

Medical

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With the developments of anaesthesia and surgery, there should be very few restrictions to patients having day surgery (Table 22.2). Every effort should be made to optimise a patient's health so that they can be treated as a day case. There should be no arbitrary cut-offs according to age, weight or criteria specified by the American Society of Anesthesiologists. A patient's suitability for day surgery should be judged on their comorbidities and functional status. Older patients and patients with higher body mass index (BMI) benefit from awake surgery or short-acting anaesthetic agents with a good recovery profile. Diabetes Patients with diabetes are often better at managing their own diabetes than healthcare professionals. UK national guidance recommends that patients with well-controlled diabetes (haemoglobin A1c [HbA1c] <69 mmol/mol) can be safely managed as a day case. Patients with poorly controlled diabetes have an increased risk of cardiovascular complications and poor wound healing. They should have their surgery delayed until their diabetes is well controlled. If surgery cannot wait or it is thought the underlying disorder (e.g. tooth infection) is causing the diabetes control to be disrupted then diabetic control should be optimised as much as possible prior to surgery. Epilepsy Patients with well-controlled epilepsy should not be excluded from day surgery. It is essential that normal medications are not missed. Poorly controlled epilepsy should be optimised prior to any elective surgery. Obesity Traditionally there has been caution treating patients who have a higher BMI as a day case. Guidance from the Association of Anaesthetists of Great Britain and Ireland/BADS in 2019 states that 'even morbidly obese patients can be safely managed in expert hands, with appropriate resources'. Preoperative assessment of patients should routinely include STOP-BANG (Snoring, Tiredness, Observed apnoeas, Pressure [hypertension], Body mass index, Age, Neck circumference, Gender) to identify undiagnosed OSA (obstructive sleep apnoea). The Society for Obesity and Bariatric Anaesthesia (SOBA) Guideline for Anaesthesia of the obese patient identifies a number of risk factors that may make day surgery unsuitable, e.g. poor functional capacity, oxygen saturation <94% on air, STOP-BANG ≥ 5 (Figure 22.2 ; see also tools.farmacologiaclinica.info, riskcalculator.facs.org/RiskCalculator and www.stopbang.ca). Obese patients considered suitable for day surgery should receive a short-acting anaesthetic, avoiding long-acting opiates, with allowance for the additional time that may be required anaesthetically, surgically and for recovery.

Unstable ASA 3 ASA 4 or 5 Any poorly controlled abnormality/comorbidity ASA, American Society of Anesthesiologists.

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