

Introduction

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Perioperative care is integrated care delivered to the patient by a multidisciplinary team before, during and after surgery . The multidisciplinary perioperative team comprises doctors from various specialties, such as surgery , anaesthesia, acute medicine, care of the elderly and cardiology , along with nurses, physiotherapists and occupational therapists. The aim of this is to bring together the patient and the care team in the perioperative period to improve the patient's outcome and reduce healthcare-related costs. The input from the multidisciplinary team will vary depending on the medical condition of the patient and the complexity of the surgery . Many patients coming for surgery will have long term health problems that are at risk of worsening in the perioperative period. The time period between a decision to operate and the actual surgery can be used by the perioperative team to risk assess the patient and identify medical problems and treat them accordingly to ensure an optimal medical state prior to surgery . This will stop deterioration in long-term health problems perioperatively and will prevent a delay in discharge. Risk assessment may involve simple blood tests to identify health problems, e.g. heart or renal failure, or more sophisticated tests, such as cardiopulmonary exercise testing (CPET), to assess the patient's level of fitness. Providing high-quality care during surgery is essential and expected. Preventing harm by medical errors is also important. Checklists, such as the World Health Organization's (WHO) 'Surgical Safety Checklist', are now routinely used to prevent surgical errors. Postoperative pain can delay the patient's recovery , increase the risk of chest complications and chronic pain and contribute to a poor patient experience. A well- trained perioperative team led by an anaesthetist can develop a plan for managing pain. Increasingly patients are coming for surgery with complex medical problems that require management from the multidisciplinary team of physicians. This role is now taken over by anaesthetists as they have a better understanding of complications occurring in the perioperative setting. After complex surgery , many patients will need more intensive monitoring of their physiological parameters than is possible on a normal surgical ward, but they do not necessarily need all of the facilities available on an intensive care unit. In such a case, patients are admitted for a period of 24–48 hours to an 'overnight intensive recovery unit' or 'postanaesthesia care unit' (PACU), where this facility can be provided. After this time period patients are transferred to either a surgical ward or critical care unit depending on how they are recovering from surgery or according to the level of cardiac or respiratory - support they need. Hospital beds are a finite and expensive resource. The beds can be utilised efficiently if the patient can be discharged home quickly and safely . Good communication between hospital and care givers in the community will facilitate a smooth transition to home.

How to predict, recognise, prevent and treat common • postoperative complications The principles of enhanced recovery •

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