

Pre-operative assessment and the surgical pathway

Guidance

1. Before carrying out a surgical procedure, centres should assess the suitability of a patient to undergo the proposed procedure. This should include a review of their previous medical history, allergies and known reactions to medicines.
2. Patient notes must be reviewed before a surgical procedure by either the consultant anaesthetist or person administering the sedative. This review should take into account that patients undergoing operations, under either general anaesthetic or sedation, are at risk of compromise to airway, breathing and circulation. There should be an anaesthetic chart in the patient's notes, containing information such as:
 - a. Known drug allergies.
 - b. Previous problems with anaesthetics or sedatives.
 - c. Airway assessment.
 - d. If the patient is taking any regular medication.
 - e. Any post op instructions e.g. should the patient need antibiotics.
3. When carrying out a surgical procedure, centres should ensure that they:
 - a. Use a theatre check list, such as the World Health Organisation (WHO) Surgical Safety Checklist, or an equivalent.
 - b. Monitor the patient prior to the induction of an anaesthetic or sedative, throughout the procedure, and post procedure and record this in the patient's record.
 - c. Have documented contingency plans in case they encounter problems during a surgical procedure, such as a severe allergic reaction or a major haemorrhage.
 - d. Have a discharge policy, ensuring that patients are only discharged appropriately and by suitably trained staff in line with their policy. The discharge procedure should be documented in the patient's records.
4. Centres should ensure that they keep accurate documentation about the surgical procedure undertaken, including the anaesthetic or sedative given, details of the team present and their respective responsibilities, and the patient monitoring.
5. Centres should ensure that patients receive safe and appropriate post-operative care in line with professional guidelines. Where a general anaesthetic or sedative is used, centres should have a fully equipped recovery area available, staffed by recovery personnel trained to professional standards. Transfer from the immediate recovery area to a second (ambulatory) recovery area may take place when the patient is awake, in control of their airway, oriented and without continuing haemorrhage. The second recovery area must provide essential close and continued supervision of all patients who should be visible to the nursing staff.
6. Where recovery areas are not available or required, centres should consider how they can be assured that the relevant staff, and equipment, are in place to ensure safe post-operative care.

Using anaesthetics and sedatives

7. Centres should ensure that their procedures and equipment are suitable in relation to the type of anaesthetic or sedative provided.
8. Centres should ensure that all staff involved in sedation procedures are suitably trained in sedation and life support techniques.

Note on remote sites:

The Royal College of Anaesthetists defines a remote site as any location at which an anaesthetist is required to provide general/regional anaesthesia or sedation away from the main theatre suite/or anaesthetic department and in which it cannot be guaranteed that the help of another anaesthetist will be available. This may be either within or away from the base hospital. The relative isolation may be created by horizontal (e.g. corridors or stairs) or vertical (e.g. stairs and lift) separation, by locked doors, local traffic conditions or a combination of factors.

General Anaesthetic

9. Centres should ensure that anaesthesia is provided by an appropriately qualified person. Mandatory monitoring should be as for any location where anaesthesia is conducted.
10. Where surgical procedures using anaesthetic are carried out at remote sites, centres should have a resuscitation team led by an Advanced Life Support (ALS) provider. Where this is not the case the anaesthetists should provide competency based evidence of their ability to deliver both advanced life support and the safe transport of a patient potentially requiring multi-system support.

Adverse events and incidents

11. Centres are reminded that they must ensure that adverse events are reported to the HFEA as per General Direction 0011 and Code of Practice requirements.

Other legislation, professional guidelines and information

AAGBI (2012) Checking Anaesthetic Equipment 2012:

https://anaesthetists.org/Portals/0/PDFs/Guidelines%20PDFs/Guideline_checking_a_naesthetic_equipment_2012_final.pdf?ver=2018-07-11-163753-647&ver=2018-07-11-163753-647

AAGBI (2013) AAGBI Safety Guideline - Immediate Post-anaesthesia Recovery 2013:

https://anaesthetists.org/Portals/0/PDFs/Guidelines%20PDFs/Guideline_immediate_post_anaesthesia_recovery_2013_final.pdf?ver=2018-07-11-163754-287&ver=2018-07-11-163754-287

AAGBI (2019) Guideline for day-case surgery 2019:

https://anaesthetists.org/Portals/0/Images/Guidelines%20cover%20images/Guideline_day_case_surgery_2019.pdf?ver=2019-05-05-075731-563

Academy of Medical Royal Colleges (2013) Safe Sedation Practice for Healthcare Procedures – Standards and Guidance: [Safe Sedation Practice 1213.pdf](#) (aomrc.org.uk)

Academy of Medical Royal Colleges (2021) Safe Sedation Practice for Healthcare Procedures – An update: https://www.aomrc.org.uk/wp-content/uploads/2021/02/Safe_sedation_practice_for_healthcare_procedures_update_0521.pdf

The Association for Perioperative Practice (Accountable items: swabs instruments and sharps) (2017)

<https://www.afpp.org.uk/careers/Standards-Guidance>

<https://www.afpp.org.uk/search?keyword=swab+instrument+and+needles+count>

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