

Neurological and psychiatric disorders

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Anticonvulsants and anti-Parkinson's medication must be continued perioperatively to help early mobilisation of the patient, and patients should be planned early on a theatre list to reduce starvation times. Parenteral medication plans can be set in place preoperatively if there is potential for a prolonged 'nil by mouth' period postoperatively. Lithium should be stopped 24 hours prior to major surgery but can be continued for minor surgery with careful fluid management and U&Es monitoring. The anaesthetist should be informed if patients are on psychiatric medications, such as tricyclic antidepressants or monoamine oxidase inhibitors (MAOIs), as these may interact with anaesthetic drugs. Case-by-case decisions with a psychiatrist must be undertaken as stopping irreversible MAOIs safely may take many weeks of planning under psychiatric supervision. -

Age >60 years
Obesity (BMI >30 kg/m²)
Trauma or surgery (especially of the abdomen, pelvis and lower limbs)
Total anaesthesia time >90 minutes
Reduced mobility for more than 3 days
Pregnancy/puerperium
Varicose veins with phlebitis
Drugs, e.g. oestrogen contraceptive, HRT, smoking
Known active cancer or on treatment, significant medical comorbidities, critical care admission
Family/personal history of thrombosis, e.g. deficiencies in antithrombin III, protein S or C
BMI, body mass index; HRT, hormone replacement therapy.

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