

<p style="text-align: center;">Surgical Category</p> <p style="text-align: center;">Patient's Physiological Status</p>	<p>Minimally invasive procedures:</p> <p>-GENSX: Lap. chole; Inguinal/ femoral/ incisional hernia; Simple ventral hernia; haemorrhoidectomy; Breast surgery.</p> <p>-THORSX: Zenker's diverticulum repair; Heller Myotomy, Nissen Fundoplication; bronchoscopy; EBUS; Esophagoscopy/ esophageal dilation; Sympathectomy.</p> <p>-ORTHO: Elbow/ Hand/wrist surgeries; arthroscopy; Tendon repair; Hardware removal.</p> <p>-UROL: Hydrocele / spermatocele / cystocele; Circumcision; PD catheter, percutaneous lithotripsy</p> <p>-ENT: Para/Thyroidectomy; Septoplasty, Rhinoplasty; Myringotomy tubes; Quadroscope.</p> <p>-GYN: Tubal ligation; TOT; Hysteroscopy; Laparoscopy (including laser, diagnostic), ovarian cystectomy, salpingo-ophrectomy, myomectomy</p> <p>- *OPHTH: strabismus, trabeculectomy, cataract</p> <p>- PLAS: Breast, Extremities or Superficial surgery</p>	<p>Moderately invasive procedures:</p> <p>-GENSX: Open chole; Massive ventral hernia repair; Bowel procedures; Gastric bypass/gastrectomy; splenectomy; distal pancreatectomy</p> <p>- THORSX: Mediastinoscopy, Thoracoscopy, wedge resection</p> <p>- UROL: Radical Prostatectomy; Ureteroscopy; laparoscopic nephrectomy, TURP</p> <p>- ENT: Sinus surgery, Tonsillectomy, tracheostomy</p> <p>- GYN: Hysterectomy;</p> <p>- VASC: AV Fistula</p>	<p>Highly invasive procedures AND specialty procedures:</p> <p>-GENSX: Whipple procedure; Liver resection.</p> <p>-ORTHO: Total Hip/Knee Arthroplasty, Rotator cuff repair.</p> <p>-UROL: Cystectomy; Ureterectomy; open nephrectomy</p> <p>-THORSX: Pneumonectomy; Lobectomy; Esophagectomy; Tracheal dilation; Decortication</p> <p>- Procedures potentially involving epidural /spinal anesthesia or nerve block: Pectus repair, shoulder surgery, open nephrectomy</p>
<p>1 No organic, physiologic, biochemical or psychiatric disturbance.</p>	<p>No Pre-Op Visit / RN phone call / Drop-in Visit</p>	<p>No Pre-Op Visit / RN phone call / Drop-in Visit</p>	<p>Pre-Op Visit: RN, Anaesthesia, Medicine Consult</p>
<p>2 Mild to moderate systemic disturbance. Example: Mild heart disease, hypertension, diabetes on oral agents, COPD, anemia</p>	<p>No Pre-Op Visit / RN phone call / Drop-in Visit</p>	<p>Pre-Op Visit RN & Anaesthesia</p>	<p>Pre-Op Visit: RN, Anaesthesia, Medicine Consult</p>
<p>3 Severe systemic disturbance that limits activity. Example: Heart or chronic pulmonary disease that limits activity, poorly controlled hypertension, diabetes on insulin and/with complications, angina pectoris, history of previous MI, suspected OSA, OSA + CPAP, cancer, dialysis</p>	<p>Pre-Op Visit: RN, Anaesthesia, Medicine Consult</p>	<p>Pre-Op Visit: RN, Anaesthesia, Medicine Consult</p>	<p>Pre-Op Visit: RN, Anaesthesia, Medicine Consult</p>
<p>4 Severe systemic disturbance that is life threatening. Example: CHF, persistent angina pectoris, advanced pulmonary, renal, or hepatic dysfunction, recent TIA</p>	<p>Pre-Op Visit: RN, Anaesthesia, Medicine Consult</p>	<p>Pre-Op Visit: RN, Anaesthesia, Medicine Consult</p>	<p>Pre-Op Visit: RN, Anaesthesia, Medicine Consult</p>
<p>Patients requiring unique perioperative care. Example: Anticoagulant medications +/- bridging required, coagulopathy, polypharmacy, Jehovah's Witness, airway concerns, history of problems with anesthetics, addiction, chronic pain, planned ICU admission, obstetrical patient with comorbidity</p>	<p>Pre-Op Visit: RN, Anaesthesia, Medicine Consult</p>	<p>Pre-Op Visit: RN, Anaesthesia, Medicine Consult</p>	<p>Pre-Op Visit: RN, Anaesthesia, Medicine Consult</p>

Medicine Consult Recommended For:

- Unstable Coronary artery disease
- Type 1 Diabetes, new or unmanaged
- Use clopidogrel, warfarin, dabigatran, rivaroxaban, apixaban or edoxaban
- Use of steroids (or recent taper) or immunosuppressive medications
- Elevated respiratory risk (asthma/COPD with recent or frequent exacerbations, Interstitial Lung Disease)
- Elevated cardiac risk (or more of: CAD, CHF, CKD, DM on insulin, TIA/stroke)

*Ophthalmology patients undergoing lens surgery under local anesthesia and sedation do not require routine pre-operative

**Patients undergoing surgeries in which epidural/spinal/ peripheral nerve blocks are requested should have pre-operative anesthesia consult