

## RECOMMENDED PREOPERATIVE TESTING GUIDELINES *For Low Risk Procedures*

Ambulatory surgery	Esophagogastroduodenoscopy (EGD) / Colonoscopy
Arthroscopy	
Bronchoscopy	Minor hand and wrist surgery (trigger finger, carpal tunnel)
Cataracts	
Cystoscopic procedures	Open umbilical / Inguinal hernia repair
Central venous access (ports, dialysis catheters)	Podiatric surgery
Dilation & Curettage (D & C) /	Superficial breast surgery
Hysteroscopy	Superficial skin surgery

### Recommended Labs/Tests/Consultations

**NONE** except for modifying factors below:

Modifying Factors	Labs/Tests
Any menstruating female up to 1 year since last menses	Pregnancy test as per facility protocol
Diabetes	Glucose on day of surgery
Renal Failure	Potassium within 24 hrs of surgery
Coumadin therapy	PT/INR
Intravenous heparin therapy	PTT
Bleeding disorder (e.g. Hemophilia, factor deficiency), clinical evidence of bleeding	PT/INR/PTT Platelet count
Active cardiopulmonary symptoms	CXR

Test results within 6 months of surgery may be accepted if the patient's medical condition/state has not significantly changed.

**Consider medical and/or specialist consultation based on patient's active medical conditions and functional capacity.**

*Note:* These recommendations are not intended to replace clinical judgment. The physician should order those tests which are medically indicated based on the patient's history and physical examination.

## RECOMMENDED PREOPERATIVE TESTING GUIDELINES For Intermediate Risk Procedures

Carotid endarterectomy	Orthopedic surgery, including joint replacement
Major head and neck surgery	
Intraperitoneal surgery	TURP, Prostatectomy, Myomectomy, Hysterectomy Prostate / Gynecologic / Urological surgery
Intrathoracic surgery (excluding cardiac)	
Major plastic / Reconstructive surgery	Intracranial neurosurgery
	Spine surgery

### Recommended Labs/Tests/Consultations

**CBC** and **BMP** recommended for all patients

*At the discretion of the surgeon and anesthesiologist, patients may require further testing based on the modifying factors below:*

Modifying Factors	Labs/Tests
Any menstruating female up to 1 year since last menses	Pregnancy test as per facility protocol
CAD, CHF, Valvular heart disease, Diabetes, Hypertension, CVA/TIA, ESRD	EKG
Diabetes	Glucose on day of surgery Consider HgbA1c
Renal Failure	Potassium within 24 hrs of surgery
Coumadin therapy	PT/INR
Heparin therapy	PTT
Bleeding disorder (e.g. Hemophilia, factor deficiency), clinical evidence of bleeding	PT/INR/PTT
Active cardiopulmonary symptoms	CXR
Active liver disease	LFTs PT/INR/PTT
Significant blood loss possible or preoperative anemia	Type & Screen

Test results within 6 months of surgery may be accepted if the patient's medical condition/state has not significantly changed.

**Consider medical and/or specialist consultation based on patient's active medical conditions and functional capacity.**

*Note:* These recommendations are not intended to replace clinical judgment. The physician should order those tests which are medically indicated based on the patient's history and physical examination.

## RECOMMENDED PREOPERATIVE TESTING *For High Risk Procedures*

- Cardiac surgery
- Major vascular surgery

### Recommended Labs/Tests/Consultations

**CBC, BMP, PT/INR/PTT, EKG, Type & Screen** are recommended for all patients

**Type & Cross** as per facility guidelines

*At the discretion of the surgeon and anesthesiologist, patients may require further testing based on the modifying factors below:*

Modifying Factors	Labs/Tests
Any menstruating female up to 1 year since last menses	Pregnancy test as per facility protocol
Diabetes	Glucose on day of surgery Consider HgbA1c
Renal Failure	Potassium (K+) within 24 hrs of surgery
Active cardiopulmonary symptoms	CXR
Active liver disease	LFTs

Test results within 6 months of surgery may be accepted if the patient's medical condition/state has not significantly changed.

**Consider medical and/or specialist consultation based on patient's active medical conditions and functional capacity.**

*Note:* These recommendations are not intended to replace clinical judgment. The physician should order those tests which are medically indicated based on the patient's history and physical examination.