

Position of SARB in regard to premedication

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The Society for Anesthesia and Resuscitation of Belgium strongly supports the initiatives of the Belgian Health Care Knowledge Centre to eliminate arbitrary technical testing in the setting of the preoperative screening.

It is obvious, in times of ever increasing costs of health care contrasting with limited financial means, that good clinical practice can only encourage this strategy.

At this occasion, the Society for Anesthesia and Resuscitation of Belgium seeks to stress also the specificity of the preoperative screening by the anesthetist.

A state of the art screening consists of :

Detection of risk factors and the elaboration of an anesthesia strategy

Based on the medical history of the patient, the physical examination, the information available in the chart and possibly complementary testing, the physician anesthetist evaluates the problems and risks for the patient of the intervention and particular situations during the procedure.

Following this, an anesthesia strategy is developed for the entire perioperative period to guide the patient in the best possible way through the assault of surgery. The anesthetist then decides on the most appropriate monitoring elements he will use : i.e. standard monitoring, possibly augmented by transesophageal echocardiography, cerebral oxygen saturation, transcranial doppler, flow monitoring,.... He will also make sure to take the appropriate precautions for the maintenance of the biological homeostasis of the patient : i.e. preservation of body normothermia, of the intravascular volume and of the blood composition, etc.

The fact that only the physician anesthetist obviously is, according to the Belgian Standard for Patient Safety in Anesthesia, qualified to plan for the perioperative strategy, does not rule out contribution by fellow physicians (e.g. general practitioner, cardiologist, pneumologist) in the data gathering for the preoperative anesthesia chart.

This professional, however, cannot take the place of the anesthetist in judging the risk and in planning the anesthesia.

Optimal care, as seen by the non-anesthesia provider, may not be "optimal preoperative status" with respect to the sometimes profound destabilization that can be expected during anesthesia and surgery.

Vice versa, the anesthetist himself will not take the place of his colleague specialist in cardiology, pneumology or any other specialism for diagnosis and treatment, should the patient scheduled for surgery present a medical problem in the area of that specialism.

Education of the patient

The second goal of the preoperative meeting with the patient is to provide information to the patient and/or his relatives on the anesthesia plan and the reason-why. Taking into consideration the recently passed law on patient rights (chap. 3 - art. 8 - § 3) and the complexity of the issues related to the anesthesia plan, it is not appropriate to discuss this the evening before the day of surgery.

The same is true when dealing with patients coming for day case surgery. It is too late to inform and discuss the anesthesia plan a few minutes before the actual start of the procedure.

Because of this, numerous departments of anesthesia in Belgium, have organised the possibility to see the patient well before the day of surgery in order to avoid to have to see and inform the patient in the rather hectic and stressful moments immediately before surgery. This also allows the patient to ask a second opinion, should he wish so.

This opportunity for the patient is clearly stated in the publication by Nijs H. and Vinck I. "Nieuwe wetgeving inzake patiëntenrechten" (New legislatives on patient rights) (Kluwer, 2003). It should not be forgotten that for lay people the anesthesia still is a factor of considerable stress and fear in the preoperative period. Information intended to the particular patient scheduled for anesthesia can only imply a targeted exploratory talk between an anesthesia professional and the patient. This will

remove any apprehensions (AO) and prepare maximally for anesthesia and surgery.

Here again, it is obvious that only the anesthetist can be charged with the task to discuss the perioperative anesthesia strategy with the patient.

Preparations and prevention

The evolution of the specialism of anesthesia has increased the scope of the profession from the old simple "put the patient to sleep" to a more global expanded content of the practice where the anesthetist, as part of a team, takes care of the patient during the entire perioperative period. The support of the anesthetist during the actual surgical or diagnostic intervention and his care in the period after the surgery is well established and appreciated. However his diagnostic, therapeutic and preparatory contribution in the period before the intervention is changing and expanding considerably.

Indeed, the goal and strategy of anesthesia to guide the patient with maximal efficiency and safety through the entire perioperative period starts already in the days and even weeks before the intervention. The anesthetist seeks to optimize the condition of the patient to precisely prepare him for his very anesthesia and surgical intervention.

It has already been established that the targeted preparatory action has also proven beneficial in

the long term and not only in the immediate postoperative period.

Recent published data prove that cardiac medication and agents aiming at lowering blood lipid values initiated before surgery, reduce the incidence of myocardial ischemia and necrosis. The cardiovascular morbidity and mortality is diminished in the immediate postoperative period and even in the long term.

Secondly, it is well known that acute post-surgical pain may become chronic. There are some indications from recent research that agents known to have antihyperalgesic, and also some postoperative analgesia regimen may positively influence this potentially disastrous evolution for the patient as well as for society.

Here also, the anesthetist is best positioned to detect the individuals at risk who will benefit from preventive individualised action.

To conclude, the anesthetist has the duty to take responsibility in the screening and preparation for anesthesia in the preoperative period. He will give the patient particular attention and high quality care conscious at the same time of his financial and health care budgeting responsibilities.