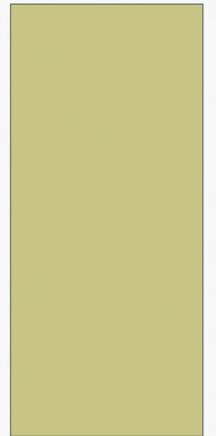


**INTRODUCTION TO THE OUTPATIENT
PRE-OPERATIVE MEDICAL
CONSULTATION AT HMC**

DIVYA GOLLAPUDI, MD



STEPS

1. Introduce yourself as a perioperative consultant
2. Explore the patient's understanding of surgery
3. Obtain a detailed medical history
4. Perform a physical examination
5. Assess perioperative risks
6. Make recommendations and discuss perioperative risks using shared decision making
7. Follow-up

STEP ONE: INTRODUCE YOURSELF AS A PERIOPERATIVE CONSULTANT

1. As an internist, you have been asked to provide the surgeon with a detailed assessment of perioperative medical risks and help optimizing acute and chronic medical conditions prior to surgery
2. Goals of our visit and referral
 1. Review patient's medical history and determine current health status
 2. Optimize acute and chronic medical conditions prior to surgery
 3. Coordinate care with the patient's surgeon, primary care physician, specialists, and anesthesia as needed
 4. Co-manage the patient's medical problems after the surgery while s/he is hospitalized

STEP TWO: EXPLORE THE PATIENT'S UNDERSTANDING OF SURGERY

1. Surgical details

1. Why is the patient being offered surgery? Indication?
2. Did the surgeon describe the procedure?
3. What will be done? When will it be?
4. What is the expected length of stay in the hospital? What does recovery entail?
5. What are the risks of surgery?

2. What are patient's expectations/hopes?

1. Will it improve pain, quality of life, halt disease progression, be curative?
2. Any functional goals?

STEP THREE: OBTAIN A DETAILED MEDICAL HISTORY

1. Attention to any active symptoms that need to be addressed prior to surgery
2. Current status of chronic medical conditions
3. Medication list, with particular attention to cardiac, pulmonary, and diabetic medications

STEP FOUR: PHYSICAL EXAM

1. Routine FULL examination
2. Attention to:
 1. Cardiac: Murmurs, rhythm, pulses, JVP, edema
 2. Pulmonary: Crackles, wheezing, work of breathing
 3. Neurologic: Baseline exam, cognition, gait (as able)

STEP FIVE: RISK ASSESSMENT

1. Discuss with attending
2. Use clinical tools/calculators as appropriate

STEP SIX: RECOMMENDATIONS

1. Further testing prior to surgery
2. Changes in or initiation of new medications
3. Does surgical delay need to be discussed with surgical team?
4. Provide perioperative instructions in note and AVS
 1. Clearly outline recommendations for the care of all medical conditions
 2. Provide specific information
 3. Provide the patient with a list of medication recommendations and anything s/he should do to prepare for surgery

STEP SEVEN: AFTER VISIT WORK

1. Discuss care with patient's surgeon, Pre-Anesthesia and/or operative Anesthesia as needed
2. Discuss care with patient's PCP and/or specialists as needed
3. Follow-up results of ordered diagnostics or review requested records
4. Use results/records to further clinical decision making
 1. Communicate results to the patient
5. Co-manage medical issues with the surgical team post-operatively in the hospital