thinners:

- a. Endoscopist may make the decision to hold anticoagulants or to consult a



cardiologist or hematologist as deemed necessary.

7. Weight loss medication(s):

- a. Patients should discontinue weight loss medications, e.g., phentermine (Adipex) or sibutramine (Meridia), at least 7 days prior to the scheduled procedure date.
- b. Consult anesthesia if patient on any other weight loss meds not listed.

8. Consult anesthesiologist for:

- a. "Problems with anesthesia", "problems with succinylcholine", "high fever after anesthesia", etc.
- b. Patients with a history of difficult intubation.
- c. Patients with a personal history of Malignant Hyperthermia (or have had a positive test) should not be scheduled in an ASC.
- d. Patients with family history of Malignant Hyperthermia are acceptable.

9. Patients with frequently recurring generalized **seizures**, greater than once per month, are not appropriate candidates for an ambulatory surgery center.

10. Coordination of any necessary pre-op testing or consultations is the responsibility of the endoscopist to obtain. Patients should be encouraged to request requisite information from their cardiologist/ hematologist or PCP to expedite the process.

11. DIET:

a. NPO after midnight EXCEPT:

1. Patients may have CLEAR LIQUIDS up to 4 hours prior to the scheduled procedure start time.
2. Patients may take pertinent oral medications with small sips of water until 2 hours prior to the scheduled procedure time.
3. Unless otherwise instructed, patients should continue cardiac, antihypertensive, esophageal reflux, cholesterol, thyroid, anxiety/depression and hormone replacement medications. Patients should also use inhalers for asthma/ stable COPD on day of surgery.