PURPOSE: To provide clinical criteria for safe patient selection of procedures to be scheduled at the Surgery Center.

POLICY: Patients should be in generally good health, or have stable, chronic medical conditions. The following "guidelines" expand on this principle. The surgeon should discuss any questionable cases or exceptions with the Medical Director (or designee) prior to scheduling the procedure**.

The following conditions are generally regarded as unsuitable for ambulatory surgery:

1) Any acute illness, especially any communicable disease which might be spread to other patients (e.g. chicken pox). Children with URI’s are a special case, and are usually acceptable provided that they do not have bronchitis, a productive cough, or a fever.

2) Acute intoxication (with drugs or alcohol).

3) Pregnancy. Elective surgery ordinarily should not be done during pregnancy. The surgery center stocks urine pregnancy tests and a urine pregnancy test should be done on all women receiving General, Monitored Anesthesia Care or Moderate Sedation from the onset of menses to menopause (12 months without a period). Exceptions include women having a D&C for miscarriage or who’ve had a tubal ligation or hysterectomy.

4) Known diagnosis or family history of malignant hyperthermia, or patients with known myopathies.

5) Patients who have suffered the following conditions within the last six months are not considered sufficiently medically stable for outpatient ambulatory surgery:
   a) myocardial infarction
   b) angina at rest
   c) an episode of CHF requiring treatment in an ER or admission to a hospital.

6) Any patient who is suffering a significant illness requiring ongoing treatment (for example angina, asthma, diabetes) should have the necessary lab work or office visit to performed within one (1) month prior to surgery to document that their condition is stable.

7) Morbid obesity. A Body Mass Index (BMI) of 45 or greater can significantly increase anesthetic risk,
   a) BMI=Weight in kg. divided by [(height in meters) squared] or
   b) Weight in lbs times 703 divided by [(height in inches) squared]

8) Age less than six months-this relates to the size of our equipment and the need for extended post-operative monitoring for very young children. Outpatient surgery may need to be delayed until a later age in former premature infants because of an increased risk of post-op apnea, which may require extended (inpatient) monitoring. Note that there is no maximum age limit.
9) Patients with a known history of difficult intubation in a prior surgery.

10) Patients who have been diagnosed with sleep apnea may be suitable for the ASC setting. Patient history should be reviewed with designated anesthesia provider prior to scheduling procedure.

11) Patients requiring isolation precautions, i.e., MRSA, VRE, etc

**ASA IV**

1) Patients who are ASA IV are not ordinarily candidates for ambulatory surgery. However, not all patients whose disease process represents a "constant threat to life" require ongoing hospitalization, and there may arise an occasional need to perform a brief procedure on a patient with a life-threatening illness who is living at home. For example, a patient with terminal cancer may require a brief procedure to reduce their discomfort or improve their quality of life which could be accomplished with sedation by an anesthesiologist and local infiltration by a surgeon; it would be reasonable to consider performing that surgery at the ASC.

2) When a surgeon or an anesthesiologist determines that a patient is ASA IV, the surgeon and anesthesiologist should discuss the proposed procedure and anesthetic in advance.

3) All ASA IV cases performed at the ASC will be reviewed by the Medical Advisory Committee as a regular part of the ASC’s continuous quality improvement program.

**Pacemakers and Defibrillators**

1) Patients with pacemakers pose no significant problem. The anesthesiologist may choose to change the mode to asynchronous pacing for the duration of surgery by applying a magnet.

2) Defibrillator units (ICD) would require suspension and reinstatement of function by a device representative, at the discretion of the anesthesiologist.

**References:**

Centers for Medicare & Medicaid services, HHS 42 CFR Ch. IV, §416.42(a) Standard: Anesthetic Risk and Evaluation (10-1-04 Edition)